Form **990**

Return of Organization Exempt From Income Tax

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

Depa	rtment of	the Treasury		curity numbers on this form a form a	-	•		Open to Public Inspection
		ue Service 2022 calend	<u> </u>			EP 30, 2023		mspection
B 0	heck if	C Name of	f organization	and	onung =	D Employer id	dentific	ation number
а	pplicable:		·					
	Address change	THE MO	UNTAIN BROOK LIBRARY FOUNDA	TION				
	Name change	Doing b	usiness as			58-209	4979	
	Initial return	Number	and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone r	number	
	Final return/		STREET			(205) 8	79-045	
	termin- ated	City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts	3	334,047.
Ļ	Amende return Applica-	MOUNTA	IN BROOK, AL 35213			H(a) Is this a g		
	tion pending	, Finame a	nd address of principal officer: LIND	SY GARDNER		for suboro		·····= =
		SAME AS	C ABOVE	(; ,) [40.47(.)(4)		7		luded? Yes No
		mpt status:	X 501(c)(3) 501(c)() //ONEALLIBRARY.ORG/SUPPORT-	(insert no.) 4947(a)(1)	or 527	∃ ′		ist. See instructions
	Vebsite	<u> </u>		ssociation Other	I Voor	H(c) Group exe of formation: 199		
Pa		Summary		SSOCIATION UNITED	L Year	oi ioiiiatioii, 199	3 IVI	State of legal domicile; AL
	_		pe the organization's mission or most	significant activities: THE PU	RPOSE OF	THE MOUNTAIN	<u> </u>	
Se			ARY FOUNDATION IS TO SUPPOR				-	
nan	2 0	Check this bo	x if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its	net asse	ets
ver			ting members of the governing body				1 _ 1	19
ဗိ	l		dependent voting members of the go	, , , , , , , , , , , , , , , , , , , ,				19
δ	1		of individuals employed in calendar y					0
Activities & Governance	6 T	Total number	of volunteers (estimate if necessary)				6	0
cţì			d business revenue from Part VIII, co				1_ 1	0.
_	bΛ	Net unrelated	business taxable income from Form	990-T, Part I, line 11			7b	0.
						Prior Year		Current Year
<u>o</u>	8 0	Contributions	and grants (Part VIII, line 1h)			189,	381.	197,469.
Revenue	l	J				0.	0.	
3ev			come (Part VIII, column (A), lines 3, 4			152,	767.	136,568.
_			e (Part VIII, column (A), lines 5, 6d, 8c			240	25.	10.
			- add lines 8 through 11 (must equal			342,	173.	334,047.
	l		milar amounts paid (Part IX, column (0.	0.
	45 0		to or for members (Part IX, column (A				0.	0.
Expenses	15 5		r compensation, employee benefits (l undraising fees (Part IX, column (A), l				0.	0.
Sen	h T		ing expenses (Part IX, column (D), lin		519.			•
Ĕ	17 (es (Part IX, column (A), lines 11a-11d	,		193	130.	182,323.
			es. Add lines 13-17 (must equal Part I				130.	182,323.
	19 F		expenses. Subtract line 18 from line			149,	043.	151,724.
Net Assets or Fund Balances					Ве	ginning of Current	Year	End of Year
sets	20 T	Total assets (F	Part X, line 16)			6,377,	019.	7,284,223.
t As	21 T	Total liabilities	(Part X, line 26)				0.	0.
ESE	22 \		fund balances. Subtract line 21 from	line 20		6,377,	019.	7,284,223.
Pa	art II	Signature						
	•		I declare that I have examined this return,			•	-	knowledge and belief, it is
true,	correct,	, and complete.	Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge	e .	
		Signature of of	fficar			Doto		
Sigr	' L	-				Date		
Her		Type or print n	DNER, DIRECTOR					
	+	** .		Dropararia aignatura	T	Date 0	Check	□ PTIN
Paid		Print/Type prep DESSICA WOO		Preparer's signature		iii		
	· -	Firm's name	HALEY & WOODS, LLP		<u> </u>	Firm's E	elf-employed	4-4049075
-		Firm's address	· · · · · · · · · · · · · · · · · · ·	SUITE 201		11111131	_11 V	

Phone no. (205) 277-1529

No

X Yes

BIRMINGHAM, AL 35243

May the IRS discuss this return with the preparer shown above? See instructions

58-2094979

Га	Otal (10) A transfer of the Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE PURPOSE OF THE MOUNTAIN BROOK LIBRARY FOUNDATION IS TO SUPPORT THE	
	MISSION OF THE O'NEAL LIBRARY BY DELIVERING FINANCIAL SUPPORT FOR THE	
	GOALS AND OBJECTIVES AS STATED IN THE LIBRARY STRATEGIC PLAN.	
	COME IND OBCICITATE IN THE BIDARKI SIMILECTE IMM.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res 🔼 No
3		Yes X No
3		res No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
		s, and
40	revenue, if any, for each program service reported. 1 (Code:) (Expenses \$) (Revenue \$) (Revenue \$)	
4a	(Code:) (Expenses \$105,707. including grants of \$) (Revenue \$) THE OBJECTIVE OF THE FOUNDATION IS TO DEFINE THE SCOPE AND	,
	APPROPRIATENESS OF THE GRANTS; TO PRESERVE AND BUILD THE ASSETS OF THE	
	FOUNDATION AND PROTECT THE PURCHASING POWER OF DONOR'S GIFTS; TO	
	PROVIDE PREDICTABILITY FOR THE FOUNDATION'S ANNUAL GRANTMAKING BUDGET;	
	TO SET POLICIES WITH RESPECT TO THE FOUNDATION'S SPENDING FOR GRANTS,	
	GOODS AND SERVICES, ADMINISTRATIVE FEES, AND ANY OTHER EXPENSES	
	ASSOCIATED WITH THE MANAGEMENT OF THE FOUNDATION AND ITS ASSETS.	
	ADDUCTION WITH THE MEMORITANT OF THE POORDATION AND THE RESULT.	
) (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	,
4.		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses 105,707.	

Form 990 (2022) THE MOUNTAIN BROOK LIBRARY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	-		
10		10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	-
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			١
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

Form 990 (2022) 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? If "Yes," complete	 •		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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	
Pai	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			
			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	

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022) THE MOUNTAIN BROOK LIBRARY FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•		_		v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		Х
b	If "Yes," enter the name of the foreign country	(FD 4 D)				
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad			r-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**************************************		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5b 5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
Va				6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Ou		
~	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to th	ne pavor?	7a		Х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as requi	ired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1	098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			_		
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a b	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	10a				
11	Section 501(c)(12) organizations. Enter:	100				
'' a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1				
~	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			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	13b				
	Enter the amount of reserves on hand	13c				
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 Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					.,
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			4.0		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16		Х
17	If "Yes," complete Form 4720, Schedule O.	tiv siti o o				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 49532			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		
	n rea, complete com outa.					

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
300	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	19		163	INO
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		l	1		
_				2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the					
3				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		x
5	Did the organization make any significant changes to its governing documents since the prior rorms. Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6				6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or as			-		
7a				7.		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, so			7a		<u> </u>
b				7.		x
	persons other than the governing body?			7b		_ A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0-	х	
a	The governing body? Each committee with authority to act on behalf of the governing body?			8a	X	
a				8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			9		x
Sac	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		_ A
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			IUa		
b				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y beloi	e illing the form:	IIa		
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	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
С		, -		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
				14	X	
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	п Бу пт	dependent			
•	The organization's CEO, Executive Director, or top management official			150		х
_	Other officers or key employees of the organization			15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent u	ith a			
เบส	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluar			100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	=			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed AL					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	ad 000	T (section 501(s)(3)	c only)	availal	blo
18	for public inspection. Indicate how you made these available. Check all that apply.	เน ฮฮป	1 (36011011 301(0)(3)	o orny)	avallal	OIC
			shodulo Ol			
10			•	d finan	cial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	iiiiiGt (n interest policy, and	a midil	olai	
20		oke on	d records			
20	State the name, address, and telephone number of the person who possesses the organization's book LINDSY GARDNER - 205-879-0459	no all	1600103			
	50 OAK STREET, MOUNTAIN BROOK, AL 35213					

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, box 6 of 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.

Carrow C	X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
National and united New York Process more than core in the more incompensation from related organizations below New York N	•		(C)								(F)	
Nour per Nour per	Name and title	Average	(do					nne	Reportable	Reportable	Estimated	
Compensation		hours per	box	, unles	ss per	son is	s both	an	compensation	compensation	amount of	
1				cer an	ind a director/trustee;			iee)				
1		, ,	irecto							_	•	
1			e or d	tee			sated					
1			ruste	ıl trus		ee/	треп		1 '	1099-1120)	•	
1		1 -	dualt	utio na	<u></u>	mplo	st co	er	13551125,			
10 10 10 10 10 10 10 10		line)	Indivi	Instit	Office	Key e	Highe empl	Form				
C RICHARD SPRAGUE	(1) ALICIA B. LEWIS	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
Carry Carr	(2) RICHARD SPRAGUE	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
(4) MARY F. SAMUELS	(3) PATTI CALLAHAN HENRY	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
S	(4) MARY F. SAMUELS	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
Color	(5) LIZY L. MATTHEWS	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
The state of the	(6) VICKI S. DANIELS	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
S	(7) W. DAVID JERNIGAN	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
Secretary Secr	(8) JIM NOLES, JR.	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
Color Colo	(9) J. BRYAN BOUDREAUX	1.00										
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Column	(10) GARY M. LONDON	1.00										
BOARD MEMBER	BOARD MEMBER		Х						0.	0.	0.	
1.00 Name	(11) D.A. TYNES	1.00										
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Column	(12) JULIA M. GOYER	1.00										
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Column C	(14) LAUREN HAYES	1.00										
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	(17) EDWARD CASSADY, III	1.00										
- QQQ (2000)	TREASURER		Х		Х				0.	0.		

232007 12-13-22 Form **990** (2022)

(A)	(B)			(C		,		ompensated Employees (D)	(E)			(F)	
Name and title	Average	Average Po						Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	heck r	son is	s both	an	compensation	compensation			nount	
	week		cer ar	d a di	recto	r/trust	tee)	from	from related			other	
	(list any hours for	director						the	organizations	,		pensa	
	related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	/ز		om th anizat	
	organizations	Individual trustee or	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)		•	arıızar d relat	
	below	idual t	ution	ъ	Key employee	est co oyee	er	,				anizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Form						
(18) SUSAN W. DULIN	1.00												
VICE-PRESIDENT		Х		Х				0.		0.			0.
(19) DEREK BELDEN	1.00												•
BOARD MEMBER	1 00	Х						0.		0.			0.
(20) KITTY ROGERS BROWN	1.00	х						0		0.			0
BOARD MEMBER		X						0.		٠.			0.
		1											
		1											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								1	200 - 6	١٠١			0.
2 Total number of individuals (including bu	t not ilmited to th	ose	liste	a ab			n re	eceived more than \$100.0	JUU of reportable				
componentian from the organization					OVC,	, ,,	010	,					0
compensation from the organization					OVC,	, , ,						Yes	No.
· · · · · · · · · · · · · · · · · · ·	er director trust	ee. k							<u> </u>			Yes	No
3 Did the organization list any former office	,	,	кеу є	emplo	oyee	e, or	hig	hest compensated empl	oyee on		3	Yes	_
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo	r such individual		кеу є	emplo	oyee	e, or	hig	hest compensated empl	oyee on		3	Yes	No
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo 4 For any individual listed on line 1a, is the 	r such individual sum of reportab	 e co	key e	emplo	oyee	e, or	hig oth	hest compensated emple	oyee on e organization	[3	Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo	r such individual sum of reportabl 150,000? If "Yes,	 e co " <i>co</i>	key e	emplo ensate	oyee	e, or and	hig oth	hest compensated emplored the compensation from the compensation f	oyee on ne organization			Yes	No X
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo 4 For any individual listed on line 1a, is the and related organizations greater than \$" 	r such individual sum of reportable 150,000? If "Yes, or accrue comper	e co " co nsati	emple	emple ensate ete S	oyee	e, or and dule	hig oth	hest compensated emplored to the compensation from the compensation from the compensation or individual control or individual contro	oyee on ne organization			Yes	No X
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo 4 For any individual listed on line 1a, is the and related organizations greater than \$ 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," complete Section B. Independent Contractors 	r such individual sum of reportables 150,000? If "Yes, or accrue comper complete Schedules."	e co " co nsati	ompe omple on fr	emple ensate ete S om a	oyee tion Sche any	e, or and dule unre	hig oth J fo	hest compensated emplementation from the compensation from the compensation or individed organization or individ	oyee on ne organization ual for services		5		No X
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J fo 4 For any individual listed on line 1a, is the and related organizations greater than \$^5 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," complete this table for your five highest 1 Complete this table for your five highest 	r such individual sum of reportable 150,000? If "Yes, or accrue comper complete Schedule compensated incompensated	e co consati e <i>J fe</i>	emple on fr	emple ensate ete S com a uch p	oyee tion Sche any perso	and and dule unre	hig oth	hest compensated emplored compensation from the for such individual ed organization or individual enter the force in the f	oyee on ne organization ual for services	 	5		No X
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Form 990 (2022)
Part VIII

Statement of Revenue

		Check if Schedule O	contair	ns a response	or note to any lin	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			···					
E S									
Ţţ,		•							
ig ig	C								
ns, Sim	6	,							
er i	f	, ,	-		107 460				
듗뙾		similar amounts not included			197,469.				
ont od	ç		lines 1a-	1f 1g \$		105 460			
ğ ğ	r	Total. Add lines 1a-1f				197,469.			
					Business Code				
e S	2 a								
ēŽ	b								
Sca	c	:							
eve	c	i							
Program Service Revenue	e								
₫	f	All other program service	revenu	ле					
	ç	Total. Add lines 2a-2f							
	3	Investment income (includ	ling div	vidends, inter	rest, and				
		other similar amounts)				136,568.			136,568.
	4	Income from investment of	of tax-e	exempt bond	proceeds				
	5	Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c		6c						
	c				•				
		Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a		.,				
	r	Less: cost or other basis	, <u>"</u>						
<u>o</u>	_	and sales expenses	7b						
e		Gain or (loss)	7c						
ě		Net gain or (loss)							
ther Revenue		Gross income from fundraisi							
Ĕ∣	0.0	including \$		·					
0		contributions reported on							
		Part IV, line 18		·					
				l					
		Net income or (loss) from			<u>ы</u>				
		Gross income from gamin							
	9 6		-						
		Part IV, line 19		I .					
		Less: direct expenses			0				
		Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·				
	10 a	Gross sales of inventory, I							
		and allowances		I					
		Less: cost of goods sold			מי				
-+		Net income or (loss) from	sales c	ot inventory	Busines - Oct				
<u>s</u>		OMITED PRIVATE			Business Code	10	10		
Miscellaneous Revenue	11 a	OTHER REVENUE			900099	10.	10.		
an	b								
3eV	C								
Mis	C	All other revenue							
	€	Total. Add lines 11a-11d				10.			
	12	Total revenue. See instruction	ns			334,047.	10.	0.	136,568.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal 12,000. 12,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 39,040.39,040 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 3,250 3,250 column (A), amount, list line 11g expenses on Sch O.) 19,519 19,519. Advertising and promotion 12 45,438. 45,438. Office expenses 13 Information technology 14 Royalties 15 5,735. 5,735. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) PROGRAM & SPECIAL EVENT 50,043. 50,043. REPAIRS AND MAINTENANCE 4,491. 4,491. MISCELLANEOUS 1,607. 1,607. С GRAPHIC DESIGN 1,200. 1,200. е All other expenses 105,707 57,097 19,519. Total functional expenses. Add lines 1 through 24e 182,323, 25 Joint costs. Complete this line only if the organization

Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Form 990 (2022) Part X Balance Sheet

2 Savings and temporary cash investments			Check if Schedule O contains a response or not	e to any	y line in this Part X			
2 Savings and temporary cash investments								
2 Savings and temporary cash investments 36, 462, 2 145, 311, 311, 311, 312, 312, 312, 313, 314, 312, 314, 315, 314, 315, 314, 315, 315, 315, 315, 315, 315, 315, 315		1	Cash - non-interest-bearing			57,650.	1	39,123.
3 Pledges and grants receivable, net 3 4		2				36,462.	2	145,311.
A Accounts receivable, net 4		3					3	
S		4					4	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 9 Prepaid expenses 9 9 9 Prepaid expenses 9 9 9 Prepaid e		5						
Controlled entity or family member of any of these persons 6 Cans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(S)(B) 6 7 7 7 7 7 7 7 7 7			•		, ,			
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8	w	7						
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10a	As							
basis. Complete Part VI of Schedule D 10a 552,610. 10c 552,610. 10c 552,610. 10c 552,610. 10c 552,610. 11c 12c		10a						
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14						, ,		, ,
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 6,377,019. 16 7,284,223.								
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	Z							7,284,223.

Form **990** (2022)

Pa	rt 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		334,	047.
2	Total expenses (must equal Part IX, column (A), line 25)	2		182,	323.
3	Revenue less expenses. Subtract line 2 from line 1	3		151,	724.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,377,	019.
5	Net unrealized gains (losses) on investments	5		755,	480.
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,				
	coluṃn (B))	10	7	,284,	223.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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 Scho	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

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 105,707

0.

105,707

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		*	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	<u>%</u>
Ioa							
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o		~			or more, check thi	
b	and stop here. The organization qual						
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (
114	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE OIGHILL	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		ala not oncon a	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	000 1110010010110	

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	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 the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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	
	23	
2		Х
3a		Х
3b		
3с		
4a		Х
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		х
8		Х
9a		Х
9b		х
9с		Х
10a	1	х
10b)	
	orm 990)	2022

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
_	detail in Part VI.	11c		х
Sec	etion 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 of	r	100	-110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	d		
	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,	2		х
Sec	supervised, or controlled the supporting organization. stion C. Type II Supporting Organizations			
	Men en Type in europe and en		Yes	No
4	Wars a majority of the arganization's directors or tructors during the tay year also a majority of the directors		162	INO
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			
Sec	the supported organization(s). stion D. All Type III Supporting Organizations	1		
	Non-217th Type in Supporting Significations		Yes	Na
4	Did the examination avoide to each of its supported examinations, but he lost day of the fifth month of the		res	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 Part VI the role the organization's			
<u>Sac</u>	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instructior		г
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	, , ,			
	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				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 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	on 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-functional	ally integrated	Type III supporting orga	nization (see		
	instructions).			,		

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	.	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

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.)
-	
-	
-	
-	

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

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat Preservation of a certified historic structure				
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incorred in manitoring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e signi	ificant use o	of its			
	collection items (check all that apply):									
а	Public exhibition	c	Loan or exc	change program						
b	Scholarly research	e	e Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's e	xempt	purpose in	Part X	III.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sim	ilar as	sets				
	to be sold to raise funds rather than to be ma							Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the organization	on answered "Yes"	on Fo	rm 990, Pa	rt IV, Iir	ie 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contribution	s or other assets r	ot incl	luded				
	on Form 990, Part X?							Yes		No
b If "Yes," explain the arrangement in Part XIII and complete the following table:										
A						Amount	t			
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 F	orm 990, Part X, line	21, for escrow or c	ustodial account lia	ability?	?	Ш	Yes	느	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete									
		(a) Current year	(b) Prior year	(c) Two years bac		Three years	back	(e) Four	years	back
	Beginning of year balance	4,716,918.	· · ·	· · · · · ·	_	4,385,		<u>4,</u>	286,	
b	Contributions	100.	150.	'	_		100.			170.
С	Net investment earnings, gains, and losses	852,961.	-1,204,832.	1,231,60	9.	294,	031.		95,	556.
d	Grants or scholarships						\rightarrow			
е	Other expenditures for facilities									
	and programs						\longrightarrow			
f	Administrative expenses						\rightarrow			
g	End of year balance	5,569,979.	4,716,918.	5,921,60	0.	4,687,	330.	<u>4,</u>	385,	<u> 199.</u>
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Term endowment	<u>.</u> %								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the			ſ		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	\longrightarrow	X
	(ii) Related organizations							3a(ii)	\longrightarrow	Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4 Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		D-+ IV II 44 - 4) F 000 D	V E-	- 40				
	Complete if the organization answere									
	Description of property	(a) Cost or o	, ,	1 .	-	umulated	(d) Bool	k value	е
		basis (investr	nent) Dasis	(other)	uepre	ciation	+-			<u></u>
	Land			552,610.					552,	р10.
	Buildings						+-			
	Leasehold improvements						+-			
	Equipment	I					+-			
	Other						+-		552	610
Total	L Add lines 10 through 10 (O. L ("		1/ / / / / / / / / / / / / / / / / / /	0 - 1					17/	ri I U

Schedule D (Form 990) 2022 THE MOUNTAIN BROO	OK LIBRARY FOUNDATION	N 5	8-2094979 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) CHARLES SCHWAB INVESTMENTS	6,547,179.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,547,179.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	Faura 000 Dart IV line 1	1d Coo Farms 000 Port V line 15	
Complete if the organization answered "Yes" (Td. See Form 990, Part X, line 15.	(h) Daak wake
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25	5.
1. (a) Description of liability		,, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

(7) (8) (9)

Sche	edule D (Form 990) 2022 THE MOUNTAIN BROOK LIBRARY FOUNDATION			58-2094979	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	s With R	evenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,050,487.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	755,480.		
b		2b			
С	Recoveries of prior year grants	2c			
d	, , , , , , , , , , , , , , , , , , , ,	2d			
е				2e	755,480.
3	Subtract line 2e from line 1			3	295,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,	4a	39,040.		
b	, , , , , , , , , , , , , , , , , , , ,	4b			
С				4c	39,040.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	334,047.
Pa	Reconciliation of Expenses per Audited Financial Statemen	its with i	expenses per F	return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			I . I	1.42 002
1	Total expenses and losses per audited financial statements			1	143,283.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ایا			
a		2a			
b		2b			
C		2c			
d		2d			0.
e	•			2e	143,283.
3	Subtract line 2e from line 1			3	143,203.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ا مه ا	39,040.		
a		4a	35,040.		
b		4b		10	39,040.
c				4c 5	182,323.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Int XIII Supplemental Information.			5	102,323.
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lings 1h ar	nd 2h: Part V line /	· Dart Y line 2· E	art YI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	•		, rait A, iiile 2, r	art Ai,
111169	5 20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide any addition	niai ii ii Oi ii ia	ttion.		
PAR	T X, LINE 2:				
THE	FOUNDATION IS ORGANIZED AS AN ALABAMA NONPROFIT CORPORATION AND	HAS			
BEE	N RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDE	R IRC			
SEC	TION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C)(3),			
QUAI	LIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION, AND HAS BEEN				
DETI	ERMINED NOT TO BE A PRIVATE FOUNDATION. THE FOUNDATION IS ANNUA	LLY			
REQU	UIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (F	ORM			
990) WITH THE IRS. IN ADDITION, IT IS SUBJECT TO INCOME TAX ON NET	INCOME			
THA	T IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE				

FOUNDATION'S EXEMPT PURPOSES. THE FOUNDATION HAS DETERMINED THAT IT IS

NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT

ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

Schedule D (Form 990) 2022 THE MOUNTAIN BROOK LIBRARY FOUNDATION	58-2094979	Page 5
Schedule D (Form 990) 2022 THE MOUNTAIN BROOK LIBRARY FOUNDATION Part XIII Supplemental Information (continued)		
PART V, LINE 4		
FUNDS ARE TO BE USED AS A SUPPLEMENT TO BASIC SERVICES OF THE O'NEAL		
LIBRARY IN THE FORM OF CAPITAL OR SPECIAL NON-OPERATING PROJECTS.		

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE MOUNTAIN BROOK LIBRARY FOUNDATION

Inspection **Employer identification number** 58-2094979

THE MOUNTAIN BROOK BIBRAKE FOODERFION	30 2034373
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

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

THE MOUNTAIN BROOK LIBRARY FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

58-2094979

(a)	(%)	(a)	(4)	(a)		1	(£)	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or (d) Total inco		of-year assets Direct c		(f) controlling entity	
O'NEAL LIBRARY LEGACY, LLC - 58-2094979 50 OAK STREET MOUNTAIN BROOK, AL 35213	PURCHASE/OWN REAL PROPERTY	ALABAMA				THE MOUNTAL		
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	pecause 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	1	(f) ct controlling entity	conti	g) 512(b)(13) rolled tity?
		,,		501(c)(3))			Yes	No
THE O'NEAL LIBRARY - 63-6001325 50 OAK STREET			GOVERNMENT					
MOUNTAIN BROOK, AL 35213	PUBLIC LIBRARY	ALABAMA	ENTITY					Х

	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	Part IV. line 34.	because it had or	ne or more related
Part III	organizations treated as a partnership during the tax year.	complete it are engainmation and record		, , ,		

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	((k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of end-of-year	Disproportionate allocations? Yes No		Code V-UBI	Gene	ral or l	Percentage ownership	
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets			20 of Schedule	ie partn		ownership	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No		
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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	e: 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	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				1a		Х			
					1b	Х				
					1c		Х			
		cyear, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Interest, (iii) annutities, (iii) royalties, or (iv) rent from a controlled entity capital contribution to related organization(s) capital contribution from rela			Х					
	e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		Х			
g	Sale of assets to related organization(s)				1g		Х			
					1h		Х			
i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
- 1	Performance of services or membership or fundraising solicitations for related organi				11		Х			
m	Performance of services or membership or fundraising solicitations by related organi	ization(s)			1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	Х				
					10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
					1q		Х			
r	Other transfer of cash or property to related organization(s)				1r		Х			
					1s		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered r	elationships and transaction thresholds.						
	(a)	(b)	(c)	(d)						
	Name of related organization				volved					
		type (a-s)								
1) (D'NEAL LIBRARY	В	105,707.	ACTUAL COST						
2)										
3)										

<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) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000