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Form **990**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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization MOUNTAIN BROOK CITY SCHOOLS PTO INC.	D Employer identification number 26-4085689
		Doing Business As COUGAR PTO, CHEROKEE BEND SCHO	E Telephone number 205-871-4608
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 32 VINE STREET	G Gross receipts \$ 914,816.
		City or town, state or country, and ZIP + 4 MOUNTAIN BROOK, AL 35213	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: TRICIA PUGH SAME AS C ABOVE			

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **N/A****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **2009** **M** State of legal domicile: **AL****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities PROMOTING THE WELFARE OF CHILDREN VIA COLLABORATION OF TEACHERS, SCHOOLS AND PARENTS		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	800
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,080.	424,888.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		128,282.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35.	814.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,075.	210,516.
		83,190.	764,500.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		182,221.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		143,797.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	143,797.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	326.	258,096.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	326.	584,114.
	19 Revenue less expenses. Subtract line 18 from line 12	82,864.	180,386.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	82,864.	263,250.
	22 Net assets or fund balances. Subtract line 21 from line 20	82,864.	263,250.

Part II Signature Block

Sign Here	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.		
	Signature of officer <i>Tricia Pugh</i>	Date 1-18-2011	
Paid Preparer's Use Only	Preparer's signature <i>Susan R Waller</i>	Date 1/18/2011	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 LOVOY, SUMMERVILLE & SHELTON, LLC 361 SUMMIT BOULEVARD; SUITE 210 BIRMINGHAM, AL 35243	EIN ▶	Preparer's identifying number (see instructions)
		Phone no ▶ (205) 970-9080	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
TO PROMOTE THE WELFARE OF CHILDREN AND YOUTH IN HOME, SCHOOL, AND
COMMUNITY; TO SUPPORT THE EFFORTS OF PROVIDING AN EFFECTIVE,
CHALLENGING, AND ENGAGING EDUCATION FOR EVERY ONE OF OUR STUDENTS; TO
BRING INTO CLOSER RELATION THE HOME AND THE SCHOOL, THAT PARENTS AND
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 101,874. including grants of \$ 42,722.) (Revenue \$ 45,832.)
DIRECT AND INDIRECT SUPPORT OF EDUCATIONAL AND SOCIAL ACTIVITIES
BENEFITTING STUDENTS OF CHEROKEE BEND ELEMENTARY SCHOOL - PROVIDED
SUPPORT FOR CURRICULUM MATERIALS, CURRICULUM ENHANCEMENT PROGRAMS,
TECHNOLOGY, SOCIAL ACTIVITIES, FACULTY APPRECIATION PROGRAMS, ENHANCED
COMMUNICATION BETWEEN PARENTS, SCHOOLS AND TEACHERS. SPECIFIC EXAMPLES
OF PROGRAMS SUPPORTED INCLUDE THE WRITERS FESTIVAL, FAIR OAKS ADVENTURE
CURRICULUM, PURCHASE OF LIBRARY MATERIALS, SIXTH GRADE MINICOURSES, AND
TEACHER CLASSROOM EXPENSES. ALL OF THE STUDENTS OF CHEROKEE BEND
ELEMENTARY SCHOOL, APPROXIMATELY 530, BENEFIT FROM THIS PROGRAM.

4b (Code) (Expenses \$ 89,238. including grants of \$ 36,200.) (Revenue \$ 28,369.)
DIRECT AND INDIRECT SUPPORT OF EDUCATIONAL AND SOCIAL ACTIVITIES
BENEFITTING THE STUDENTS OF CRESTLINE ELEMENTARY SCHOOL- PROVIDED
SUPPORT FOR CURRICULUM MATERIALS, CURRICULUM ENHANCEMENT PROGRAMS,
TECHNOLOGY, SOCIAL ACTIVITIES, FACULTY APPRECIATION PROGRAMS, ENHANCED
COMMUNICATION BETWEEN PARENTS, SCHOOL AND TEACHERS. SPECIFIC EXAMPLES
OF SOME OF THE PROGRAMS SUPPORTED INCLUDE CELEBRATE WRITING FESTIVAL,
FALL FESTIVAL, SAFETY PATROL, ANTI-DRUG AWARENESS, VETERANS DAY
PROGRAM, SCHOOL DIRECTORIES AND NEWSLETTERS, AND SUMMER READING
PROGRAMS. ALL THE STUDENTS OF CRESTLINE ELEMENTARY SCHOOL,
APPROXIMATELY 820, BENEFIT FROM THIS PROGRAM.

4c (Code) (Expenses \$ 77,080. including grants of \$ 37,515.) (Revenue \$ 8,796.)
DIRECT AND INDIRECT SUPPORT OF EDUCATIONAL AND SOCIAL ACTIVITIES
BENEFITTING THE STUDENTS OF MOUNTAIN BROOK JUNIOR HIGH SCHOOL -
PROVIDED SUPPORT FOR CURRICULUM MATERIALS, CURRICULUM ENHANCEMENT
PROGRAMS, TECHNOLOGY, COMMUNITY INVOLVEMENT PROGRAMS, SOCIAL
ACTIVITIES, FACULTY APPRECIATION PROGRAMS, ENHANCED COMMUNICATIONS
BETWEEN PARENTS, TEACHERS AND SCHOOLS. EXAMPLES OF SPECIFIC PROGRAMS
SUPPORTED INCLUDE ART FORMS, SPARTAN DAY, TEACHER PROFESSIONAL
DEVELOPMENT, AND TEACHER COPIER EXPENSES. ALL THE STUDENTS OF THE
MOUNTAIN BROOK JUNIOR HIGH BENEFIT, APPROXIMATELY 1000 STUDENTS.

4d Other program services (Describe in Schedule O)
 (Expenses \$ 168,413. including grants of \$ 65,784.) (Revenue \$ 45,285.)

4e Total program service expenses ► \$ 436,605.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
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 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24d	
25a Section 501(c)(3) and 501(c)(4) 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>	25a	X
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 I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	3	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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 in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	9	
b Enter the number of voting members that are independent	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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 arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **NICKY BARNES, SECRETARY/TREASURER - (205) 871-4608**
32 VINE STREET, MOUNTAIN BROOK, AL 35213

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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.

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEIGH ANNE PHILIPS PRESIDENT	1.00	X		X				0.	0.	0.
MARIA ALEXANDER SECRETARY/TREASURER	0.30	X		X				0.	0.	0.
LAURA READ LEGISLATIVE VICE PRESIDE	0.30	X		X				0.	0.	0.
AMY KAMPAKIS DIRECTOR	0.30	X						0.	0.	0.
TRICIA PUGH DIRECTOR	0.30	X						0.	0.	0.
NICKY BARNES DIRECTOR	0.30	X						0.	0.	0.
SUSAN HANCOCK DIRECTOR	0.30	X						0.	0.	0.
CATHY LUCKIE DIRECTOR	0.30	X						0.	0.	0.
PAIGE LEE DIRECTOR	0.30	X						0.	0.	0.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
-----------------	--

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in 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*
- 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*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4		X
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 **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	0
---	--	---

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	49,483.			
	c	Fundraising events	1c	1,825.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	373,580.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f			424,888.		
Program Service Revenue	2 a	SPORTSWEAR/SCHOOL T-SH	Business Code 448000	38,905.	38,905.		
	b	WRITERS FESTIVAL	900099	36,846.	36,846.		
	c	SCHOOL YEARBOOK	900099	10,520.	10,520.		
	d	BOOK FAIR	900099	7,954.	7,954.		
	e	SCHOOL DIRECTORIES	900099	6,591.	6,591.		
	f	All other program service revenue	900099	27,466.	27,466.		
	g	Total. Add lines 2a-2f			128,282.		
	3	Investment income (including dividends, interest, and other similar amounts)			814.		814.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 1,825. of contributions reported on line 1c) See Part IV, line 18	a	360,832.			
	b	Less direct expenses	b	150,316.			
	c	Net income or (loss) from fundraising events		210,516.		210,516.	
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
	11 a						
	b						
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			764,500.	128,282.	0.	211,330.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	182,221.	182,221.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	975.		975.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	143,797.			143,797.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	18,784.	18,784.		
14 Information technology	395.	395.		
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	564.		564.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,173.		2,173.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>WRITERS FESTIVAL</u>	44,178.	44,178.		
b <u>SPORTSWEAR</u>	36,996.	36,996.		
c <u>AMPHITHEATRE EXPENSE</u>	19,748.	19,748.		
d <u>TEACHER APPRECIATION</u>	18,948.	18,948.		
e <u>YEARBOOK</u>	10,748.	10,748.		
f All other expenses	104,587.	104,587.		
25 Total functional expenses Add lines 1 through 24f	584,114.	436,605.	3,712.	143,797.
26 Joint costs Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	82,864.	1	189,489.
	2 Savings and temporary cash investments		2	73,761.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	82,864.	16	263,250.
Liabilities	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 Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	82,864.	32	263,250.
	33 Total net assets or fund balances	82,864.	33	263,250.
	34 Total liabilities and net assets/fund balances	82,864.	34	263,250.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990. ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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 Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				10,815.	424,888.	435,703.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					128,281.	128,281.
3 Gross receipts from activities that are not an unrelated trade or business under section 513				74,924.	214,667.	289,591.
4 Tax revenues levied for the organization'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				85,739.	767,836.	853,575.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						853,575.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				85,739.	767,836.	853,575.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				35.	814.	849.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b				35.	814.	849.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					62,390.	62,390.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)				85,774.	831,040.	916,814.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☒

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

MOUNTAIN BROOK CITY SCHOOLS PTO INC.

Employer identification number
26-4085689

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BOOSTER ENTERPRISES, INC.	BOOSTERTHON FUN RUNS		X	291,737.	143,797.	147,940.
Total	▶			291,737.	143,797.	147,940.

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	MBJH MAGAZINE SALBEND SILENT (event type)	CHEROKEE (event type)	8 (total number)	(add col (a) through col (c))
Revenue				
1 Gross receipts	92,796.	58,869.	199,247.	350,912.
2 Less Charitable contributions			1,825.	1,825.
3 Gross income (line 1 minus line 2)	92,796.	58,869.	197,422.	349,087.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	54,010.	8,978.	71,818.	134,806.
10 Direct expense summary Add lines 4 through 9 in column (d)				(134,806)
11 Net income summary Combine line 3, column (d), and line 10				214,281.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				()
8 Net gaming income summary Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

MOUNTAIN BROOK CITY SCHOOLS PTO INC.

Employer identification number
26-4085689

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRESTLINE ELEMENTARY SCHOOL 3785 JACKSON BLVD MOUNTAIN BROOK, AL 35213	63-6005319	CITY OF MT. BROOK	36,200.	0.			PAYMENTS FOR TEACHER CLASSROOM NEEDS, TECHNOLOGY, ENVIRONMENTAL CAMP, SUPPORT FOR ART.
CHEROKEE BEND ELEMENTARY SCHOOL 4400 FAIR OAKS DRIVE MOUNTAIN BROOK, AL 35213	63-6005319	CITY OF MT. BROOK	42,722.	0.			TEACHER CLASSROOM EXPENSES, GROUNDS MAINTENANCE AND IMPROVEMENTS, TECHNOLOGY, L
MOUNTAIN BROOK ELEMENTARY SCHOOL 3020 CAMBRIDGE ROAD MOUNTAIN BROOK, AL 35223	63-6005319	CITY OF MT. BROOK	24,514.	0.			PAYMENTS FOR TECHNOLOGY NEEDS, LIBRARY MATERIALS, SUPPORT FOR PHYSICAL EDUCATION, SPECIAL
BROOKWOOD FOREST ELEMENTARY SCHOOL 3701 SOUTH BROOKWOOD RD. MOUNTAIN BROOK, AL 35223	63-6005319	CITY OF MT. BROOK	6,910.	0.			PAYMENTS FOR TEACHER CLASSROOM MATERIALS, TEACHER PHOTOCOPY EXPENSES
MOUNTAIN BROOK JUNIOR HIGH 205 OVERBROOK RD. MOUNTAIN BROOK, AL 35213	63-6005319	CITY OF MT. BROOK	37,515.	0.			PAYMENTS FOR TEACHER PROFESSIONAL DEVELOPMENT EXPENSES, SCHOOL NURSE EXPENSES, TEACHER
MOUNTAIN BROOK HIGH SCHOOL 3650 BETHUNE DRIVE MOUNTAIN BROOK, AL 35223	63-6005319	CITY OF MT. BROOK	34,360.	0.			PAYMENT FOR TEACHER CLASSROOM EXPENSES, DEPARTMENTAL NEEDS, TECHNOLOGY, MICROSCOPES

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

▶ **6.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ORGANIZATION WORKS CLOSELY WITH THE RECIPIENT SCHOOLS TO ENSURE THAT FUNDS ARE UTILIZED IN THE MANNER INTENDED. MEMBERS OF THE PTO ORGANIZATION ARE CONSTANTLY ON SITE AT THE SCHOOLS AND ARE IN A POSITION TO MONITOR USAGE OF THE FUNDS BY OBSERVATION. SCHOOLS PROVIDE DOCUMENTATION OF FUND REQUESTS TO THE PTOS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CRESTLINE ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENTS FOR TEACHER CLASSROOM

Part IV Supplemental Information

NEEDS, TECHNOLOGY, ENVIRONMENTAL CAMP, SUPPORT FOR ART, MUSIC, SPANISH,
COUNSELING AND SEVERAL OTHER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CHEROKEE BEND ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TEACHER CLASSROOM EXPENSES, GROUNDS
MAINTENANCE AND IMPROVEMENTS, TECHNOLOGY, LIBRARY MATERIALS, ADVENTURE
CURRICULUM, SAFETY PATROL

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN BROOK ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENTS FOR TECHNOLOGY NEEDS,
LIBRARY MATERIALS, SUPPORT FOR PHYSICAL EDUCATION, SPECIAL EDUCATION,
ART, MUSIC AND OTHER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN BROOK JUNIOR HIGH

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENTS FOR TEACHER PROFESSIONAL
DEVELOPMENT EXPENSES, SCHOOL NURSE EXPENSES, TEACHER CLASSROOM EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN BROOK HIGH SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENT FOR TEACHER CLASSROOM
EXPENSES, DEPARTMENTAL NEEDS, TECHNOLOGY, MICROSCOPES AND OTHER SCIENCE
EQUIPMENT, SECURITY CAMERAS, LIBRARY SCANNER, SOFTWARE

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

MOUNTAIN BROOK CITY SCHOOLS PTO INC.

Employer identification number

26-4085689

FORM 990, PART I, DOING BUSINESS AS:

COUGAR PTO, CHEROKEE BEND SCHOOL PTO, LANCER PTO, RANGER PTO,

MOUNTAIN BROOK JUNIOR HIGH PTO, MOUNTAIN BROOK HIGH SCHOOL PTO

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

TEACHERS MAY COOPERATE INTELLIGENTLY IN THE EDUCATION OF CHILDREN AND
YOUTH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DIRECT AND INDIRECT SUPPORT OF EDUCATIONAL AND SOCIAL ACTIVITIES

BENEFITTING STUDENTS OF MOUNTAIN BROOK ELEMENTARY SCHOOL -PROVIDED THE

SAME TYPE OF SUPPORT AS LISTED ABOVE UNDER OTHER PROGRAM SERVICES TO

OTHER SCHOOLS. SPECIFIC PROGRAMS INCLUDE GROUNDS AND NATURE TRAIL

MAINTENANCE AND IMPROVEMENT, SUPPORT FOR THE LIBRARY, PHYSICAL

EDUCATION, SPECIAL EDUCATION PROGRAMS AND TECHNOLOGY EXPENDITURES.ALL

THE STUDENTS OF MOUNTAIN BROOK ELEMENTARY SCHOOL, APPROXIMATELY 570,

BENEFIT FROM THIS PROGRAM.

DIRECT AND INDIRECT SUPPORT FOR EDUCATIONAL AND SOCIAL ACTIVITIES

BENEFITTING THE STUDENTS OF BROOKWOOD FOREST ELEMENTARY SCHOOL -

PROVIDED SUPPORT FOR THE SAME TYPES OF PROGRAMS LISTED UNDER OTHER

PROGRAM SERVICES ABOVE. EXAMPLES OF SPECIFIC PROGRAMS SUPPORTED

INCLUDE THE WRITERS FESTIVAL, MATH INITIATIVES PROGRAM, PAYMENT OF

TEACHER PHOTOCOPY COSTS, CLASSROOM SUPPLY EXPENSES, AND CLASSROOM

MATERIALS COSTS. ALL THE STUDENTS OF BROOKWOOD FOREST ELEMENTARY

SCHOOL, APPROXIMATELY 520, BENEFIT FROM THIS PROGRAM.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Name of the organization

MOUNTAIN BROOK CITY SCHOOLS PTO INC.

Employer identification number
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DIRECT AND INDIRECT SUPPORT OF EDUCATIONAL AND SOCIAL ACTIVITIES
BENEFITTING THE STUDENTS OF MOUNTAIN BROOK HIGH SCHOOL - PROVIDED
SUPPORT FOR THE SAME TYPES OF PROGRAMS LISTED ABOVE UNDER THE OTHER
PROGRAM SERVICES. EXAMPLES OF SPECIFIC PROGRAMS SUPPORTED INCLUDE
PAYMENT OF TECHNOLOGY COSTS, GROUNDS MAINTENANCE AND
IMPROVEMENTS, SUPPORT OF VARIOUS SCHOOL RECEPTIONS AND
FUNCTIONS, PURCHASE OF SCIENCE EQUIPMENT AND PAYMENT FOR TEACHER
CLASSROOM EXPENSE AND DEPARTMENTAL NEEDS. ALL THE STUDENTS OF MOUNTAIN
BROOK HIGH SCHOOL, APPROXIMATELY 1000, BENEFIT FROM THIS PROGRAM.
EXPENSES \$ 168413. INCLUDING GRANTS OF \$ 65784. REVENUE \$ 45285.

FORM 990, PART VI, SECTION A, LINE 6: THE GOVERNING BODY OF THE
ORGANIZATION IS TWO TIERED. AT THE TOP LEVEL IS THE MOUNTAIN BROOK CITY
SCHOOLS COUNCIL OF PTOS (MB COUNCIL PTO). THIS MB COUNCIL PTO IS GOVERNED
BY A NINE MEMBER BOARD OF DIRECTORS, WHICH CONSISTS OF THREE OFFICERS AND
THE PRESIDENT OF SIX SEPARATE PTOS, ONE EACH FOR THE SIX SCHOOLS EXISTING
IN THE MOUNTAIN BROOK SCHOOL DISTRICT.

AT THE SECOND LEVEL IS THE GOVERNING BODY FOR EACH OF THE LOCAL PTOS, ONE
FOR EACH OF THE SIX SCHOOLS EXISTING IN THE DISTRICT. EACH LOCAL PTO HAS
ITS OWN BOARD OF DIRECTORS, BYLAWS AND POLICIES AND PROCEDURES. THESE LOCAL
SCHOOL PTOS HAVE MEMBERS CONSISTING OF THE FAMILIES OF THE STUDENTS
ATTENDING THE SCHOOL. THESE MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION
OF MEMBERS OF THE GOVERNING BODY OF THE LOCAL PTO. THESE MEMBERS OF THE
LOCAL SCHOOL PTO'S GOVERNING BODY ARE THEN MEMBERS OF THE MB COUNCIL PTO.

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Schedule O (Form 990) 2009

932211
02-03-10

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26-4085689

FORM 990, PART VI, SECTION A, LINE 7A: SEE COMMENTS ABOVE FOR LINE 6.

FORM 990, PART VI, SECTION A, LINE 7B: SEE COMMENTS ABOVE FOR LINE 6.

FORM 990, PART VI, SECTION B, LINE 10B: AS NOTED ABOVE, THE ORGANIZATION INCLUDES A TOP TIER ENTITY, THE MOUNTAIN BROOK COUNCIL PTO, AS WELL AS SIX PTOS, EACH ASSOCIATED WITH ONE OF THE SIX SCHOOLS LOCATED WITHIN THE MOUNTAIN BROOK CITY SCHOOL DISTRICT. THESE SIX SCHOOL PTOS ARE NOT SEPARATE LEGAL ENTITIES, BUT ARE OPERATING AS D/B/A ENTITIES UNDER THE UMBRELLA OF THE MOUNTAIN BROOK CITY SCHOOLS PTO, INC.

FORMAL WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF THE SIX SCHOOL PTOS TO ENSURE THEIR ACTIVITIES ARE CONSISTENT WITH THE COUNCIL'S OBJECTIVES HAVE NOT YET BEEN ADOPTED BY THE COUNCIL ORGANIZATION. HOWEVER, THE COUNCIL'S BYLAWS SPECIFICALLY DIRECT THE SCHOOL PTOS TO PROMOTE THE TAX EXEMPT PURPOSES OF THE COUNCIL IN A MANNER THAT IS NOT IN CONFLICT WITH THE COUNCIL'S BYLAWS. ADDITIONALLY, THE PRESIDENT OF EACH SCHOOL PTO SITS ON THE BOARD OF BOTH THE SCHOOL'S PTO AND THE COUNCIL PTO. THIS REPRESENTATION IN BOTH GOVERNING BODIES RESULTS IN GREATER COMMUNICATION AND ACCOUNTABILITY BETWEEN THE TWO ENTITIES.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF THE FORM 990 WERE PROVIDED TO ALL MEMBERS OF THE MOUNTAIN BROOK COUNCIL PTO FOR THEIR REVIEW PRIOR TO THE FILING OF THE RETURN WITH THE IRS. OUTSIDE ACCOUNTANTS MET WITH THE OFFICERS OF THE ORGANIZATION TO DISCUSS AND REVIEW THE RETURN.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

26-4085689

AFTER EACH MEMBER OF THE COUNCIL PTO HAD THE OPPORTUNITY TO REVIEW THE
RETURN AND HAVE ANY QUESTIONS ANSWERED, THE RETURN WAS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS, ALL BOARD
MEMBERS OF THE MB COUNCIL PTO SIGN A STATEMENT WHICH AFFIRMS THAT THE
CONFLICT OF INTEREST POLICY HAS BEEN RECEIVED. THEY ACKNOWLEDGE THAT THE
POLICY APPLIES TO ALL SIX SCHOOL'S PTOS AND ANY POTENTIAL CONFLICT OF
INTEREST AT THE LOCAL SCHOOL LEVEL MUST BE BROUGHT BEFORE THE SCHOOL'S
EXECUTIVE COMMITTEE FOR APPROPRIATE DETERMINATION UNDER THE POLICY, AND IF
NECESSARY BROUGHT BEFORE THE MB COUNCIL PTO. ALL DIRECTORS AND OFFICERS
ARE COVERED UNDER THE POLICY AND MUST DISCLOSE ANY ACTUAL OR POTENTIAL
CONFLICT OF INTEREST TO THE GOVERNING BOARD. THE GOVERNING BOARD REVIEWS
AND MAKES DETERMINATIONS RELATING TO THE TRANSACTION. THE PERSON INVOLVED
IN THE POTENTIAL CONFLICT OF INTEREST TRANSACTION LEAVES THE MEETING WHILE
THE MATTER IS DISCUSSED AND VOTED UPON.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON
THEIR REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on **e-file for Charities & Nonprofits**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

Type or print	Name of exempt organization MOUNTAIN BROOK CITY SCHOOLS PTO INC.	Employer identification number 26-4085689
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 32 VINE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MOUNTAIN BROOK, AL 35213	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NICKY BARNES, SECRETARY/TREASURER

- The books are in the care of ► **32 VINE STREET - MOUNTAIN BROOK, AL 35213**

Telephone No. ► **(205) 871-4608**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)