** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	lpha 2022 calendar year, or tax year beginning $$ OCT $$ $$ 1 $$, $$ $$ $$ $$ $$ 2 $$ $$ $$ 2 $$ $$ and $$ $$	ending ${\mathbb S}$	<u>EP 30, 2023</u>				
	heck if pplicable	NORTH SHELBY LIBRARY DISTRICT, A PUBLIC	С	D Employer identifi	cation number			
L	Addres	CORPORATION						
	Name change	Doing business as		63-0987009				
	□ Initial □ return □ Final □ return/	5521 CAHABA VALLEY RD	Room/suite	E Telephone numbe 205-439-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,498,603.			
	Ameno			H(a) Is this a group return				
	Application	F Name and address of principal officer: MORGAN F • DARNES		for subordinates	? Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
1 1	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1	list. See instructions			
JV	Vebsit			H(c) Group exemptio	n number			
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1988	■ State of legal domicile: AL			
	art I	Summary	•					
	1	Briefly describe the organization's mission or most significant activities: ${ t TO ext{ SE}}$	ERVE A	LL CITIZENS	IN THE			
Governance		NORTH SHELBY DISTRICT BY OFFERING LIBRARY						
na	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.			
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		з	5			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	<u>5</u>			
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			29			
ıtie.		Total number of volunteers (estimate if necessary)			25			
탸		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
•	8	Contributions and grants (Part VIII, line 1h)		1,500,603.	1,412,907.			
n	1	Program service revenue (Part VIII, line 2g)		52,603.	79,634.			
Revenue	I	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		92.	170.			
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,892.	5,892.			
	I	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,559,190.	1,498,603.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		983,684.	1,006,912.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ber	b	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		722,495.	648,642.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,706,179.	1,655,554.			
		Revenue less expenses. Subtract line 18 from line 12		-146,989.	-156,951.			
or es		·	Be	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		2,809,920.	2,776,619.			
ASS	21	Total liabilities (Part X, line 26)		1,734,809.	1,858,459.			
Net Electric	22	Net assets or fund balances. Subtract line 21 from line 20		1,075,111.	918,160.			
Pa	rt II	Signature Block			•			
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi						
Sigi	n	Signature of officer		Date				
Her		KAY KELLEY, TREASURER						
	_	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		KEITH M. BARFIELD, CPA		if self-employ	P00165764			
	arer	Firm's name BMSS, LLC			6-1498870			
-	Only	Firm's address 1121 RIVERCHASE OFFICE RD						
		BIRMINGHAM, AL 35244		Phone no. 20	5-982-5500			
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 Hollo Ho. 2 0	X Yes No			
a					110			

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO SERVE ALL CITIZENS IN THE NORTH SHELBY DISTRICT BY OFFERING L	IBRARY
	SERVICES, RESOURCES AND FACILITIES TO FULFILL THEIR EDUCATIONAL,	
	INFORMATION, CULTURAL AND RECREATIONAL NEEDS AND/OR INTERESTS.	
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 X 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 X 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 ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	enses, and
	revenue, if any, for each program service reported.	
4a		79,634. ₎
	ASSESSMENTS AND FINES ARE USED FOR GENERAL LIBRARY OPERATIONS IN	<u>CLUDING</u>
	SERVING APPROXIMATELY 97,000 PEOPLE IN THE NORTH SHELBY LIBRARY	
	DISTRICT. STATE AID IS USED FOR SPECIFIC PURPOSES SUCH AS PURCH	ASING
	BOOKS AND FIXED ASSETS AND PAYING FOR THE RELATED SHIPPING.	
41:		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 1,327,291.	- 000
		Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	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? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		
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	441		v
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		4.5		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
12	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		10		х
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		-25
19	,	19		х
20-2	complete Schedule G, Part III	20a		X
		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х

232003 12-13-22

Form **990** (2022)

Page 3

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			l
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Conducie O containo a response di note to any ille in tillo Fart v			N _C
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a U Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	Х	
232004	4 12-13-22			(2022)

Page 5

					Yes	No			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	29						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country		_						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с					
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 as charitable contributions?								
b	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).					х			
а	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	o If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired						
	to file Form 8282?			7c		<u> </u>			
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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 contri			7f		X			
_	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e						
_				8					
9	3								
	a Did the sponsoring organization make any taxable distributions under section 4966? b. Did the sponsoring organization make a distribution to a depart dep								
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
	0	10a							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[100							
	Gross income from members or shareholders	11a	1						
	Gross income from other sources. (Do not net amounts due or paid to other sources against	114							
	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		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?			15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	ne?	16		X			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

Form **990** (2022)

63-0987009 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 5 **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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, Х and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 X Upon request Own website X Another's website Describe on 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.

Form **990** (2022)

State the name, address, and telephone number of the person who possesses the organization's books and records

TINA BAILEY - (205)439-5500

5521 CAHABA VALLEY ROAD, BIRMINGHAM,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	J		((C)		oute	(D)	(E)	(F)
Name and title	Average hours per week	box	Position do not check more th ox, unless person is b officer and a director/t				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MORGAN BARNES	1.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) KAY KELLEY	1.00	1						_	_	_
TREASURER		Х		Х				0.	0.	0.
(3) ANN PRICE	1.00	1						_	_	_
VICE-PRESIDENT		Х		Х				0.	0.	0.
(4) ELIZABETH T RONILO	1.00	1						_	_	_
SECRETARY		Х		Х		<u> </u>		0.	0.	0.
(5) LUCY EDWARDS	1.00	1						_	_	_
BOARD MEMBER		Х				_		0.	0.	0.
(6) TIM RYANS	1.00									_
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
						_				
		-								
						_				
		-								
						_				
		-								
	-					_				
		-								
						┢				
		1								
						\vdash				
		1								
						\vdash				
		1								
						\vdash				
		1								
		1								
			_	_		_				

Form 990 (2022)

Page 8

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,						
(A)	(B)			((Posi	C)			(D)	(E)		(F)				
Name and title	Average hours per		not ch	neck i	more	than o		Reportable	Reportable		stimate				
	week					is both or/trus		compensation from	compensation from related	l a	mount other	OT			
	(list any	tor						the	organizations	cor	npensa	tion			
	hours for	direc				D.		organization	(W-2/1099-MISC/		from the				
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		ganizati				
	organizations	Itrus	nal tru		oyee	ed mo		1099-NEC)		ar	nd relate	ed			
	below	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former			organizations					
	line)	lnd	lust	0#i	Key	e Hig	Бог								
										$+\!-\!$					
										\bot					
										\bot					
1b Subtotal								0.	0	•		0.			
c Total from continuation sheets to Part V								0.	0	•		0.			
d Total (add lines 1b and 1c)								0.	0	•		0.			
2 Total number of individuals (including but r								eceived more than \$100,	000 of reportable						
compensation from the organization												0			
											Yes	No			
3 Did the organization list any former officer	, director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on						
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X			
4 For any individual listed on line 1a, is the su			mpe	nsa	tion	and	oth	ner compensation from the	ne organization						
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		. 4		Х			
5 Did any person listed on line 1a receive or															
rendered to the organization? If "Yes." con	nplete Schedule	e J fo	or su	ıch r	oers	on .				. 5		Х			
Section B. Independent Contractors															
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of compen	sation fr	rom				
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin	the organization's tax y	ear.						
(A)								(B)			(C)				
Name and business	address							Description of s	ervices	Compe	ensatio	n			
YELLOWHAMMER, LLC, 2803 (REYSTON	Ε													
COMMERCIAL BLVD, BIRMINGE	HAM, AL	<u>35</u>	24	2				CONSTRUCTION		53	37,4	53 .			
		_		_		_	_								
2 Total number of independent contractors (i	ncludina but n	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than						
\$100,000 of compensation from the organi	•			- '	_	1		,							
										Form	990 (2	2022)			

Form 990 (2022) CORPORA
Part VIII Statement of Revenue

			Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
			Officer if Octroduce o Cortains a	тезропас (or riote to arry in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1 1					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns	1a	254 665				
iz on			Membership dues	1b 1,	<u>354,665.</u>				
δ, m		С	Fundraising events	1c					
ii ii		d	Related organizations	1d					
ni,		е	Government grants (contributions)	1e	58,242.				
Sig			All other contributions, gifts, grants, and		-				
e Ei		•	similar amounts not included above	1f					
를		_				-			
o d		•	Noncash contributions included in lines 1a-1f	1g \$		1 412 007			
O e		n	Total. Add lines 1a-1f			1,412,907.			
					Business Code	F0 604	E0 604		
မွ	2	а	LIBRARY INCOME		519120	79,634.	79,634.		
ه چَ		b							
Se		С							
E S		d							
Pg		е							
Program Service Revenue			All other program service revenue						
			Total. Add lines 2a-2f			79,634.			
\rightarrow						75,051.			
	3		Investment income (including divide			170.			170.
			other similar amounts)			170.			170.
	4		Income from investment of tax-exer	npt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a 5	5,892.					
		b	Less: rental expenses 6b	0.					
			Rental income or (loss) 6c 5	7,892.					
			Net rental income or (loss)			5,892.			5,892.
			• • •	Securities	(ii) Other	,			
	•	u			(.,	1			
			assets other than inventory 7a						
•		D	Less: cost or other basis						
ğ			and sales expenses						
Revenue			Gain or (loss) 7c						
æ		d	Net gain or (loss)	<u></u>					
her	8	а	Gross income from fundraising events (not					
₹			including \$	_ of					
			contributions reported on line 1c). S	- See					
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from fundraisin						
	9	а	Gross income from gaming activitie						
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less return	ns					
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of ir						
		-			Business Code				
sn	11	2							
e ee	• •								
llar (en		b							
Miscellaneous Revenue		С							
Μis			All other revenue						
\perp		е	Total. Add lines 11a-11d			1 100 555	F		
	12		Total revenue. See instructions			1,498,603.	79,634.	0.	6,062.
23200	9 12-	13-	22						Form 990 (2022)

Form 990 (2022) CORPORATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2					
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	819,823.	694,041.	125,782.	
8	Pension plan accruals and contributions (include	. = : , • = •	,	==,=	
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	187,089.	177,583.	9,506.	
11	Fees for services (nonemployees):	, , , , , , ,	,	- ,	
а	Management	18,900.		18,900.	
b	Legal	.,		, , , , ,	
C	Accounting	13,224.		13,224.	
d	Lobbying	,		,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	52,717.	11,276.	41,441.	
14	Information technology	15,514.	15,514.		
15	Royalties	,	·		
16	Occupancy	122,323.	97,858.	24,465.	
17	Travel	4,318.	4,318.		
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	37,128.		37,128.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	132,781.	106,225.	26,556.	
23	Insurance	18,854.		18,854.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) LIBRARY AND PROGRAM MAT	149,993.	149,993.		
a	REPAIRS AND MAINTENANCE	53,607.	42,886.	10,721.	
b c	DATA PROCESSING	20,855.	20,855.	10,121•	
d	RENT	8,428.	6,742.	1,686.	
	All other expenses	J, ±20 •	V / 1 ± 2 •	±,000•	
25	Total functional expenses. Add lines 1 through 24e	1,655,554.	1,327,291.	328,263.	0 .
26	Joint costs. Complete this line only if the organization	, ,	, : = : , = = -	,	<u> </u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
232010					Form 990 (2

Form 990 (2022)

Part X | Balance Sheet

Part	t X	Balance Sheet					
		Check if Schedule O contains a response or note to	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			143,435.	1	91,700
	2	Savings and temporary cash investments			223,042.	2	193,128
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or fo	officer, director,				
		trustee, key employee, creator or founder, substar					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifie	sons (as defined				
		under section 4958(f)(1)), and persons described in	n sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9	B ::				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,405,741.			
	b	Less: accumulated depreciation	10b	2,913,950.	2,443,443.	10c	2,491,791
	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 3	3)	2,809,920.	16	2,776,619
	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 Pa	ırt IV c	of Schedule D		21	
နှ	22	Loans and other payables to any current or former	office	er, director,			
≝		trustee, key employee, creator or founder, substar					
Liabilities		controlled entity or family member of any of these	perso	ns		22	
-	23	Secured mortgages and notes payable to unrelate			1,734,809.	23	1,858,459
	24	Unsecured notes and loans payable to unrelated to	hird p	arties		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D			1 524 000	25	1 050 450
	26	Total liabilities. Add lines 17 through 25			1,734,809.	26	1,858,459
ړ		Organizations that follow FASB ASC 958, check	(here	X			
) Se		and complete lines 27, 28, 32, and 33.			1 075 111		010 160
<u>a</u>	27	Net assets without donor restrictions			1,075,111.	27	918,160
Ä	28	Net assets with donor restrictions				28	
<u>ב</u>		Organizations that do not follow FASB ASC 958	3, che	ck here			
7		and complete lines 29 through 33.					
) ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equi				30	
ا ب	31	Retained earnings, endowment, accumulated inco			1 075 111	31	010 160
	32	Total net assets or fund balances			1,075,111.	32	918,160
\perp	33	Total liabilities and net assets/fund balances			2,809,920.	33	2,776,619 Form 990 (202

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,49					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,65					
3	Revenue less expenses. Subtract line 2 from line 1	3	-15					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,07	<u>5,1</u>	<u>11.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	7 Investment expenses 7							
8								
9	9 Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	91	<u>8,1</u>	<u>60.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

NORTH SHELBY LIBRARY DISTRICT,

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

A PUBLIC

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

CORPORATION 63-0987009 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1259329.	1295697.	1335900.	1669704.	1412907.	6973537.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1259329.	1295697.	1335900.	1669704.	1412907.	6973537.
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.						6973537.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1259329.	1295697.	1335900.	1669704.	1412907.	6973537.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,044.	7,148.	6,274.	5,984.	6,062.	37,512.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						7011049.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	343,096.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.46 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99.25 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

63-0987009 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
- 50		
6		
0		
7		
8		
8		
9a		
Qh		
9b		
9с		
40-		
10a		
10b		
ıle A (Forn	n 990)	2022

		70700	J Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	\vdash	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	usi 21 Type i capperang organizatione		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		T.,	
_	Did the considering and in the control of the constant of the control of the COL control of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	1' 1	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	·			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b	1 !	ĺ

CORPORATION Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	nization (see		
	instructions).	-				

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required - prior I	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

NORTH SHELBY LIBRARY DISTRICT, A PUBLIC CORPORATION

Schedule A	(Form 990) 2022	CORPORATION		63-0987009 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9d lines 2 and 3; Part IV, Section E, lir	ns required by Part II, line 10; Part II, line 17a c, 11a, 11b, and 11c; Part IV, Section B, line nes 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part, and 6. Also complete this part for any additional complete the part for a comp	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

NORTH SHELBY LIBRARY DISTRICT, A PUBLIC CORPORATION

Employer identification number

63-0987009

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	, ,	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
NORTH SHELBY LIBRARY DISTRICT, A PUBLIC CORPORATION

Employer identification number

63-0987009

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$53,237.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Name, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
NORTH SHELBY LIBRARY DISTRICT, A PUBLIC
CORPORATION

63-0987009

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.) (d) Date receiv	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u></u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization **Employer identification number** NORTH SHELBY LIBRARY DISTRICT, A PUBLIC 63-0987009 CORPORATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

NORTH SHELBY LIBRARY DISTRICT, A PUBLIC CORPORATION

Employer identification number 63-0987009

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the			
		(a) Donor advised fu	ınds	(b) Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds			
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing			
	impermissible private benefit?			Yes No			
Pai			n Form 990, Part IV	, line 7.			
1	Purpose(s) of conservation easements held by the organizatio	`					
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area			
	Protection of natural habitat Preservation of a certified historic structure						
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co				
	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b				2b			
	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included in (c) acquired at						
_	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax			
	year						
4	Number of states where property subject to conservation ease						
5	Does the organization have a written policy regarding the periodic little and		•				
•	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year			
		3	3	J ,			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)			
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the			
_	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.			
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 958	•					
	of art, historical treasures, or other similar assets held for publ			nce of public			
	service, provide in Part XIII the text of the footnote to its finance						
b	If the organization elected, as permitted under FASB ASC 958	•					
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,			
	provide the following amounts relating to these items:			•			
	(i) Revenue included on Form 990, Part VIII, line 1						
_				'			
2	If the organization received or held works of art, historical trea			provide			
	the following amounts required to be reported under FASB AS			•			
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			\$			

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

	t III Organizations Maintaining Corporations		Histo	orical Tre	asures o	r Other			6 / U U S		ige Z
	•								(CONTIN	uea)	
3											
	collection items (check all that apply):	_		_							
	a Public exhibition d Loan or exchange program										
b											
С	Preservation for future generations										
4	Provide a description of the organization's co							in Part	XIII.		
5	During the year, did the organization solicit or		•		•			_	7	_	7
Day	to be sold to raise funds rather than to be ma								Yes		No
Pai	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
	Is the organization an agent, trustee, custodia		f								
та			•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a							∟	_ 1es] NO
b	ii res, explain the arrangement in Fart Alli a	and complete the long	owning to	abie.					Amount		
_	Paginning balance						10		711100111		
	Beginning balance										
	Additions during the year										
_	Distributions during the year										
t O-	Ending balance						•		7 v		1
	Did the organization include an amount on Fo								Yes		」No □
Pai	If "Yes," explain the arrangement in Part XIII.						······				
ı aı	t V Endowment Funds. Complete it	(a) Current year		rior year	(c) Two year		d) Three ye	are back	(e) Four	voore	hack
	, , ,	(a) Current year	(D) F	nor year	(C) TWO year	15 Dack	u) Tillee ye	ais Dack	(e) Four	years	Dack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g	j, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organizat	ion that	t are held ar	nd administer	ed for the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the								`		
Pai	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot basis (investm		. ,	or other (other)		cumulated reciation	ı	(d) Book	value)
	Land	,	orit)		` '	чер	Colation		1 0 5		<u>a n</u>
	Land										
	Buildings										
	Leasehold improvements				9,727.		$\frac{14,09}{51,63}$			6,63	
	Equipment			56	0,595.	5	<u>51,63</u>	5• 		3,96	<u>, n</u>
	Other								0 401		1
<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, colum	nn (B), line 1	0c.)				2,491	.,79	<u>1⊥.</u>

~~~~~~	Y LIBRARY DIS	TRICT, A PUBLIC	0007000 -
Schedule D (Form 990) 2022 CORPORATION Part VII Investments - Other Securities.		6.3	-0987009 Page
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	 d-of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	_		
(H)	<u></u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII Investments - Program Related.	5 000 D 1 N 1 I	44 O E 000 B 1 V II 40	
Complete if the organization answered "Yes" (			-1 -6
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	3-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>: 15.)</u>		<u> </u>
Part X Other Liabilities.	on Form 000 Dort IV III	allo or 11f Coo Form COO Dort V Har OF	:
Complete if the organization answered "Yes" (a) Description of liability	JII FORM 990, PAR IV, line	e TTE or TTT. See Form 990, Part X, line 25	
(1) Federal income taxes			(b) Book value
CO CEDERALIDADINE TAXES			i .

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Takal		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

	edule D (Form 990) 2022 CORPORATION		63-098700	9 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		e per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1 2	Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	
z a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)	5	
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar		art v, line 4; Part X, line 2; Par	t XI,

#### **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NORTH SHELBY LIBRARY DISTRICT, A PUBLIC CORPORATION

**Employer identification number** 63-0987009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FACILITIES TO FULFILL THEIR EDUCATIONAL, INFORMATION, CULTURAL AND RECREATIONAL NEEDS AND/OR INTERESTS. FORM 990, PART VI, SECTION B, LINE 11B: THE LIBRARY DIRECTOR AND LIBRARY BOARD INDEPENDENTLY REVIEW THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: EACH TRUSTEE COMPLETES A CONFLICT OF INTEREST FORM AND DELIVERS IT TO THE LIBRARY DIRECTOR ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OVERSEES AND APPROVES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR SALARIES ARE ADJUSTED ACCORDING TO JOB DESCRIPTION. AND STAFF. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOUCMENTS AVAILABLE ONLINE VIA THEIR WEBSITE OR ARE PROVIDED TO ANYONE WHO REQUESTS PURSUANT TO SECTION 36-12-40 CODE OF ALABAMA 1975. SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION NORTH SHELBY LIBRARY DISTRICT 5521 CAHABA VALLEY RD BIRMINGHAM, AL 35242

EMPLOYER IDENTIFICATION NUMBER: 63-0987009

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

Schedule O (Form 990) 2022	Page 2
Name of the organization NORTH SHELBY LIBRARY DISTRICT, A PUBLIC CORPORATION	Employer identification number 63-0987009
FOR THE YEAR ENDING SEPTEMBER 30, 2023	
NORTH SHELBY LIBRARY DISTRICT IS MAKING THE DE MINIMIS SAF	'E HARBOR
ELECTION UNDER REG. SEC. 1.263(A)-1(F).	