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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

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☒ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**MOUNTAIN BROOK COUNCIL PTO INC.**Doing Business As **COUGAR PTO, CHIEF PTO, LANCER**

Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 130236

Room/suite

City or town, state or country, and ZIP + 4

MOUNTAIN BROOK, AL 35213**F** Name and address of principal officer: **ISABEL CORLEY****SAME AS C ABOVE****D** Employer identification number**26-4085689****E** Telephone number**(205) 871-4608****G** Gross receipts \$**1,118,748.****H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates 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: **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
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	1400
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
8		Contributions and grants (Part VIII, line 1h)	626,624.
9		Program service revenue (Part VIII, line 2g)	88,378.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	317.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,248.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	893,567.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	417,821.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	199,396.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 194,892.	193,304.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	205,273.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	822,490.
	19	Revenue less expenses - Subtract line 18 from line 12	71,077.
	20	Total assets (Part X, line 16)	334,327.
	21	Total liabilities (Part X, line 26)	0.
	22	Net assets or fund balances - Subtract line 21 from line 20	334,327.
	Net Assets or Fund Balances	Beginning of Current Year	
End of Year		433,302.	

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 ▶ *Isabel Corley* ▶ **ISABEL CORLEY, TREASURER** ▶ **11/15/12**

Signature of officer ▶ Date

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ▶ **LLOYD C. SHELTON** ▶ Preparer's signature ▶ *Lloyd C. Shelton* ▶ Date ▶ **11/14/12** ▶ Check ☐ self-employed ▶ PTIN ▶ **P00833282**

Firm's name ▶ **LOVOY, SUMMERVILLE & SHELTON, LLC** ▶ Firm's EIN ▶ **63-0795199**

Firm's address ▶ **361 SUMMIT BOULEVARD; SUITE 210 BIRMINGHAM, AL 35243** ▶ Phone no. ▶ **(205) 970-9080**

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

☒ Yes☐ No

SCANNED DEC 20 2012

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 157,052. including grants of \$ 113,444.) (Revenue \$ 31,318.)

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, PURCHASE OF PLAYGROUND EQUIPMENT, TECHNOLOGY UPDATE EXPENDITURES, AND TEACHER CLASSROOM EXPENSES. ALL OF THE STUDENTS OF CHEROKEE BEND ELEMENTARY SCHOOL, APPROXIMATELY 530, BENEFIT FROM THIS PROGRAM.

4b (Code _____) (Expenses \$ 204,572. including grants of \$ 152,761.) (Revenue \$ 29,328.)

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, AND 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 830, BENEFIT FROM THIS PROGRAM.

4c (Code _____) (Expenses \$ 130,164. including grants of \$ 94,911.) (Revenue \$ 13,693.)

DIRECT AND INDIRECT SUPPORT OF EDUCATIONAL AND SOCIAL ACTIVITIES BENEFITTING STUDENTS OF MOUNTAIN BROOK ELEMENTARY SCHOOL - PROVIDED SUPPORT FOR CURRICULUM MATERIALS, CURRICULUM ENHANCEMENT PROGRAMS, TECHNOLOGY, SOCIAL ACTIVITIES, FACULTY APPRECIATION PROGRAMS, AND ENHANCED COMMUNICATION BETWEEN PARENTS, SCHOOL AND TEACHERS. SPECIFIC EXAMPLES OF SOME OF THE PROGRAMS SUPPORTED INCLUDE GROUNDS AND NATURE TRAIL MAINTENANCE AND IMPROVEMENT, SUPPORT FOR THE LIBRARY, PHYSICAL EDUCATION, SPECIAL EDUCATION PROGRAMS, THE WRITERS FESTIVAL, TEACHER CLASSROOM EXPENSES, AND TECHNOLOGY EXPENDITURES. ALL THE STUDENTS OF MOUNTAIN BROOK ELEMENTARY SCHOOL, APPROXIMATELY 575, BENEFIT FROM THIS PROGRAM.

4d Other program services (Describe in Schedule O)

(Expenses \$ 216,453. including grants of \$ 146,413.) (Revenue \$ 41,120.)

4e Total program service expenses **708,241.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
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.		
a 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>	11a	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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>	11c	X
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a 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>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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, Parts II and IV</i>	15	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, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 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 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 (or a family member thereof) 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	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

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	1a	1b	1c	2a	2b	3a	3b	4a	5a	5b	5c	6a	6b	7a	7b	7c	7d	7e	7f	7g	7h	8	9a	9b	10a	10b	11a	11b	12a	12b	13a	13b	13c	14a	14b
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	9																																		
b 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?			X																																
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 (see instructions)																																			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?																																			
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)?																																			
b If "Yes," enter the name of the foreign country: See instructions for 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?																																			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?																																			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?																																			
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?																																			
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?																																			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?																																			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?																																			
d If "Yes," indicate the number of Forms 8282 filed during the year																																			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?																																			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?																																			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?																																			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?																																			
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																																			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities																																			
11 Section 501(c)(12) organizations. Enter:																																			
a Gross income from members or shareholders																																			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)																																			
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																																			
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? If "No," provide an explanation in Schedule O																																			

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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	9	
b Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 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 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **ISABEL CORLEY, SECRETARY/TREASURER - (205) 871-4608**
P.O. BOX 130236, MOUNTAIN BROOK, AL 35213

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								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
---	---	---

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
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

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	65,225.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	6,519.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	666,456.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			738,200.			
Program Service Revenue	2 a SPORTSWEAR/SCHOOL T-SH	Business Code	448000	39,569.	39,569.		
	b WRITERS FESTIVAL		900099	22,571.	22,571.		
	c ART FORMS		900099	16,666.	16,666.		
	d SCHOOL YEARBOOK		900099	9,948.	9,948.		
	e BOOK FAIR		900099	6,476.	6,476.		
	f All other program service revenue		900099	20,229.	20,229.		
	g Total. Add lines 2a-2f			115,459.			
	3 Investment income (including dividends, interest, and other similar amounts)			207.			207.
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 \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b Less: direct expenses						
	c Net income or (loss) from fundraising events			153,379.			153,379.
	9 a Gross income from gaming activities See Part IV, line 19						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
	b Less. cost of goods sold						
	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.			1,007,245.	115,459.	0.	153,586.	

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).

Check if Schedule O contains a response to any question in this Part IX ☒ X

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 United States. See Part IV, line 21	507,530.	507,530.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	2,250.		2,250.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	193,304.			193,304.
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,846.	3,846.		
14 Information technology				
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	624.		624.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	2,263.		2,263.	
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 O.)				
a WRITERS FESTIVAL	37,890.	37,890.		
b SPORTSWEAR	28,405.	28,405.		
c GROUNDS	19,347.	19,347.		
d TEACHER APPRECIATION	13,476.	13,476.		
e All other expenses SEE SCH O	99,335.	97,747.		1,588.
25 Total functional expenses. Add lines 1 through 24e	908,270.	708,241.	5,137.	194,892.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	280,423.	1	367,376.
	2 Savings and temporary cash investments	53,904.	2	65,926.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		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)		334,327.	16	433,302.
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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
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	334,327.	32	433,302.
	33 Total net assets or fund balances	334,327.	33	433,302.
	34 Total liabilities and net assets/fund balances	334,327.	34	433,302.

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,007,245.
2	Total expenses (must equal Part IX, column (A), line 25)	2	908,270.
3	Revenue less expenses Subtract line 2 from line 1	3	98,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	334,327.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	433,302.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?		X
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 separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

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MOUNTAIN BROOK COUNCIL PTO INC.

26-4085689

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975
See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2011

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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		10,815.	424,888.	626,624.	738,201.	1800528.
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.	88,378.	115,459.	332,118.
3 Gross receipts from activities that are not an unrelated trade or business under section 513		74,924.	214,667.	210,060.	182,369.	682,020.
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.	925,062.	1036029.	2814666.
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)						2814666.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		85,739.	767,836.	925,062.	1036029.	2814666.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		35.	814.	317.	207.	1,373.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		35.	814.	317.	207.	1,373.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			62,390.	37,784.	39,592.	139,766.
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.	963,163.	1075828.	2955805.

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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010.** 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 ☐

Department of the Treasury
Internal Revenue Service

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.

2011

Open To Public Inspection

26-4085689

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 MBJH MAGAZINE SALE (event type)	(b) Event #2 BROOKWOOD FOREST SILEN (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col. (c))
Revenue				
1 Gross receipts	81,133.	60,549.	120,810.	262,492.
2 Less. Charitable contributions				
3 Gross income (line 1 minus line 2)	81,133.	60,549.	120,810.	262,492.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	42,876.	19,955.	48,627.	111,458.
10 Direct expense summary Add lines 4 through 9 in column (d)				(111,458)
11 Net income summary Combine line 3, column (d), and line 10				151,034.

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? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 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?
- ☐
- Yes
- ☐
- No

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? ☐ Yes ☐ No

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 ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: BOOSTER ENTERPRISES, INC.

(I) ADDRESS OF FUNDRAISER: 137 WEST OXMOOR ROAD, BIRMINGHAM, AL 35209

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

MOUNTAIN BROOK COUNCIL 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. Part II can be duplicated 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	152,761.	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	113,444.	0.			TEACHER CLASSROOM EXPENSES, GROUNDS MAINTENANCE AND IMPROVEMENTS, TECHNOLOGY.
MOUNTAIN BROOK ELEMENTARY SCHOOL 3020 CAMBRIDGE ROAD MOUNTAIN BROOK, AL 35223	63-6005319	CITY OF MT. BROOK	94,911.	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	79,266.	0.			PAYMENTS FOR TEACHER CLASSROOM MATERIALS, TEACHER PHOTOCOPY EXPENSES, MATH INITIATIVE
MOUNTAIN BROOK JUNIOR HIGH 205 OVERBROOK RD. MOUNTAIN BROOK, AL 35213	63-6005319	CITY OF MT. BROOK	29,790.	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	37,358.	0.			PAYMENT FOR TEACHER CLASSROOM EXPENSES, DEPARTMENTAL NEEDS, TECHNOLOGY.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							6.
3 Enter total number of other organizations listed in the line 1 table							

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

23

Schedule I (Form 990) (2011)

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.
Part III can be duplicated 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, LIBRARY 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, PLAYGROUND AND PHYSICAL EDUCATION EQUIPMENT

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, TEACHER CLASSROOM EXPENSES
AND OTHER PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: BROOKWOOD FOREST ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: PAYMENTS FOR TEACHER CLASSROOM
MATERIALS, TEACHER PHOTOCOPY EXPENSES, MATH INITIATIVE PROGRAM,
TECNOLOGY EXPENSES

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, TEACHER COPY EXPENSES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number
26-4085689

FORM 990, PART I, DOING BUSINESS AS:

COUGAR PTO, CHIEF PTO, LANCER PTO, RANGER PTO,

JR. SPARTAN PTO, SPARTAN 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 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.

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, PAYMENT

FOR TEACHER CLASSROOM EXPENSE AND DEPARTMENTAL NEEDS. ALL THE STUDENTS

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

OF MOUNTAIN BROOK HIGH SCHOOL, APPROXIMATELY 1000, BENEFIT FROM THIS PROGRAM.

DIRECT AND INDIRECT SUPPORT FOR EDUCATIONAL AND SOCIAL ACTIVITIES

BENEFITTING THE STUDENTS OF BROOKWOOD FOREST ELEMENTARY SCHOOL -

PROVIDED SUPPORT FOR CURRICULUM MATERIALS, CURRICULUM ENHANCEMENT

PROGRAMS, TECHNOLOGY, SOCIAL ACTIVITIES, FACULTY APPRECIATION

PROGRAMS, AND ENHANCED COMMUNICATION BETWEEN PARENTS, SCHOOLS AND

TEACHERS. EXAMPLES OF SPECIFIC PROGRAMS SUPPORTED INCLUDE THE WRITERS

FESTIVAL, MATH INITIATIVES PROGRAM, PAYMENT OF TEACHER PHOTOCOPY COSTS,

CLASSROOM SUPPLY EXPENSES, CLASSROOM MATERIALS COSTS, PARENT/STUDENT

DIRECTORIES, AND NEWSLETTERS. ALL THE STUDENTS OF BROOKWOOD FOREST

ELEMENTARY SCHOOL, APPROXIMATELY 520, BENEFIT FROM THIS PROGRAM.

EXPENSES \$ 216,453. INCLUDING GRANTS OF \$ 146,413. REVENUE \$ 41,120.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION CHANGED ITS NAME

FROM MOUNTAIN BROOK CITY SCHOOLS PTO, INC. TO MOUNTAIN BROOK COUNCIL PTO,

INC. THE AMENDMENT TO THE ARTICLES OF INCORPORATION WITH PROOF OF FILING

WITH THE STATE OF INCORPORATION IS ATTACHED TO THIS RETURN.

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

COUNCIL PTO, INC. 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

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

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.

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 11: COPIES OF THE FORM 990, WHICH WAS PREPARED BY AN INDEPENDENT CPA, 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 WERE AVAILABLE TO ALL MEMBERS OF THE COUNCIL PTO FOR QUESTIONS AND DISCUSSIONS RELATING TO THE RETURN. 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

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

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.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OTHER EXPENSES:

PROGRAM SERVICE EXPENSES	13,165.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,165.

DIRECTORIES:

PROGRAM SERVICE EXPENSES	11,099.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,099.

YEARBOOK:

PROGRAM SERVICE EXPENSES	10,075.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,075.

STUDENT ARTS/ART FORMS:

132212
01-23-12

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

PROGRAM SERVICE EXPENSES	8,628.
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MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	8,628.
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HOSPITALITY:

PROGRAM SERVICE EXPENSES	7,271.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	7,271.
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BOOK FAIR /BOOK BUNDLES:

PROGRAM SERVICE EXPENSES	6,037.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	6,037.
----------------	--------

PTO COUNCIL EXPENSES:

PROGRAM SERVICE EXPENSES	5,101.
--------------------------	--------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	5,101.
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HOLIDAY PROJECTS:

PROGRAM SERVICE EXPENSES	5,050.
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MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,050.
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Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

SHAKESPEARE SPARTAN/CAREER DAY:

PROGRAM SERVICE EXPENSES	4,203.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,203.

STUDENT ACTIVITY COMMITTEE EXPENSE:

PROGRAM SERVICE EXPENSES	4,168.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,168.

FAIR OAKS ADVENTURE CURRICULUM:

PROGRAM SERVICE EXPENSES	3,993.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,993.

ANTI DRUG AWARENESS:

PROGRAM SERVICE EXPENSES	3,684.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,684.

SAFETY PATROL:

PROGRAM SERVICE EXPENSES	3,098.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,098.

SPRING FLING:

PROGRAM SERVICE EXPENSES 2,800.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,800.

KINDERGARTEN PARTIES:

PROGRAM SERVICE EXPENSES 2,405.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,405.

VETERANS DAY:

PROGRAM SERVICE EXPENSES 2,261.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,261.

ART EXPRESSIONS :

PROGRAM SERVICE EXPENSES 1,946.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,946.

OTHER FUNDRAISING EXPENSES:

Name of the organization

MOUNTAIN BROOK COUNCIL PTO INC.

Employer identification number

26-4085689

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 1,588.

TOTAL EXPENSES 1,588.

CIRCLE OF FRIENDS:

PROGRAM SERVICE EXPENSES 1,510.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,510.

NEWCOMER ORIENTATION:

PROGRAM SERVICE EXPENSES 1,253.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,253.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 99,335.

20111208001187640 1/4
Bk: LR201109 Pg:16494
Jefferson County, Alabama
I certify this instrument filed on
12/08/2011 11:37 11 AM PMEND
Judge of Probate- Alan L. King

**ARTICLES OF AMENDMENT TO THE
ARTICLES OF INCORPORATION
OF
MOUNTAIN BROOK CITY SCHOOLS PARENT TEACHER ORGANIZATION, INC.
an Alabama Nonprofit Corporation**

Pursuant to the provisions of Sections 10A-3-4.01 through 10A-3-4.04 of the Code of Alabama, 1975, as amended (the "Act"), the undersigned nonprofit corporation adopts the following Articles of Amendment to its Articles of Incorporation (the "Articles"):

FIRST: The name of the corporation is Mountain Brook City Schools Parent Teacher Organization, Inc. (the "Organization").

SECOND: The Organization is an Alabama nonprofit corporation.

THIRD: The Articles of Incorporation of the Organization were filed with the Jefferson County Judge of Probate on March 16, 2009.

FOURTH: For the purpose of changing the name of the corporation, the Articles shall be amended to provide for a new ARTICLE I as follows:

ARTICLE I.

NAME

1.1 The name of the Organization shall be "Mountain Brook Council PTO, Inc."

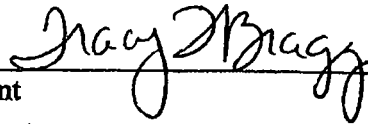
FIFTH: The Organization has no members eligible to vote on the amendment. The amendment was adopted by a vote of a majority of the Board of Directors of the Organization on December 1, 2011 in accordance with the Act and the governing documents of the Organization.

SIXTH: The name reservation certificate issued by the Alabama Secretary of State is attached hereto as Attachment 1.

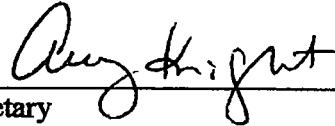
Dated this the 1st day of December, 2011.

MOUNTAIN BROOK CITY SCHOOLS PARENT
TEACHER ORGANIZATION, INC.
an Alabama Nonprofit Corporation

President



Secretary

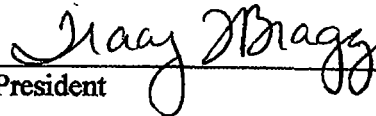


VERIFICATION

The undersigned, being the President of the Organization does hereby verify and certify that the Board of Directors of the Organization approved the amendment contained in these Articles of Amendment pursuant to the provisions the Act.

Dated this the 1st day of December, 2011.

By:
Its: President



This instrument prepared by:
James M. Pool
Maynard, Cooper & Gale, P.C.
1901 Sixth Avenue North
2400 Regions/Harbert Plaza
Birmingham, AL 35203
(205) 254-1000

Attachment 1

[Name Reservation Certificate]

~~_____~~
~~_____~~

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Beth Chapman, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, *Code of Alabama*
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

Mountain Brook Council PTO, Inc.

This domestic nonprofit corporation is proposed to be formed in Alabama and is
for the exclusive use of Maynard Cooper & Gale, P.C., 1901 6th Avenue North,
Suite 2400, Birmingham, AL 35203 for a period of one hundred twenty days
beginning November 29, 2011 and expiring March 28, 2012.

20111208001187640 4/4
Bk: LR201109 Pg:16494
Jefferson County, Alabama
12/08/2011 11:37:11 AM PAMEND
Fee - \$27.00

Total of Fees and Taxes-\$27 00
LYNN



592-117

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

November 29, 2011

Date

Beth Chapman

Beth Chapman

Secretary of State

State of Alabama
Jefferson County

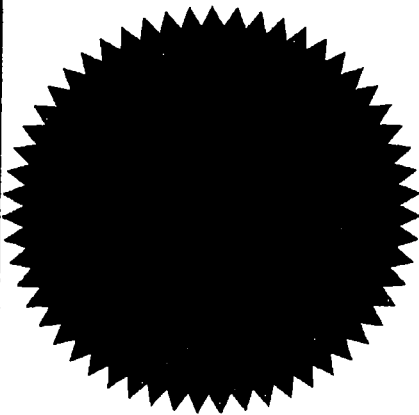
CERTIFICATE OF INCORPORATION
OF
MOUNTAIN BROOK COUNCIL PTO, INC

The undersigned, as Judge of Probate of Jefferson County,
State of Alabama, hereby certifies that _____ Articles of

INCORPORATION
duly signed and verified pursuant to the provisions of Alabama
NONPROFIT Corporation Act, have been received in this office
and are found to conform to law.

Accordingly the undersigned, as such Judge of Probate, and by
virtue of the authority vested in him by law, hereby, issues this
Certificate of INCORPORATION
of MOUNTAON BROOK COUNCIL PTO, INC
and attaches hereto a copy of the _____ Articles of

INCORPORATION
Given Under My Hand and Official Seal on this the 8TH
day of DECEMBER, 2011



Alan L. King
Judge of Probate

JUDGE OF PROBATE
716 Richard Arrington Jr. Blvd. North
Birmingham, AL, 35203
Recordings (205) 325-5411

Judges Alan L King & Sherri C Friday

PROBATE JUDGE

Receipt for Services

Cashier	LYNN	Batch #	452959
		Date:	12/08/2011
		Time:	11:37:11AM
Customer Name MAYNARD COOPER & GALE			

Date	Instrument No	Document Type	Transaction Type	Deed Cons.	Mortgage Cons.	Pg/Amt
12/8/2011 11:37:11AM	20111208001187640	PAMEND	LR201109 16494	0.00	0.00	4.00
Party 1: MOUNTAIN BROOK CITY SCHOOLS PARENT Party 2: MOUNTAIN BROOK COUNCIL PTO INC						
TEACHER ORGANIZATION INC						
Corporation \$27						27.00
PAMEND						Total: 27.00
Fee Total:						27.00
CHECK	1118850	205-254-1000				
Payment Total:						27.00