			** PUBLIC DISCLOSURE COPY **	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For	тy	90	except private foundations)	2017	
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it may	y be made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
Α	For th	e 2017 calend	ar year, or tax year beginning OCT 1, 2017 and ending	<u>SEP 30, 2018</u>	
В	Check if applicab	le: C Name of	forganization	D Employer identificat	ion number
	Addre	ess THE	MOUNTAIN BROOK LIBRARY FOUNDATION		
	Name		usiness as	58-209	4979
	Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/su	ite E Telephone number	
	Final returr	v 50 O	AK STREET		9-0459
	termii ated	n- City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	301,928.
	Amer returr	MOON	TAIN BROOK, AL 35213	H(a) Is this a group retur	'n
	Appli		nd address of principal officer: LINDSY GARDNER	for subordinates?	Yes X No
	pendi	50 OA	K STREET, MOUNTAIN BROOK, AL 35213	H(b) Are all subordinates includ	ied? Yes No
		empt status:		i27 If "No," attach a list	. (see instructions)
			EOLIB.ORG/SUPPORT-MBLF-2210	H(c) Group exemption n	
			X Corporation Trust Association Other ▶ L Ye	ear of formation: 1993 M S	tate of legal domicile: AL
Pa	art I				
e	1		the organization's mission or most significant activities: TO SUPPOR		OF THE
anc			'NEAL LIBRARY AND TO PROMOTE AND STRENG		
ern	2		x if the organization discontinued its operations or disposed of mo		
20 V	3		ting members of the governing body (Part VI, line 1a)		<u> </u>
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		lependent voting members of the governing body (Part VI, line 1b)		0
ties	5		of individuals employed in calendar year 2017 (Part V, line 2a)		0
Activities & Governance	6		of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
Ac	l /a		business taxable income from Form 990-T, line 34		0.
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	770,639.	175,065.
Revenue	9		ce revenue (Part VIII, line 2g)	0.	0.
eve	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)	24,950.	126,863.
č	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	795,589.	301,928.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
nse	16a	Professional for	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)  ▶0 .		
Ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)	137,114.	193,033.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,114.	193,033.
	19	Revenue less	expenses. Subtract line 18 from line 12	658,475.	108,895.
Net Assets or				Beginning of Current Year	End of Year
Sset	<b>20</b>	Total assets (F		4,988,376.	5,178,675.
etA	21		(Part X, line 26)	0. 4,988,376.	0.
	<u>22</u> art II	Net assets or Signature	fund balances. Subtract line 21 from line 20	4,700,3/0.	5,178,675.
		-	I declare that I have examined this return, including accompanying schedules and state	mente and to the heet of my kn	owledge and belief it is
	-		. Declaration of preparer (other than officer) is based on all information of which prepa		טיייטעש מויט אלוולו, וג וא
uut	,				

Sign	Signature of officer	Date						
Here	LINDSY GARDNER, EX-OFF	ICIO						
Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	DAVID COMPHER			self-employed P00369019				
Preparer	Firm's name 🕒 CARR, RIGGS & ING	GRAM, LLC		Firm's EIN <b>72-1396621</b>				
Use Only	Firm's address 3700 COLONNADE P	ARKWAY, SUITE 300						
BIRMINGHAM, AL 35243 Phone no. 205.93								
May the IRS discuss this return with the preparer shown above? (see instructions)								
732001 11-2	8-17 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2017)				
~	ARE COMPANYED O DOD ODCINIED TON MEGGION CENERATING COMPANYINGTON							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2017) THE MOUNTAIN BROOK LIBRARY FOUNDATION rt III Statement of Program Service Accomplishments	N 58-2094979	Page <b>2</b>
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		. <u> </u>
	TO SUPPORT THE MISSION OF THE EMMET O'NEAL LIBRARY STRENGTHEN THE PHILANTHROPIC, SCIENTIFIC, LITERARY		<u> </u>
	ACTIVITIES OF THE LIBRARY.	AND EDUCATIONAL	
2	Did the organization undertake any significant program services during the year which were not list	ed on the	
-	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	tions to others, the total expenses, ar	d
	revenue, if any, for each program service reported.	201	
4a	(Code:) (Expenses \$188,725. including grants of \$		928.)
	THE OBJECTIVE OF THE FOUNDATION IS TO DEFINE THE SAPPROPRIATENESS OF THE GRANTS; TO PRESERVE AND BUT		<u></u>
	FOUNDATION AND PROTECT THE GRANTS; TO PRESERVE AND BUS		16
	PROVIDE PREDICTABILITY FOR THE FOUNDATION'S ANNUAL	-	<b>.</b>
	TO SET POLICIES WITH RESPECT TO THE FOUNDATION'S S		-
	GOODS AND SERVICES, ADMINISTRATIVE FEES, AND ANY C		
	ASSOCIATED WITH THE MANAGEMENT OF THE FOUNDATION A		
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$		<u>)</u>
-10	(code) (Lypenses # including grants of #	) (nevenue \$	)
4d	Other program services (Describe in Schedule O.)	,	
40	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses ► 188,725.	)	
40	Total program service expenses 188,725.	Earm Q	<b>90</b> (2017)
732003	2 11-28-17	Form	(2017)
, 52002	2		

12080814 794202 55-03313.000

Form 990 (2			 LIBRARY	FOUNDATION
Part IV	Checklist of Requir	ed 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?	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		- 23
b		12b	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u> </u>		<u> </u>
	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		X
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	17		X
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		X
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

Form 990 (2017)

732003 11-28-17

Form 990 (2017)				 FOUNDATION
Part IV Checklist of F	lequire	d Schedules ₍	(continued)	

<ul> <li>20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a Did the organization attach a copy of its audited financial statements to this return?</li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>23 Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>244 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>246 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?</li> <li>247 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>248 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>244 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>245 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year, and that the transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>256 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part</i></li></ul>		x x x
<ul> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i></li> <li>22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>23 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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i></li> <li>24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>25 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?</li> <li>24c Did the organization nave that it engaged in an excess benefit transaction with a disqualified person? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>25 Schedule L, Part I</li> <li>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified person? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>27 Did the organization ap anyt to a business transaction owith col a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete </i></li></ul>		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21         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 II       22         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         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       244         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       244         d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       244         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?       244         25a       Did the organization neport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part I       255         26b       Did the organization provide a grant or other assistance to an officer, director, trust		
<ul> <li>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</li> <li>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</li> <li>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</li> <li>24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person any of the organization avare 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</li> <li>25a Schedule L, Part I</li> <li>25a Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II</li> <li>26a</li> <li>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule</li></ul>		
<ul> <li>Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i></li> <li>22</li> <li>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i></li> <li>23</li> <li>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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i></li> <li>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>Cid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>244</li> <li>258 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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>26</li> <li>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i></li> <li>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV</li> <li>28 Was the organization former officer, director, t</li></ul>		x
<ul> <li>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>.</li> <li>23</li> <li>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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>.</li> <li>244 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>244 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>244 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>246 Did the organization axet as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>247 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>248 Did the organization axere that it engaged in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>258 Section 501(c)(3), 501(c)(4), and 501(c)(29) organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i></li> <li>250 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i></li> <li>260 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these p</li></ul>		<u> </u>
<ul> <li>and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i> <i>Schedule J</i></li></ul>		
Schedule J       23         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? <i>Jr</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i> 24a         b       Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         c       Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24c         d       Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24c         25a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part 1</i> 25c         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? <i>If "Yes," complete Schedule L, Part 1</i> 25c         26       Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> 26         27       Did the organization provide a grant or other assistance to an officer, director, trustee,		1
<ul> <li>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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i></li> <li>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</li> <li>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</li> <li>d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></li> <li>b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i></li> <li>26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i></li> <li>28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):</li> <li>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></li> </ul>		
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		
		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		
contributions? If "Yes," complete Schedule M30	_	X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		
If "Yes," complete Schedule N, Part I		<u> </u>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1	
Schedule N, Part II 32		<u> </u>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	77	
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	──
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	x	
Part V, line 1		x
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		+^
<b>b</b> 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)2. If "Yes" a second data Defended		
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       351         36       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	+	+
		x
If "Yes," complete Schedule R, Part V, line 2       36         37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		+
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	1	x
<ul> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	1	<u>†</u>
Note. All Form 990 filers are required to complete Schedule O         38	х	1

Form 990 (2017)

732004 11-28-17

12080814 794202 55-03313.000

1a       Enter the number reported in Box 3 of Form 1096. Enter 40- it not applicable       1a       0       1b       1b       0         1a       Enter the number of Form W-23 included in line 1a. Enter 40- it not applicable       1b       0       0         2b       Enter the number of Form W-23 included in line 1a. Enter 40- it not applicable       1c       1c         2a       Enter the number of porma W-23 included in line 1a. Enter 40- it not applicable       1c       1c         2a       Enter the number of porma W-23 included in line 1a. Enter 40- it not applicable       2a       0         b       It at least one is reported on line 2a, did the organization file all required to a-file (see instructions)       3a       3	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance					
a Enter the number of corres VSG of Form 1096. Enter -0: in out applicable         10         0           c Dot the organization comply with ackup withholding rules for reportable payments to vendors and reportable gaming (gambing) vinnings to praze winners?         10           2 Enter the number of comply very the backup withholding rules for reportable payments to vendors and reportable gaming (gambing) vinnings to praze winners?         10           2 Enter the number of comply very or within the year ocvered by this return         2a         0           1 at lead on the calendar year onling velto or within the year ocvered by this return         2a         0           3 Dot the organization have unretable business groups income of \$11,000 or more during the year?         3a         X           4 Thes," that if field a form 900.1 for this year? ( <i>H</i> No, "to line 3b, provide an epilonation or other functional account?         3a         X           b if Yes," inta if field a foreign country.         >         5a         X           b if Yes," inta if field a foreign country.         >         5a         X           b if Yes," inter the name of the organization that an interest in, or a signification and organization have an intervent in constable approximation the anomalian ecount is field.         5a         X           b Did or ganization have and the gao or anothed that such contributions or gifts were on tax deductible?         5a         X           c Yes," to line Sa or 5b, did the organization that an o		Check if Schedule O contains a response or note to any line in this Part V			<u></u>		
b       Enter the number of Forms W201 included in line 1a. Enter 0. If not applicable payments to vendors and reportable gaming gambling) winnings to prize winners?       10         2a       Enter the number of encloyees reported on form W3. Transmittal of Wage and Tas Statements.       2a       0         b       If at least one is reported on line 2a, did the organization line all required learning (see instruction)       2a       2a         3a       Do the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       Di 1*%s, "Instructions for filling equired to exist (see instruction)       3a       X         3b       Di 1*%s, "Instructions for filling equired to exist (see instruction)       3a       X         3b       Di 1*%s, "Instructions for filling equired to exist (see instruction)       3a       X         3c       Di 1*%s, "Instructions for filling equired to exist (see instruction)       3a       X         3c       Di 1*%s, "Instructions for filling equired to exist (see instruction)       3a       X         3c       Di 1*%s, "Instructions for filling equired to exist (see instruction)?       5a       X         3c       Di 4**s," to line face of b, did the organization fills are manally greater than \$10,000, and did the organization set (see instructions or gifts were not tax dolacible)       5a       X         3c       Di 4**s," toline 5a						Yes	No
c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to pital winners?       1c         2       Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Ited for the calendar year online 2, did the organization file all required federal employment tax returns?       2b         1       1       1       2a       0         1       1       1       0       0         2       1       1       1       0       0         3       1       3a       1       3a       1         3       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	1a		<b>1</b> a		-		
gambling) winnings to prize winners?       1c         2a       Enter the number of employees reported on form W3. Transmittal of Wage and Tax Statements.       2a       0         b       if at least one is reported on line 2a, did the organization fiel all required fideral employment tax returns?       2b         3a       Did the organization have unrelated business gross income of \$1.000 or more during the yaar?       3a       X         3b       Dif the organization have unrelated business gross income of \$1.000 or more during the yaar?       3a       X         3b       Dif the organization have unrelated business gross income of \$1.000 or more during the yaar?       3a       X         3b       Dif the organization have unrelated business gross income of \$1.000 or more during the yaar?       3a       X         3c       Dif the organization have anne of the foreign Dorotify provide an exploration in Schedule O.       3b       X         3c       Was the organization in the toreign country: low is a bank account, securities account, or other financial accounts (FBAR).       5a       X         5c       If 'ves,'' in the same of the foreign Dorotify Bit due as a bank account, securities account, or other same solit.       5c       X         5c       Did any taxable paty noing the organization field from 8880 fr.       X       Sb       X         5c       Dif 'ves,'' idid the organization include with wevey solicitation an	b			•	-		
2a       Enter the number of employees reported on Form W3, Transmittal of Waga and Tax Statements.       2a       0         b       If at least one is reported on line 2a, did the organization file all required fedral employment tax returns?       2b         3a       Date the organization have unrelated business gross income of \$1,000 or more during the earlined pseud set of e.fig/ (see instructions)       3a       X         3b       If Yes, 'that if field a form 900 T for this yea? ( <i>H</i> N ₀ , 'to <i>ine</i> 3b, provide an explanation in Schedule O       3b       4a         b       If Yes, 'that if field a form 900 T for this yea? ( <i>H</i> N ₀ , 'to <i>ine</i> 3b, provide an explanation in Schedule O       3b       4a         b       If Yes, 'that if field a form 900 T for this yea? ( <i>H</i> N ₀ , 'to <i>ine</i> 3b, provide an explanation in Schedule O       3b       4a         A ray time the name of the foreign country, 'to year it is name to repain Statement that account if in requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a       X         So bots the organization have schedular that was not is a party to a prohibited tax schedular transaction?       5b       X       5c       X         D If Cas, 'to ine Sa of S, 0, dif the organization in the was not is a party to a prohibited tax schedular transaction?       5c	С						
tied for the calendary year ending with or within the year covered by this return.     12     0       b If at least one is reported on line 2s, did the organization file all required to all (see instructions)     2b       3a Did the cognization have unabled business gross income of \$1,000 or more during the year?     3a       3b If 1*%s, "Inst filed a Form 900-167 to thity set? If 1%o, 'to ine 2, honoide an explanation in Schedulo 0     3b       4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is fortigin or country (see that as bank account, securities account, or other financial account)?     4a       b If *\%s, "in the sam of the foreign country.     5a     5a       See instructions for filing group incoments for Filic for filic group incoments for Filic Group incoments for Filic Group in Bask and filic group in the sub set in a starbale contributions or gifts were not tax deductible in an ormalig greater than \$100,000, and did the organization set in a distribution of a cantrable contributions or gifts were not tax deductible in an express statement that such contributions or gifts were not tax deductible in a spress statement that such contribution and greater fraget filic group in the sease filic group in the		(gambling) winnings to prize winners?			1c		
b       If at least one is reported on line 2a, did the organization file all required to <i>e-file</i> (see instructions)       26         Nobe. If the sum of lines 1 and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)       3a       X         B       The result file a Term B00.T for this year? If <i>V</i> (n, <i>to line 3b, provide an explanation in Schedule O</i> 3b       X         At any time during the calendary 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 bark account, securities account, or other financial account)?       4a       X         b       If "Yes," that the anage on the foreign country (such as a bark account, securities account, or other financial accounts (FBAR).       5a       X         See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         Do dark y taske organization have annual gross receives that are normally greater than \$100,000, and did the organization site annual gross receives that are normally greater than \$100,000, and did the organization site and annual gross receives statement that such contributions or gitts were not tax deductible?       5b       X         Organization neet expansite in xexes of 35 made parity as a contribution and parity for grobad and services provided to the pare?       7a       X         T Yes, 'id the organization neet expanse of the wave of the goods or services provided?       7b       7c       X         If "Yes,'	2a						
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -ris (see instructions)         Image: Sec instructions in the sec instructions for filling requirements for firling requ		filed for the calendar year ending with or within the year covered by this return	2a	0			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         bit 1"Yes, 'has if lied a Form 990 Tor this year? If 'No, 'to line 3b, provide an explanation in Schedule 0       3b       3c         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authomy over, a financial account?       4a       X         bit 1"Yes, 'that if lied a Form 990 Tor this year? If 'No, 'to a prohibited tax securits account, or other financial account?       4a       X         bit 1"Yes, 'that if the origin country is buch as a bark account, securities account, or other financial account?       5a       X         56       Was the organization approximation and the there instancian and the organization account is a party to a prohibited tax shelter transaction?       5a       X         60       Does the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization solid any contributions that way receive deductible as charitable contributions?       6a       X         91       1"Yes, 't did the organization nucled with every solicitation and express statement tha such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         91       1"Yes, 't did the organization with we are set of \$75 made party as a contribution and party for goods and services provided to the pary?       7a       X         91       1"Yes, 'indicate the number of Forms 8	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?		2b		
b       If 'Yes,' has it field a Form 990-T for this year? If 'No,' to line 3b, provide an explanation in Schedule 0       3b         4a       At any time duction to a foreign country (such as a bark account), or other authon(yover, a francial account) in a foreign country (such as a bark account), or other francial accounts?       4a       X         b       If 'Yes,' enter the name of the foreign country: >		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is dreign country (such as bank account, securities account, or other financial account)?       4a       X         bit if 'Yes,' enter the name of the foreign country (such as bank account, securities account, or other financial Account)?       5a       X         bit of any taxable party notify the organization file Form 8886-T?       5a       X         C Boes the organization a party to a prohibited tax shelter transaction at any time during the tax yea?       5a       X         b If 'Yes,' to if the organization file Form 8886-T?       6a       X         C Boes the organization netwe annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         D If 'Yes,' did the organization netwe aparent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         f If 'Yes,' did the organization netwe descess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       [7d]       7d       7d         D dthe organization receive any tunds, directly or indirectly, to pay premiums, on a personal benefit contract?       7e       2d	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
fmancial account in a foreign country:     4a     X       b If Yes," enter the name of the foreign country:     5     5       See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a       Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a       Su Did any taxable party notify the organization file Form 8886-17     5a       Ga Dese 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?     5a       J If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).     7a       J If Horganization receive a parament in excess of SF made party as a contribution and party for particular to server a parament in excess of SF made party as a contribution and party for which it was required to file form 8282?     7a       V If Yes, " indicate the number of Forms 8282 filed during the year     7a     7a       V If the organization receive a contribution of qualified intellectual property, dut the organization meaker as not full during the year?     7a       V If the organization meaker any trunds, directly or indirectly, on a personal benefit contract?     7a       T If the organization receive a contribution of qualified intellectual property, dut the organization meaker 880 bioling at a trund time during the year?     7a       9 Sponsoring	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b       If "Yes," enter the name of the foreign country: -         See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a         SW as the organization a party to a prohibited tax shefter transaction at any time during the tax year?       5a       X         D Id any taxable party notify the organization file form 886677       5c       5c       X         GB Does the organization part of the organization file form 886677       5c       5c       X         D If "Ves," tild the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a       X         D Organizations that may receive deductible contributions under section 170(c).       a       At       T         D Id the organization netwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         D Id the organization netwise dispose of tangible personal property for which it was required?       7d       7d         T Yes, 'indicate the number of Forms 8282 filed during the year       Zd       7d       7d         D Id the organization netwise dispose of tangible personal benefit contract?       7e       7d       7d         T He 'yes, 'indicate the number of Forms 8282 filed during the year       Zd       7d       7d       7d       7d       7d       7d <th>4a</th> <th>At any time during the calendar year, did the organization have an interest in, or a signature or other</th> <th>authorit</th> <th>y over, a</th> <th></th> <th></th> <th></th>	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	y over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Image: Comparison of C		financial account in a foreign country (such as a bank account, securities account, or other financial	account	)?	4a		X
Sa       Was the organization a party to a prohibited tax shelter transaction?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         Structure       If 'Yes,' loine 5a or 5b, (did the organization file form 8980-7?       5c       X         Structure       If 'Yes,' did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions and partly for goods and services provided to the payo?       7a       X         f 'Yes,' did the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible?       6b       7a       X         f 'Yes,' did the organization receive deductible contributions under section 170(c).       I       I       7a       X         b If 'Yes,' did the organization neally the donor of the value of the goods or services provided?       7b       Ya       X         b Id the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor?       7c       X         d If 'Yes,' did the organization nealers exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       Td       Td       7d       Zd       7d       Zd	b	If "Yes," enter the name of the foreign country: ►					
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-1?       5c       5c         B       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         7       Organization seth ay agment in excess of \$75 mate party as a contribution and party for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization neelixes dispose of tangible personal property for which it was required to file Form 8282?       7b       7a       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year.       7d       7d <td< th=""><th></th><th>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A</th><th>ccount</th><th>s (FBAR).</th><th></th><th></th><th></th></td<>		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-17       5c         G       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not 1x a deductible as charthable contributions?       5c         J       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charthable contributions?       6a       X         O       Organizations that may receive deductible contributions under section 170(c).       10 di the organization notify the donor of the value of the goods or services provided?       7a       X         b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       7d         d       If Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d       7d         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       7d<	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
Ga       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?       Ga       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         7       Organization stati may receive deductible contributions under section 170(c).       Gift the organization neceives a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         7       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Indication receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         10 dit the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7f         2       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b <th></th> <th></th> <th></th> <th></th> <th>5b</th> <th></th> <th>X</th>					5b		X
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible?       6b       7         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization netwive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         7 Organizations eatle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       X         16 "Ves," indicate the number of Forms 8282 filed during the year       7d       X       X         16 Uid the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         17 Uid the organization received a contribution of qualified intellectual property, did the organization file Form 1098-0?       7h       I         17 Uid the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       7h       I         17 Uid the organization matining donor advised funds.       9       Sponsoring organization make a starbibution to a donor advised funds.       9a	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       B         7       Organizations that may receive deductible contributions under section 170(c).       B         a       Did the organization statemay receive deductible contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d         d       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       7f         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7d         f       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9       Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9a       9b         10       the sponsoring organization make a distribution such escues against amounts due or received from them.)       1a       1a       1a         11       Section 501(c)(7) organizations. Enter:	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orgar	ization solicit			
were not tax deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       0id 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       X         bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7         f Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7g         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7g         g If the organization materiating donor advised funds.       1d advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10 Section 501(c)(7) organization make a distribution to a donor, donor advised, or motion 1041?       1ta       1ta       1ta         a Gross income from othere sources (Do not net amounts due or paid to other sources against amounts due or schered to insue qualified health plans in more than one state?       12a       1ta       12a <th></th> <th>any contributions that were not tax deductible as charitable contributions?</th> <th></th> <th></th> <th><u>6a</u></th> <th></th> <th>X</th>		any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X
7 Organizations that may receive deductible contributions under section 170(c).       a       I/d       7a       X         a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b       X         b If 'Yes,' cid the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         f Ub the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f If the organization received a contribution of qualified Intellectual property, did the organization file a Form 1098-C?       7h       7h         f If the organization setup examples business holdings at any time during the year?       8       9       9a       9b         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b	b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
a Dia 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       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         d If "Yes," thicket the number of Forms 8282 filed during the year       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d <th></th> <th>were not tax deductible?</th> <th></th> <th></th> <th>6b</th> <th></th> <th></th>		were not tax deductible?			6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       7f         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1099.C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advisor, or related person?       7h         9       Sponsoring organizations maintaining donor advised funds.       9a       9b       9b       9b         10       section 501(c)(7) organizations. Enter:       10a       10a       10a       10b       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a       10a       10b       10b       11a       10a       10b       11a	7	Organizations that may receive deductible contributions under section 170(c).					
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       7         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7n       7         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       7n         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9       9a       9b         9       Sponsoring organizations maintaining donor advised funds. Did a donor advised runds, or related person?       9b       9b       9b         10       the sponsoring organizations maintaining donor advised funds.       10a       10a       9a       9b         9       Sponsoring organizations maintaining donor advised funds.       10a	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the payor?	7a		X
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7g         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7n       7g         8 Sponsoring organization nave excess business holdings at any time during the year?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       90         9 Socian 501(c)(7) organizations. Enter:       10a       10a       10b         11 Section 501(c)(7) organizations. Enter:       11a       10b       11a       12a         12 Section 501(c)(7) organizations. Enter:       11a       10b       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a       12a         14 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a <th>b</th> <th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th> <th></th> <th></th> <th>7b</th> <th></th> <th></th>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7f         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       7f         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7n       7n         8 Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations. Enter:       10a       10a       10a       9a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b       12a         12 Section 501(c)(12) organizations. Enter:       10b       10b       11b       12a       12a         13 Gross income from members or shareholders       11b       12a       12b       12a       12a         14 B Section 501(c)(12) organizations. Enter:       11b<	С						
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n         8       Sponsoring organizations maintaining donor advised funds.       7n       7         9       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(2) organizations. Enter:       10b       10b       10b         12       Gross income from members or shareholders       11a       10a       11b       12a         b       Gross income from them.)       11b       12a       12b       12a       12b       12a       12a       12a       12a       12a </th <th></th> <th></th> <th></th> <th></th> <th>7c</th> <th></th> <th>X</th>					7c		X
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10a         a       Gross income from members or shareholders       11a         b       Gross income from members or shareholders       11b         cross income from therwork the exery interest received or accrued during the year       12b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
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h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         11       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       13a       13a       13a       13a         14a	f				7f		
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         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         c       Enter the amount of reserves on hand         14a       Did the organization receive any payments for indoor tanning services during the tax year?         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			1 1		<u>12a</u>		
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Note. See the instructions for additional information the organization must report on Schedule O.       Image: Description of the serves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image:	13						
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       13b         c       Enter the amount of reserves on hand       13c       14a       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b	а				13a		
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14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O       14b       V					-		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c				
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	e0				

THE MOUNTAIN BROOK LIBRARY FOUNDATION

Form	990	(2017)
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732005 11-28-17

Form 990 (2017)

Form 990	(2017)
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# THE MOUNTAIN BROOK LIBRARY FOUNDATION

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

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 in Schedule O. See instructions. X

Sec	tion A. Governing Body and Management						
		.		1 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		19	-		
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			19			
b	Enter the number of voting members included in 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						v
•	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						v
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				0		
7a					7-		x
L	more members of the governing body?				<u>7a</u>		
α	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				76		x
ø	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				7b		
8		-	-		0-	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?				8a 8b	X	
ь 9						- 12	
J	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>				9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				1 9	1	27
	(This Section & requests information about policies not required by the internal He	venue	coue.)			Yes	No
1 <b>0</b> 2	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						
U		• •	anniates		10b		
19	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, bolon	s ning an				
2a	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? <i>//</i> "						
U	in Schedule O how this was done	,			12c	х	
3	Did the organization have a written whistleblower policy?				13		Х
4	Did the organization have a written document retention and destruction policy?				14		X
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by inc	openden				
а	The organization's CEO, Executive Director, or top management official				15a		х
	Other officers or key employees of the organization				15b		X
2	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-					
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						-
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T	(Sectio	on 501(c)(	3)s only) av	vailable	e	
	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	in Sch	edule O)				
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	olicy, and	financ	ial	
	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 boo	ks and	records:	►			
	LINDSY GARDNER - 205-879-0459						
	50 OAK STREET, MOUNTAIN BROOK, AL 35213						
32006	11-28-17				Form	9 <b>90</b>	(201
	6						-
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Part VII	Compensation of Offic	ers, Directors, Trustees	Key Employees	Highest Compensated
	Employees, and Indepe		, ney Employees,	Ingliedt dompendated

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

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

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

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

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

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

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

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

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

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

(A)	(B)			((				(D)	(E)	(F)
Name and Title	Average	(-1-	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar T	ıd a di	irecto	r/trus [.] T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	8			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		yolqr	t con	_			and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NANCY GOEDECKE	1.00	-	-			<u> </u>				
BOARD MEMBER		х						0.	0.	0.
(2) DAVIS GOODSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) SHAUN D. GRAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) SUSAN ELLIOT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) JAMES L. NOLES, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) DONALD W. PATTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) R. WILLIAM PRADAT, JR.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) LAVONDA B. KEEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DAVID E. ROTH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) RICK SPRAGUE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) SHANNON JERNIGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) D. A. TYNES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) PATSY DREHER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) SHELBY JOHNSTON	1.00	_								_
BOARD MEMBER		Х						0.	0.	0.
(15) LINDSY GARDNER	1.00	_								-
EX-OFFICIO		Х						0.	0.	0.
(16) SUSAN DULIN	1.00	1							_	
BOARD MEMBER		Х						0.	0.	0.
(17) G. EDWARD CASSADY, III	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
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(A)       (B)       (C)       (D)       (E)       (F)         Name and title       Average hours per veek       Average (list any hours for related organizations below       Average hours per veek       Position (do not check more than one box, unless person is both an officer and a director/trustee)       (D)       (E)       Estimated amount of other compensation from         (18) JULIA GOYER       1.00       X       0.00       0.00       0.00       0.00         (19) ELIZABETH L. MATTHEWS       1.00       X       0.00       0.00       0.00       0.00		TAIN BRO	OCK	Ι	ΊΒ	RA	RY	F	OUNDATION	58-20	)94	979	Pa	age <b>8</b>
Name and stile     Average here is and attack here is and attack here is and week (if et and burned and attack here is and burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned burned b	Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
Incurs for organizations (W2/1099-MISC)       Over (W2/1099-MISC)       Incurs for organizations (W2/1099-MISC)       Incurs for organizations (W2/109-MISC)       Incurs for organizations (W2/109-MISC)       Incurs for organizations (W2/109-MISC)       Incurs for organizations (W2/109-MISC)       Incurs for organizations (W2/109-MISC)       Incur		Average hours per	Average         Position         Reportable         Reportable           hours per         box, unless person is both an         compensation         compensation				n	Estimated amount of						
119. JULA GOYER       1.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		hours for related organizations below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	•		fr org an	rom the anizat d relate	e ion ed
113) ELIZABETH L. MATTERNS       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(18) JULIA GOYER	1.00									•			•
DOARD MEMBER       X       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       1.000       X       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.         (20) XATHERINE SHEPHERD       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <t< td=""><td></td><td>1 00</td><td>X</td><td><u> </u></td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td>0.</td><td></td><td></td><td>0.</td></t<>		1 00	X	<u> </u>					0.		0.			0.
120)       X       1.00       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	BOARD MEMBER	1.00	x						0.		0.			Ο.
Image: Solution of the set of the sum of reportable compensation from the organization spreate the sum of reportable compensation from the organization of the such maximum of	(20) KATHERINE SHEPHERD	1.00												
c       Total from continuation sheets to Part VII, Section A       0.00000000000000000000000000000000000	BOARD MEMBER		Х						0.		0.			0.
c       Total from continuation sheets to Part VII, Section A <ul> <li>0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.</li></ul>														
c       Total from continuation sheets to Part VII, Section A       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			-											
c       Total from continuation sheets to Part VII, Section A       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0														
c       Total from continuation sheets to Part VII, Section A       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0														
c       Total from continuation sheets to Part VII, Section A       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			-											
c       Total from continuation sheets to Part VII, Section A       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0			1											
c       Total from continuation sheets to Part VII, Section A       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0														
d Total (add lines 1b and 1c)       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.														
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       0         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Exection B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization       (B)       (C)         1       Complete this table for your five highest source and year ending with or within the organization's tax year.       (A)       (B)       (C)         1       Complete this table for your five highest coutrectors (including but not limited to thos														
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services       4       X         5       Did any person listed or line 7 in reget compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       Compensation         1       Complete this table for your five highest compensated more main within the organization's tax year.       CO         (A)       (B)       (C)       Compensation         1       Name and business address       NONE       Description of services       Compensation         2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization       0       0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> ) wh</td> <td>o re</td> <td>-</td> <td>I 000 of reportable</td> <td>-</td> <td></td> <td></td> <td>••</td>							 ) wh	o re	-	I 000 of reportable	-			••
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       NONE       Description of services       Complete Schedule to the services         (B)       (C)       Compensation       Compensation         (A)       NONE       Description of services       Compensation         (B)       C       Compensation       Compensation         (C)       Compensation       Compensation       Compensation         (B)       C       C       Compensation         (C)       Compensation       C       C         (C)       C	compensation from the organization													
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization of services       5       X         (A)       (B)       (C)       Compensation         Name and business address       NONE       Description of services       Compensation         (A)       (B)       (C)       Compensation         (A)       NONE       Description of services       Compensation         (A)       (B)       (C)       Compensation       Compensation         (A)       (B)       (C)       Compensation       Compensation         (A)       (B)       (C)       (C)       Compensation       Compensation         (A)       (C)       (C)       <	2 Did the experimentian list any former office	r director or tr	inte			~~!~		<b>~</b> 1	hishest componented or		I		Yes	No
<ul> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i></li> <li>5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i></li> <li>5 Section B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation form the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>(A) (B) (C) Compensation</li> <li>(A) Name and business address NONE</li> <li>(B) (C) Compensation</li> <li>(C) Compensation</li> </ul>	<b>v</b> ,				-	•			•			3		Х
5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       Image: Compensation from the organization of services       Image: Compensation for the calendar year ending with or within the organization's tax year.       Image: Compensation for the calendar year ending with or within the organization of services       Image: Compensation for the calendar year ending with or within the organization of services       Image: Compensation for for form the organization form form form form form form form for form form	4 For any individual listed on line 1a, is the	sum of reportabl	le co	ompe	ensa	tion	and	oth	er compensation from t	he organization				
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Complete the stable of provide the calendar year ending with or within the organization's tax year.       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of services       Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation         Image: Compensation of independent contractors (in		,										4		X
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         0       0       0       0       0       0												5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       NONE       Description of services       Compensation         Image: Compensation of services       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Compensation         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation of services       Image: Compensation of services       Image: Compensation of services         Image: Compensation from the organization image: Compensation of services       Image: Compensation services       Image: Compensation services		•												
(A) Name and business address       (B) NONE       (C) Description of services       Compensation         Image: Compensation       Image: Compensation       Image: Compensation       Image: Compensation		-									ensat	tion fro	m	
2       Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		s address	N	ONE	7.					services	C			n
\$100,000 of compensation from the organization					_				·					
\$100,000 of compensation from the organization								_						
\$100,000 of compensation from the organization								_						
\$100,000 of compensation from the organization														
\$100,000 of compensation from the organization														
\$100,000 of compensation from the organization														
	•		ot lir	nite	d to	thos (	se lis )	ted	above) who received me	ore than				

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Pai	rt VII							_
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ano G	с	Fundraising events	1c					
ar /	d	Related organizations	1d					
s, ( imil	е	Government grants (contribut	ions) <b>1e</b>					
r Si	f	All other contributions, gifts, gran						
ibui		similar amounts not included abo	ve 1f	175,065.				
d O	-	Noncash contributions included in lines						
ы С	h	Total. Add lines 1a-1f			175,065.			
				Business Code				
e	2 a							
ervi	b							
n Si	С							
Jev	d							
Program Service Revenue	е							
₽.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			126,863.			126,863.
		other similar amounts)			120,003.			120,003.
	4	Income from investment of tax						
	5	Royalties	(i) Real					
	6 -	Cross rents	(I) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		N						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory						
	h	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
an		Gross income from fundraisin	g events (not					
ven		including \$ contributions reported on line						
Re		Part IV, line 18	-					
Other Revenue	b	Less: direct expenses						
ð		Net income or (loss) from fund		<b>&gt;</b>				
		Gross income from gaming ad	•	F				
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold						
		Net income or (loss) from sale		▶				
[		Miscellaneous Revenu	le	Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		►	301,928.	0.	0.	126,863.
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⁹ 2017.06000 THE MOUNTAIN BROOK LIBRAR 55-03311

Form 990	(2017)
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THE MOUNTAIN BROOK LIBRARY FOUNDATION Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	3b, 9b, and 10b of Part VIII.		expenses	general expenses	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					
7 8	Other salaries and wages				
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	4,075.		4,075.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	68,245.	68,245.		
12	Advertising and promotion				
3	Office expenses				
4	Information technology				
15	Royalties				
6					
7					
8	Payments of travel or entertainment expenses				
0	for any federal, state, or local public officials				
9 20					
.U :1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PURCHASE OF MATERIALS	66,406.	66,406.		
b	ART EXPENSE	37,025.	37,025.		
с	LANDSCAPE/GARDEN	9,313.	9,313.		
d	SPECIAL EVENTS	5,000.	5,000.		
е	All other expenses	2,969.	2,736.	233.	
5	Total functional expenses. Add lines 1 through 24e	193,033.	188,725.	4,308.	0
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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58-2094979 Page 11

		Check if Schedule O contains a response or note	to any line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			143,327.	1	173,007.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensat	ed employees. Complete	e			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contrib	uting			
		employers and sponsoring organizations of section		-			
Ś		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a 552,6	510.			
	b	Less: accumulated depreciation			552,610.	10c	552,610.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		4,292,439.	12	4,453,058.	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			4,988,376.	16	5,178,675.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete P				21	
ŝ	22	Loans and other payables to current and former	officers, directors, trustee	es,			
Liabilities		key employees, highest compensated employees	, and disqualified person	IS.			
abil		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to related third				
		parties, and other liabilities not included on lines	17-24). Complete Part X o	of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958)		and			
Se		complete lines 27 through 29, and lines 33 and					
ů Ľ	27	Unrestricted net assets		🖵	876,753.	27	921,395.
3ala	28	Temporarily restricted net assets			243,504.	28	176,175.
μ	29				3,868,119.	29	4,081,105.
Fur		Organizations that do not follow SFAS 117 (AS	C 958), check here 🕨				
ç		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or equ				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			4 000 200	32	
2	33	Total net assets or fund balances		······	4,988,376.	33	5,178,675.
	34	Total liabilities and net assets/fund balances			4,988,376.	34	5,178,675.
							Form <b>990</b> (2017)

Form 990 (2017)
Part X Balance Sheet

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VII, column (A), line 12)       1       301, 928.         2       193, 033.       2       193, 033.         3       108, 895.       4       4, 988, 376.         5       Net unselse expenses Subtract lines (cosses) on investments       6       5         6       7       5       81, 404.         6       6       7       7         7       7       8       8       9         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 178, 675.         Part XII       Financial Statements and Reporting       7       7         Check if Schedule O contains a response or note to any line in this Part XI       7       7         1       Accounting method used to prepare the Form 990: X Cash       Accrual       Other       7         1       Accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         1       Accounting method	Form	990 (2017) THE MOUNTAIN BROOK LIBRARY FOUNDATION	58-20	)94979	Pag	_{ge} 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       301,928.         2       Total expenses (must equal Part IX, column (A), line 25)       3       108,895.         2       193,033.       3       108,895.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,988,376.         5       Net unrealized gains (losses) on investments       5       81,404.         6       6       7         7       7       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,178,675.         Part XIII       Financial Statements and Reporting	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       193, 033.         3       Revenue less expenses. Subtract line 2 from line 1       3       108, 895.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4, 988, 376.         5       Net unrealized gains (losses) on investments       5       81, 404.         6       6       6         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 178, 675.         Part XII Financial Statements and Reporting       7       8       10       5, 178, 675.         Part XII Financial Statements and Reporting       7       10       5, 178, 675.       10         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       2a       X         1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       2a       X         1       Mere the organization's financial statemen		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       193, 033.         3       Revenue less expenses. Subtract line 2 from line 1       3       108, 895.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4, 988, 376.         5       Net unrealized gains (losses) on investments       5       81, 404.         6       6       6         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 178, 675.         Part XII Financial Statements and Reporting       7       8       10       5, 178, 675.         Part XII Financial Statements and Reporting       7       10       5, 178, 675.       10         1       Accounting method used to prepare the Form 990:       X Cash       Accrual       Other       2a       X         1       Accounting method used to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       X       2a       X         1       Mere the organization's financial statemen						
3       Revenue less expenses. Subtract line 2 from line 1       3       108,895.         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4,988,376.         5       Net unrealized gains (losses) on investments       5       81,404.         6       5       81,404.         7       8       7         8       7       8         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)       5,178,675.         Part XII       Financial Statements and Reporting       10       5,178,675.         Part XII       Financial Statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other       2a       X         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:       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis, consolidated bas	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       4       988, 376.         5       Net unrealized gains (losses) on investments       5       81, 404.         6       5       81, 404.         6       6       7         7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5, 178, 675.         Part XII       Financial Statements and Reporting       10       5, 178, 675.         Check if Schedule O contains a response or note to any line in this Part XII       1       1         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other         1       ft "des," 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:       2a       X         1       ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       ft "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: </th <td>2</td> <td>Total expenses (must equal Part IX, column (A), line 25)</td> <td>2</td> <td></td> <td></td> <td></td>	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       81,404.         6       0       6         7       8       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,178,675.         Part XIII       Financial Statements and Reporting       10       5,178,675.         Part XIII       Financial Statements and Reporting       10       5,178,675.         Part XIII       Financial Statements compiled or reviewed by an independent accountant?       Yes       No         1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other       2a       X         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:       2a       X       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis (or both):       2b       X       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a s	3	Revenue less expenses. Subtract line 2 from line 1	3			
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,178,675.         Part XII       Financial Statements and Reporting       10       5,178,675.         Check if Schedule O contains a response or note to any line in this Part XII       1       Yes         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 in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain in Schedule 0)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,178,675.         Part XII       Financial Statements and Reporting       10       5,178,675.         Check if Schedule O contains a response or note to any line in this Part XII       1       1         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 in Schedule O.       2a       X         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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	5	Net unrealized gains (losses) on investments	5	81	, 40	04.
<ul> <li>8 Prior period adjustments</li> <li>9 Other changes in net assets or fund balances (explain in Schedule O)</li> <li>9 0.</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</li> <li>10 5,178,675.</li> <li>Part XII Financial Statements and Reporting</li> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> <li>1 Accounting method used to prepare the Form 990: X Cash Accrual Other // explain in Schedule O.</li> <li>2a Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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:</li> <li>Separate basis Consolidated basis is Both consolidated and separate basis</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>b Were the organization is financial statements and selection of an independent accountant?</li> <li>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?</li> <li>If "Yes" to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the Single Audit</li> </ul>	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 5,178,675.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII I Accounting method used to prepare the Form 990: X Cash Accrual Other, " explain in Schedule O. 2a X No I Accounting method used to prepare the Form 990: X Cash Accrual Other, " explain in Schedule O. 2a X No I Accounting method used to prepare the Form 990: X Cash Accrual Other," explain in Schedule O. 2a X No I Accounting method used to prepare the Form 990: X Cash Accrual Other," explain in Schedule O. 2a X No I he organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? 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? As a result of a federal award, was the organization	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       5,178,675.         Part XII       Financial Statements and Reporting	8	Prior period adjustments	8			
column (B)       10       5,178,675.         Part XII       Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Yes         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 in Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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       X         If the organization changed either its oversight process or	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         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 in Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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       X         If the			10	5,178	,6'	75.
1       Accounting method used to prepare the Form 990: X Cash Accrual Other       Yes       No         1       Accounting method used to prepare the Form 990: X Cash Accrual Other," explain in Schedule O.       2a       X         2a       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         1       f"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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2b       X         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       X         If the organization changed ei	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       X       Cash       Accrual       Other       Image: Cash in the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X       2c       X         If "Yes," to line 2a or 2b, does the organization have a com		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         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       X					Yes	No
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       4       4	1	Accounting method used to prepare the Form 990: X Cash Cash Corual Conter		_		
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:       Image: Consolidated basis, or both:         Image: Separate basis       Consolidated basis       Both consolidated and separate basis         Image: Separate basis       Consolidated basis       Both consolidated and separate basis         Image: Separate basis       Consolidated basis       Both consolidated and separate basis         Image: Separate basis       Consolidated basis       Both consolidated and separate basis         Image: Separate basis       X       Consolidated basis, or both:         Image: Separate basis       X       Consolidated basis         Separate basis       X       Consolidated basis       Consolidated basis         Image: Separate basis       X       Consolidated basis       Consolidated basis         Image: Separate basis       X       Consolidated basis       Consolidated basis       Consolidated basis         Image: Separate basis       X       Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
<ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li< th=""><td>2a</td><td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td><td></td><td> 2a</td><td></td><td>X</td></li<></ul>	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
<ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:         <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis, or both:                 <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li></ul></li></ul></li></ul>		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       2a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       4       4		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       Image: Consolidated basis       Image:		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Separate basis       X       Consolidated basis       Both consolidated and separate basis         c       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       X         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Committee Comm	b	Were the organization's financial statements audited by an independent accountant?		2b	X	L
<ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit</li> </ul>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
cIf "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?2cXIf the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		Separate basis X Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		review, or compilation of its financial statements and selection of an independent accountant?		2c		X
		If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
Act and OMB Circular A-133?	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
		Act and OMB Circular A-133?		3a		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2017)

SCHEDUL	E A.
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(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2017
Open to Public Inspection

Departm Internal F		e Treasury Service			Attach to Form 990 or F //Form990 for instructio			oformation.		Inspection		
Name	of the	organizati							mployer	identification number		
		•		MOUNTAIN BE	ROOK LIBRARY	FOUNI	OATION			8-2094979		
Part		Reason			All organizations must co							
The or	ganiza				For lines 1 through 12, cl							
1	_				n of churches described			I)(A)(i).				
2	_				Attach Schedule E (Form			· //· ·/·				
3					anization described in se			ii).				
4		•			njunction with a hospital				). Enter t	he hospital's name.		
• _		ity, and state			.j				,	···- ··- · [- · · · · · · · · · · · · ·		
5 [		•		or the benefit of a col	lege or university owned	or operate	ed bv a do	overnmental unit	describe	d in		
				Complete Part II.)	0 ,	•	, 0					
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
		-		omplete Part II.)		5			5			
8		-			(1)(A)(vi). (Complete Par	t II.)						
9	A	n agricultura	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	Inction with a lar	nd-grant o	college		
	0	r university of	or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the	e college	or		
	u	niversity:	_				-		-			
10	A	n organizati	on that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membership	fees, and	d gross receipts from		
	a	ctivities relat	ted to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	n 33 1/3% of its s	support fr	om gross investment		
	in	ncome and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organ	ization af	iter June 30, 1975.		
_	S	ee section	509(a)(2). (Cor	mplete Part III.)								
11 🗋		n organizati	on organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).				
12	X A	n organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry	out the p	ourposes of one or		
	m	nore publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509	<b>)(a)(3).</b> C	heck the box in		
		nes 12a thro	ugh 12d that o	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12	2g.			
а	X	Type I. A su	upporting orga	anization operated, su	upervised, or controlled	by its supp	ported org	anization(s), typic	cally by g	jiving		
		the support	ted organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees	of the su	pporting		
		-		complete Part IV, Se								
b				-	or controlled in connect					-		
			-		anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	orted		
				t complete Part IV,								
С			-		g organization operated			-	ntegrated	d with,		
			-		). You must complete I							
d			-		orting organization oper				-			
			-		ation generally must sat	•		-	attentiv	eness		
		•		,	nplete Part IV, Sections							
е			•		written determination from nally integrated supporting			турет, туреп, т	туре ш			
f (			of supported c							1		
			• •	about the supporte	d organization(s)					∟ <b>∸</b>		
9 1		lame of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of mo	onetary	(vi) Amount of other		
		organization	I.		(described on lines 1-10 above (see instructions))	Yes	No	support (see instr	uctions)	support (see instructions		
EMM	ET (	O'NEAL			above (see instructions)							
LIB				63-6001325	6	x		186,	337.			
								-				
Total								186,	337.	0		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

# Schedule A (Form 990 or 990-EZ) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2094979 Page 2 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.)

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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. ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
	Amounts from line 4	(4) 2010		(0) 2010						
	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.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instructiv	ons)			12				
13	First five years. If the Form 990 is for	•					_			
80	organization, check this box and stor	here	roontogo							
	ction C. Computation of Publi		•							
	Public support percentage for 2017 (I		-			14	%			
	Public support percentage from 2016					15	%			
168	<b>33 1/3% support test - 2017.</b> If the c									
L	stop here. The organization qualifies		•		d line 15 is 22 1/20/					
Ľ	<b>33 1/3% support test - 2016.</b> If the c and <b>stop here.</b> The organization qual									
17-	10% -facts-and-circumstances test									
1/2	and if the organization meets the "fac		-							
	meets the "facts-and-circumstances"			-	-	-				
ł	10% -facts-and-circumstances test									
•			-							
	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									
18	Private foundation. If the organizatio						s			
			,			edule A (Form 990				

732022 10-06-17

# Schedule A (Form 990 or 990-EZ) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2094979 Page 3 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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	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.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	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						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2017 (			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2017.</b> If the						7 is not
	more than 33 1/3%, check this box a						▶∟
b	<b>33 1/3% support tests - 2016.</b> If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl			· · · · · · · · · · · · · · · · · · ·
73202	23 10-06-17		15		Sch	edule A (Form 990	or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2094979 Page 4 Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 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 (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

Yes

Х

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

No

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х

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# Schedule A (Form 990 or 990-EZ) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2094979 Page 5 Part IV Supporting Organizations (continued) 58-2094979 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		110		х
<b>L</b>	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> <b>Part VI.</b> tion B. Type I Supporting Organizations	11c		
Sec	aon B. Type i Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the exception provide to each of its supported exceptions, by the last day of the fifth month of the		162	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
2	activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	2.0		
3				
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L.	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0047
732025	5 10-06-17 Schedule A (Form 9	90 or 99	эU-ЕZ)	2017

17

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	dule A (Form 990 or 990 EZ) 2017 THE MOUNTAIN BROOK LIBE			58-2094979 Page 6
Pa	· · · · · · · · · · · · · · · · · · ·			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
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	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

732026 10-06-17

# Schedule A (Form 990 or 990 EZ) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2094979 Page 7

Par	I v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		ι <i>γ</i>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>    i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

732027 10-06-17

Schedule A	(Form 990 or 990-EZ) 2017	THE M	IOUNTAIN	BROOK	LIBRARY	FOUNDATION	58-2094979	Page <b>8</b>
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9 3; Part IV, Sect	a, 9b, 9c, 11 ion E, lines ⁻	a, 11b, and 11c Ic, 2a, 2b, 3a, a	; Part IV, Section B, lines nd 3b; Part V, line 1; Part	1 and 2; Part IV, Sectior V, Section B, line 1e; Pa	n C, art V,
	(See instructions.)		v, Section E, ii	1165 Z, J, and		this part for any addition		
732028 10-06-1	7			2	0	Schedu	ıle A (Form 990 or 990-	-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check or

ΤH

# ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Ξ	MOUNTAIN	BROOK	LIBRARY	FOUNDATION	
e):					

58-2094979

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions  $e_{xclusively}$  for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an  $e_{xclusively}$  religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $e_{xclusively} = 1000 \text{ more} \text{ more}$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

# THE MOUNTAIN BROOK LIBRARY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$11,223.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$10,775.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>    11,070.</u>	Person X Payroll Noncash (Complete Part II for
			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
	Name, address, and ZIP + 4	Total contributions	noncash contributions.)

Page 2

Employer identification number

58-2094979

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

2017.06000 THE MOUNTAIN BROOK LIBRAR 55-03311

22

# THE MOUNTAIN BROOK LIBRARY FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** 

7		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    9                                </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

(d)

Type of contribution

58-2094979

23

723452 11-01-17

2017.06000 THE MOUNTAIN BROOK LIBRAR 55-03311

12080814 794202 55-03313.000

Page 3

Employer identification number

### 58-2094979 THE MOUNTAIN BROOK LIBRARY FOUNDATION Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

\$ (a) No. (b) FMV (or estimate) from Description of noncash property given (See instructions.) Part I \$ 723453 11-01-17

(b)

Description of noncash property given

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

(d)

Date received

(d)

**Date received** 

12080814 794202 55-03313.000

(a)

No.

from

Part I

(c)

FMV (or estimate)

(See instructions.)

(c)

me of organiz	ation			Employer identification number
IE MOUN	TAIN BROOK LIBRARY FO	UNDATION		58-2094979
	Exclusively religious, charitable, etc., contr the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000	d in section 501(c)(7), (8), or lowing line entry. For organization or less for the year. (Enter this info. onc	10) that total more than \$1,000 fo a.) ► \$
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Door	vintion of how aift is hold
Part I		(c) Use of gin		ription of how gift is held
_		(e) Transfer of g	 jift	
-	Transferee's name, address, ar	Id ZIP + 4	Relationship of tra	nsferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer of g		nsferor to transferee
) No. rom <u>Part I</u>	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of g	 jift	
	Transferee's name, address, ar	Id ZIP + 4	Relationship of tra	nsferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of g		
	Transferee's name, address, ar	la ZIP + 4	Relationship of tra	nsferor to transferee

25

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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SCHEDULI	ΕD
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Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

THE MOUNTAIN BROOK LIBRARY FOUNDATION

Employer identification number 58-2094979

Par			or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(1.) [	
		(a) Donor advised funds	(D) FL	inds 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	-		
	are the organization's property, subject to the organization's			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	· · · ·	0	
Par	impermissible private benefit?           t II         Conservation Easements.         Complete if the or		Devt IV/ lines	Yes No
			Part IV, line	/
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (e.g., recreation or e			
	Protection of natural habitat	Preservation of a cer	tified historic	structure
•	Preservation of open space	····		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	
	day of the tax year.			Held at the End of the Tax Year
a				
b				
C A	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
2	listed in the National Register			during the tax
3	year	leased, extinguished, or terminated by the	e organizatioi	r during the tax
4	Number of states where property subject to conservation ea	soment is located		
<del>-</del> 5	Does the organization have a written policy regarding the pe			
5	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
U		narialing of violations, and officiently con-	oor valion oad	semente during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easeme	nts during the year
•	S		alon cascine	nto during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
•	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
•	include, if applicable, the text of the footnote to the organiza	•	-	
	conservation easements.			
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Simila	ar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and bal	ance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	t and balance	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic 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 tre	easures, or other similar assets for financia	al gain, provid	de
	the following amounts required to be reported under SFAS 1			
а	Revenue included on Form 990, Part VIII, line 1		►	\$
b				\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2017
	10-09-17			

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		NTAIN BROOK				58-20		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, or Oth	er Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant u	use of its c	ollection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further t	he organization's ex	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other simi	lar assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's co	ollection?			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizati	on answered "Yes"	on Form 990	), 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 contributior	is or other assets n	ot included			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • •			
Par		f the organization and	swered "Yes" on F	orm 990, Part IV, lin	e 10.			
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	years back
1a	Beginning of year balance	4,062,794.	3,130,371	2,940,583		775,803.		490,583.
b	Contributions	16,175.	624,116	. 8,550		13,070.		5,600.
с	Net investment earnings, gains, and losses	207,504.	308,307	. 181,238	. 1	L51,710.		279,620.
d	Grants or scholarships		·					
	Other expenditures for facilities							
-	and programs							
f	Administrative expenses							
g	End of year balance	4,286,473.	4,062,794	3,130,371	. 2.9	940,583.	2,	775,803.
2	Provide the estimated percentage of the curr				,	,	,	,
	Board designated or quasi-endowment	one your one balance	%					
b	Permanent endowment  100.00	%						
	Temporarily restricted endowment	%						
Ŭ	The percentages on lines 2a, 2b, and 2c sho							
30	Are there endowment funds not in the posse		tion that are held a	nd administered for	the organiz	ation		
Ja	by:	ssion of the organiza			the organiz	ation	<u>ا</u>	Yes No
	-						3a(i)	X
							3a(ii)	X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require	nd on Schodulo P2				3b	
ں ۸	Describe in Part XIII the intended uses of the						30	I
Par	t VI Land, Buildings, and Equipm		inent lunus.					
	Complete if the organization answere		Part IV line 11a	See Form 990 Part	X line 10			
						ad		
	Description of property	(a) Cost or ot basis (investm	• • •		Accumulat		(d) Book	value
4-	Land		,	52,610.			550	,610.
	Land			, U I U •			554	,010.
	Buildings							
	Leasehold improvements					<del></del>		
	Equipment							
	Other			I		-+	FEN	610
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 〉	(, column (B), line '	10c.)				,610.
						Schedule	D (Form	990) 2017

Schedule D (Form 990) 2017         THE MOUNTAIN           Part VII         Investments - Other Securities.           Complete if the organization answered "Yes" of the organization answeree "Yes" of the	BROOK LIBRAN			58-2094979 _{Page}
(a) Description of security or category (including name of security)	(b) Book value			end-of-year market value
(1) Financial derivatives	.,			,
(2) Closely-held equity interests				
(3) Other				
(A) NBC- MUTUAL FUNDS	4,453,058.	END-OF-Y	EAR MARKE	T VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	4,453,058.			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)         Part VIII         Investments - Program Related.				
Complete if the organization answered "Yes" o (a) Description of investment	n Form 990, Part IV, line (b) Book value			end-of-year market value
(1)	(S) DOON VAILUE			ond of your market value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(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" o	n Form 990, Part IV, line ⁻	11d. See Form 990,	Part X, line 15.	
(a) [	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" o	n Form 990, Part IV, line *	11e or 11f. See Form	990, Part X, line	25.
1. (a) Description of liability		(b) Book value		20.
(1) Federal income taxes		. ,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,			
2. Liability for uncertain tax positions. In Part XIII, provide t				
organization's liability for uncertain tax positions under F	IN 48 (ASC 740). Check I	nere if the text of the	e footnote has bee	en provided in Part XIII 🛛 🚺

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 THE MOUNTAIN BROOK LIBRAR				094979	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	383	,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	81,404.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,404.
3	Subtract line 2e from line 1			3	301	,928.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	301	,928.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		Expenses per F	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1		0.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3		0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		0.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE FOUNDATION HAS IMPLEMENTED THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH
UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING
STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. AS OF SEPTEMBER 30, 2018,
THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PREVIOUS OPEN TAX YEARS MAY BE SUBJECT TO EXAMINATION BY TAXING
AUTHORITIES, FROM THE 2015 RETURN YEAR TO THE PRESENT.
PART V, LINE 4:

FUNDS ARE TO BE USED AS A SUPPLEMENT TO BASIC SERVICES OF THE MOUNTAIN

BROOK LIBRARY IN THE FORM OF CAPITAL OR SPECIAL NON-OPERATING PROJECTS.

732054 10-09-17

Schedule D (Form 990) 2017

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Schedule D (Form 990) 2017 Part XIII Supplemental Infor	THE MOUNTAIN	BROOK	LIBRARY	FOUNDATION	58-2094979	Page 5
Part XIII Supplemental Infor	rmation (continued)					
					Schedule D (Form 9	90) 2017
732055 10-09-17						,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



THE MOUNTAIN BROOK LIBRARY FOUNDATION 58-2

58-2094979

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHILANTHROPIC, SCIENTIFIC, LITERARY AND EDUCATIONAL ACTIVITIES OF THE

LIBRARY.

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:OTHER PROFESSIONAL FEES:PROGRAM SERVICE EXPENSES1,675.MANAGEMENT AND GENERAL EXPENSES0.FUNDRAISING EXPENSES0.TOTAL EXPENSES1,675.

INVESTMENT FEES:

PROGRAM SERVICE EXPENSES

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

30,820.

Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 990-EZ) (2017) Name of the organization THE MOUNTAIN BROOK LIBRARY FOUNDATION	Employer identification numb
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,820.
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	35,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,750.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	68,245.

12080814 794202 55-03313.000

SCH	IEDULE	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.

OMB No. 1545-0047

2017 Open to Public Inspection

Employer identification number 58 - 2094979

Department of the Treasury Internal Revenue Service

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

### Name of the organization

## THE MOUNTAIN BROOK LIBRARY FOUNDATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
O'NEAL LIBRARY LEGACY, LLC - 58-2094979					
50 OAK STREET					THE MOUNTAIN BROOK
MOUNTAIN BROOK , AL 35213	PURCHASE/OWN REAL PROPERTY	ALABAMA	0.	552,610.	LIBRARY FOUNDATION

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE EMMET O'NEAL LIBRARY - 63-6001325							
50 OAK STREET			GOVERNMENT				
MOUNTAIN BROOK, AL 35213	PUBLIC LIBRARY	ALABAMA	ENTITY				х
	-						
	-						

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

Schedule R (Form 990) 2017

# Schedule R (Form 990) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION

58-2094979 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage ^{ing} ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No
											<u> </u>
	1										
	1										

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) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)		or trusty		835013		Yes	No
	1								

# Schedule R (Form 990) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION

### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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 related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
0	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

# Schedule R (Form 990) 2017 THE MOUNTAIN BROOK LIBRARY FOUNDATION

### 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)	(b)	(c)	(d)	(e	<b>;)</b>	(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are partners 501(c orgs		Share of total income	Share of end-of-year assets	alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General of managin partner?	ownership
			30010113 3 12 3 14)	Yes	NO			Yes	NO	(1011111003)	Yes NO	
				$\vdash$								+
											$\vdash$	+

Schedule R (Form 990) 2017

Schedule R	(Form 990) 2017	THE	MOUNTAIN	BROOK	LIBRARY	FOUNDATION	58-2094979	Page 5
Part VII	(Form 990) 2017 Supplemental Info	rmation	-					
	Provide additional inform			tions on Sc	hedule R. See in	structions.		
732165 09-11-1	17						Schedule R (Form 9	90) 2017
				3	7			

(Rev. January 2017)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ng number	
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employer identification number (EIN) o $58-2094979$			
	THE MOUNTAIN BROOK LIBRARY	FOUND	ATION				
File by the due date fo filing your return. See	Number, street, and room or suite no. If a P.O. box, se 50 OAK STREET	Social security number (SSN)					
instructions	City, town or post office, state, and ZIP code. For a for MOUNTAIN BROOK, AL 35213						
Enter the	e Return Code for the return that this application is for (file	a separat	e application for each return)				
Applicat	tion			Return			
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
<ul> <li>If the</li> <li>If this</li> <li>box</li> <li>1</li> <li>Ir</li> <li>for</li> <li>for</li> </ul>	hone No. $\blacktriangleright$ 205-879-0459 organization does not have an office or place of business is for a Group Return, enter the organization's four digit G . If it is for part of the group, check this box $\blacktriangleright$ . equest an automatic 6-month extension of time until r the organization named above. The extension is for the o calendar year or 	aroup Exe and atta AUGUS rganizatio	mption Number (GEN) I ch a list with the names and EINs of <u>ST 15, 2019</u> , to file n's return for: d endingSEP 30, 2018	f this is fo all memb	r the whole g ers the exten npt organizati	sion is for.	
 3a lft	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax less any				
	nrefundable credits. See instructions.	01 0000, 0		3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		Ţ.	• •	
	estimated tax payments made. Include any prior year overpayment allowed as a credit. <b>3b</b>						
	alance due. Subtract line 3b from line 3a. Include your pay				Ť	0.	
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.	
	: If you are going to make an electronic funds withdrawal (			53-EO an	d Form 8879	-EO for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice, s	see instru	ictions.		Form <b>8</b>	868 (Rev. 1-2017)	

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

723841 04-01-17