

Extended to March 15, 2021

990Form
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019Open to Public
Inspection

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2019 calendar year, or tax year beginning **MAY 1, 2019** and ending **APR 30, 2020****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**Mountain Brook City Schools Foundation**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
32 Vine StreetCity or town, state or province, country, and ZIP or foreign postal code
Birmingham, AL 35213**F** Name and address of principal officer: **Charles M. Smith**
32 Vine Street, Mountain Brook, AL 35213**D** Employer identification number**63-1072587****E** Telephone number
(205) 414-0042**G** Gross receipts \$ **3,035,868.****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **www.mtnbrookschoolsfoundation.com****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1992** **M** State of legal domicile: **AL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of the Foundation is to mobilize community support and resources for the academic</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	60
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	436,549.	543,272.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	486,098.	153,760.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-32,931.	-33,645.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	889,716.	663,387.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	451,883.	463,043.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	94,994.	84,516.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	108,272.	101,935.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	655,149.	649,494.
	19 Revenue less expenses. Subtract line 18 from line 12	234,567.	13,893.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,561,001.	8,936,492.
	22 Net assets or fund balances. Subtract line 21 from line 20	451,883.	461,843.
		9,109,118.	8,474,649.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date
	Lane DeWine, Treasurer		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Joel Jones	Joel Jones	03/08/21
	Firm's name ▶ Kassouf & Co., P.C.	Check <input type="checkbox"/> if self-employed	PTIN P01328414
	Firm's address ▶ 2101 Highland Ave S Suite 300 Birmingham, AL 35205-4009	Firm's EIN ▶ 63-0590670	Phone no. 205-443-2500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

See Schedule O for Organization Mission Statement Continuation