

			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
For		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2019
		uary 2020)	Do not enter social security numbers on this form as it ma	y be made public.	Open to Public
Depa Inter	Inspection				
Α	For th	e 2019 calend	ar year, or tax year beginning $JUL 1$, 2019 and ending	JUN 30, 2020	
B	Check if applicat	C Name of	organization	D Employer identifica	tion number
	Addr				
	Chan	ge CURR	EY INGRAM ACADEMY		-
	chan	ge Doing b	usiness as	62-1296320)
	return	Number	and street (or P.O. box if mail is not delivered to street address) Room/su		2168
	return termi	n	MURRAY LANE		-3167
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	28,377,838.
	returr Appli		TWOOD, TN 37027	H(a) Is this a group retu	
	tion pend		nd address of principal officer: DR. JEFFREY L MITCHELL AS C ABOVE		Yes X No
	T	empt status:		H(b) Are all subordinates inclu If "No." attach a lis	
			X 501(c)(3) 501(c) ()		t. (see instructions)
		f organization:		H(c) Group exemption r ear of formation: 1968 M S	
	art I	Summary			State of legal dofinitie. 11
	1	-	e the organization's mission or most significant activities: THE MISS	ION OF CURREY I	NGRAM
e	'	ACADEMY	IS TO PROVIDE AN EXEMPLARY K-12 DAY A	ND BOARDING PRO	OGRAM
nan	2	Check this bo			
Governance	3		ing members of the governing body (Part VI, line 1a)		17
ĝ	4		4	16	
න් ග			5	204	
itie	6		of volunteers (estimate if necessary)		150
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
<	b		business taxable income from Form 990-T, line 39		0.
				Prior Year	Current Year
ð	8	Contributions	and grants (Part VIII, line 1h)	11,968,713.	2,308,154.
evenue	9	Program servi	ce revenue (Part VIII, line 2g)	14,116,419.	13,016,060.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	-6,679.	-246,609.
Ω.	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,852.	209,595.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,147,305.	15,287,200.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	1,999,563.	1,828,718.
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	8,548,969.	8,480,595.
ens	16a	Professional fi	r compensation, employee benefits (Part IX, column (A), lines 5·10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► <u>367,315.</u>	168,073.	0.
Expenses				5,642,844.	5,598,165.
_	1 1		es (Part IX, column (A), lines 11a-11d, 11f-24e)	16,359,449.	15,907,478.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	9,787,856.	-620,278.
	19	nevenue less		Beginning of Current Year	End of Year
Net Assets or	20	Total assets (F	Part X line 16)	54,107,878.	68,583,608.
ASSE	20		2art X, line 16) (Part X, line 26)	4,350,653.	18,655,183.
Net,	22		fund balances. Subtract line 21 from line 20	49,757,225.	49,928,425.
	art II				
			I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of mv kr	nowledge and belief. it is
	-		Declaration of preparer (other than officer) is based on all information of which prepa		<u> </u>

Sign	Signature of officer			Date						
Here	CHAD HANDSHY, ASSIST.	HEAD OF SCHOOL-	FINANCE							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	SARA G. MOON	Dara A Moon	2021.05.17 10:21:59 -0	04'00' self-employed P00034774						
Preparer	Firm's name 🕒 CHERRY BEKAERT L	LP		Firm's EIN 🕨 56-0574444						
Use Only	Firm's address 222 SECOND AVE,	SOUTH STE 1240								
	NASHVILLE, TN 37	201		Phone no.615-383-6592						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	P32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) CURREY INGRAM ACADEMY	62-129632	26 Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF CURREY INGRAM ACADEMY IS TO PROVIDE AN E		-12
	DAY AND BOARDING PROGRAM THAT EMPOWERS STUDENTS WITH LEA	ARNING	
	DIFFERENCES TO ACHIEVE THEIR FULLEST POTENTIAL.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	X	Yes No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	?	Yes 🛛 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expens	ses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 14,430,672. including grants of \$ 1,828,718.) (Rev	enue \$ <u>13,0</u>	16,060.)
	CURREY INGRAM ACADEMY IS A NONPROFIT KINDERGARTEN THROUG		GRADE
	COLLEGE PREPARATORY SCHOOL OF APPROXIMATELY 300 STUDENTS	S WHO HAVE	
	LEARNING DIFFERENCES.		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
			/
<u></u>	Other program convices (Describe on Schedule O)		
4d	Other program services (Describe on Schedule O.)	ν.	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 14,430,672.)	
40	Total program service expenses ► 14,430,672.		000 (0010)

Form	aan	(2019)
FUIII	990	12013

			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?	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	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			77
_	Schedule D, Part III	8		<u> </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?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	-11	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 2	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
270				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-	х	
	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	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	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 55		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		x
05.	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 73			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c X

Form	990 (2019) CURREY INGRAM ACADEMY 62-1296 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 62-1296	326	Р	age 5				
			Yes	No				
22	Enter the number of employees reported on Form W/3. Transmittal of Wage and Tax Statements		res	No				
Zđ	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 204							
Ь	, , , , ,	2b	Х					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	- 11					
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule O</i>	3a 3b		X				
	It "Yes," has it filed a Form 990-1 for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	55						
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x				
b	If "Yes," enter the name of the foreign country	14						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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?	6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
с								
	to file Form 8282?							
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	Tou						
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							
с								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

Form 990	(2019)
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 Form 990 (2019)
 CURREY
 INGRAM
 ACADEMY
 62-1296326 Pag

 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.

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 17							
	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	16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
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							
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		<u> </u>				
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							
<u></u>	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TN							
18	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)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website X Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial					
•	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	$\frac{\text{CHAD HANDSHY} - (615) 507 - 3242}{6544 \text{ MUDDAY LANE DEENTHOOD TIME 27027}}$							
	6544 MURRAY LANE, BRENTWOOD, TN 37027							

Form 990 (2019)	CURREY INGRAM ACADEMY	62-1296326	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees,	Employees, and Independent Contractors							
Check if Schedu	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos			ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	nd a d I	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		ploye	t corr				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEVE KROEGER	2.00		-		Ť	1 0	<u> </u>			
PRESIDENT		х		x				0.	0.	0.
(2) SUSAN H. HAMMER	2.00									
FIRST VICE PRESIDENT		Х		Х				30,000.	0.	0.
(3) FRANK J. HARAF, JR, M.D.	2.00									
SECOND VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MOLLY ROLLINS	2.00									
SECRETARY		Х		X				0.	0.	0.
(5) WILLIAM R. FRIST	2.00									
TREASURER		Х		X				0.	0.	0.
(6) G. MILLER HOGAN, II	2.00									
PAST PRESIDENT/OMBUDSMAN		Х		X				0.	0.	0.
(7) ERIC KEEN	2.00									
TRUSTEE		Х						0.	0.	0.
(8) CYNTHIA SHANER	2.00									
TRUSTEE		Х						2,302.	0.	0.
(9) CAROL H. HEWITT	2.00									
TRUSTEE		Х						0.	0.	0.
(10) JAMES HOBBS	2.00									
TRUSTEE		Х						0.	0.	0.
(11) BRAD LOCKE	2.00									
TRUSTEE		Х						0.	0.	0.
(12) MYRA LEATHERS	2.00								0	0
TRUSTEE	0.00	Χ	<u> </u>					0.	0.	0.
(13) ADRIENNE MCRAE	2.00								0	0
TRUSTEE	0.00	Χ	<u> </u>					0.	0.	0.
(14) STEPHEN BROPHY	2.00								0	0
TRUSTEE	0.00	X						0.	0.	0.
(15) SHERRY CORNELIUS	2.00	37							0	0
TRUSTEE	2 00	X	<u> </u>					0.	0.	0.
(16) STEVEN SIMMONS	2.00								•	0
TRUSTEE	2 00	Х		-	-	-		0.	0.	0.
(17) FRANKLIN PARGH TRUSTEE	2.00	x						0.	0.	0
TRUSTEE	1	Δ						U • U •	0.	0 .

Form 990 (2019) CURREY II	NGRAM AC	AD)EM	Y					62-12	2963	326	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(D)	(E)		(=)							
Name and title Average				Posi		۱ than c	ne	Reportable	Reportable		Estin	nated
	hours per	box	, unles	ss per	rson i	is both	an	compensation	compensatio	n	amou	unt of
	week		cer an	u a u	recio	or/trust	ee)	from	from related	I		her
	(list any	recto						the	organization	I		nsation
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	3C)	from	
	organizations	ustee	trust		9	bens		(W-2/1099-MISC)			•	ization elated
	below	ual tr	tional		ploye	st con /ee	_					zations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	Lations
(18) DR. JEFFREY MITCHELL	40.00			0	×	1 0						
HEAD OF SCHOOL		1		х				363,533.		0.	39.	073.
(19) CHAD J. HANDSHY	40.00											
ASST HEAD OF SC FINANCE &		1		Х				189,195.		0.	9,	460.
(20) JANE HANNAH	40.00											
UPPER SCHOOL DIVISION HEAD		1				X		112,205.		0.	11,	004.
												F 2 7
1b Subtotal								697,235.		0.	59,	537.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								697,235.		0.	59,	537.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	3		2
compensation from the organization												es No
• Did the encoding list and former officer		I.					la : a			ſ	1	5 NU
3 Did the organization list any former officer,	-		•	•	•		~					v
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su												7
and related organizations greater than \$150	,		•								<u>4</u>	ζ
5 Did any person listed on line 1a receive or a	-				-			-				37
rendered to the organization? <i>If</i> "Yes." com	plete Schedule	e J fo	or su	ich r	oers	on .				<u></u>	5	X
Section B. Independent Contractors									400.000 (. ,	
1 Complete this table for your five highest co	-									pensat	ion from	
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	hir		ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices	C	(C) ompensa	ation
	2001035							Description of s			ompense	
THE PARENT COMPANY, INC			2		<u>ہ</u> ر			OONOUDIIOUTON		4	4 4 7	102
241 WILSON PIKE CIR, BREN	PTWOOD,	.1.11	3	10.	41			CONSTRUCTION		4	,44/,	483.
SODEXO, INC & AFFILIATES										756	110	
PO BOX 536922, ATLANTA, GA 30353DINING SERVICESALLARD WARD ACHITECTSLLCARCHITECT SERVICES											/ 30,	448.
ALLARD WARD ACHITECTSLLC 1618 16TH AVE S, NASHVILLE, TN 37212											601	000
				1	0 m	T T	_	AND CONSTRUT	LON OVER		601,	999.
SCHOOL FACILITY MANAGEMENT, LLC, 800 18TH GROUNDS &											512	012
AVE. SOUTH STE A, NASHVII	ице, ТМ	51	<u>4</u> 0.	<u>ی</u>				MAINTENANCE			545,	943.
SERVICEFM, LLC 800 18TH AVE. S, STE A, NASHVILLE, TN 37203 CUSTODIAL SERVICES											361	210
											504	318.
 Total number of independent contractors (i \$100,000 of compensation from the organi 	-	JUIN	meo	101	tnos 6	-	ed	abovej who received mo	ne unali			
						-						

			Check if Schedule O o	conta	uns a respo	nse	or note to any line	in this Part VIII (A)	(B)	(C)	<u>(</u> D)
								(A) Total revenue	Related or exempt function revenue		Revenue exclu from tax und sections 512 -
ş	1	a	Federated campaigns		1a						
uno		b	Membership dues		1b						
Ĕ		с	Fundraising events		1c		139,486.				
ar		d	Related organizations		1d						
and Other Similar Amounts		е	Government grants (contr	ibuti	ons) 1e						
Š		f	All other contributions, gifts,	grant	s, and						
ţ			similar amounts not included	abov	e 1f		2,168,668.				
0 P		g	Noncash contributions included in	lines 1	a-1f 1g \$		93,869.				
a		h	Total. Add lines 1a-1f				1	2,308,154.			
							Business Code				
			TUITION				611600	11,635,549.	11,635,549.		
Revenue			CHILD DEVELOPMENT CH	ENTE	R		900099	446,716.	446,716.		
Bnu		-	DIAGNOSTIC CENTER				900099	348,691.	348,691.		
ev		-	DEWAR'S TUITION REFU	JND			900099	211,158.	211,158.		
Ē		е	STUDENT FEES				900099	162,773.	162,773.		
		f	All other program service	rever	nue		900099	211,173.	211,173.		
			Total. Add lines 2a-2f					13,016,060.			
	3		Investment income (includ								
			other similar amounts)					62,441.			62,4
	4		Income from investment of	of tax	-exempt bo	nd p	roceeds 🕨 🕨				
	5		Royalties	· <u>· · · · · · ·</u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a	99,1						
		b	Less: rental expenses	6b		0.					
			Rental income or (loss)	6c	99,1	31.					
			Net rental income or (loss))				99,131.			99,1
	7		Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	12,737,6	64.	675.				
			Less: cost or other basis			~ ~					
			and sales expenses		13,047,3						
			Gain or (loss)				-				
- 1			Net gain or (loss)				▶	-309,050.			-309,0
	8		Gross income from fundraisin								
			including \$								
			contributions reported on		,		71 070				
			Part IV, line 18			8a					
			Less: direct expenses			8b	43,249.	27,829.			27,8
			Net income or (loss) from		•			27,023.			27,0
	9	a	Gross income from gamin			0					
		h	Part IV, line 19 Less: direct expenses			9a 9b					
			Net income or (loss) from								
			Gross sales of inventory, I	-	-	<u> </u>					
	10		and allowances			10a					
			Less: cost of goods sold			10b					
			Net income or (loss) from								
╈		-		54163	, or inventor	y	Business Code				
	11	а	BAD DEBT AND BOND FI	EES			900099	82,635.			82,6
anc		a b									,
ver		c									
Revenue			All other revenue				+				
			Total. Add lines 11a-11d				►	82,635.			
		-					· · · · · · · · · · · · · · · · · · ·				

Form 990 (2019)

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Page **9**

Form 990 (2019) CURREY INGRAM ACADEMY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21 \dots									
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	1,828,718.	1,828,718.							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,			40.007	4.0.000					
	trustees, and key employees	593,318.	525,269.	49,827.	18,222.					
6	Compensation not included above to disqualified									
	persons (as defined under section $4958(f)(1)$) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	6,637,496.	5,876,218.	557,423.	203,855.					
8	Pension plan accruals and contributions (include	220 002	216 140	17 5/1	E 010					
~	section 401(k) and 403(b) employer contributions)	239,902. 505,326.	216,149. 455,294.	<u>17,541.</u> 36,949.	<u>6,212.</u> 13,083.					
9	Other employee benefits	503,520.	454,598.	36,892.	13,063.					
10	Payroll taxes	504,555.	454,590.	50,092.	15,005.					
11	Fees for services (nonemployees):									
	Management	65,115.		65,115.						
	Legal Accounting	30,900.		30,900.						
	Lobbying									
	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
	Other. (If line 11g amount exceeds 10% of line 25,									
5	column (A) amount, list line 11g expenses on Sch O.)	94,678.	83,703.	8,812.	2,163.					
12	Advertising and promotion	157,352.	147,592.		9,760.					
13	Office expenses	102,466.	53,666.	39,731.	9,069.					
14	Information technology	44,381.	28,330.	16,051.						
15	Royalties									
16	Occupancy	337,892.	337,892.							
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials \dots									
19	Conferences, conventions, and meetings	0 7 01 0	0 0 0 1 0							
20	Interest	87,913.	87,913.							
21	Payments to affiliates	1 055 001	1 055 001							
22	Depreciation, depletion, and amortization	1,855,991. 149,803.	<u>1,855,991</u> 149,803.							
23	Insurance	149,003.	149,003.							
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.)	1 700 040	1 602 000	160 207	44 001					
a	CONTRACT SERVICES FOOD EXPENSE	1,728,048.	1,523,820.	160,207.	44,021.					
b		189,756.	167,330.	17,592.	<u>4,834.</u> 3,535.					
с с	MATERIALS AND SUPPLIES STUDENT CONTRACT DISCOU	<u>151,997.</u> 129,788.	118,228. 129,788.	30,234.	5,000.					
d		472,085.	390,370.	42,217.	39,498.					
е 25	All other expenses	15,907,478.	14,430,672.	1,109,491.	367,315.					
<u>25</u> 26	Joint costs. Complete this line only if the organization		11,10,074.	<u> </u>	507,515.					
20	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)									
					Farm 990 (0010)					

JRREY INGRAM ACADEMY	
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		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,270,340.	1	8,646,703.
	2	Savings and temporary cash investments	393,235.	2	545,246.		
	3	Pledges and grants receivable, net			8,744,938.	3	7,909,397.
	4	Accounts receivable, net			694,542.	4	966,417.
	5	Loans and other receivables from any current or fe					
		trustee, key employee, creator or founder, substa	ntial co	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ns		5	
	6	Loans and other receivables from other disqualifie	ed pers	ons (as defined			
		under section 4958(f)(1)), and persons described i	n secti	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			47,605.	8	49,219.
As	9				85,819.	9	79,550.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	65,691,196.			
	b	Less: accumulated depreciation	10b	24,493,774.	29,695,306.	10c	41,197,422.
	11	Investments - publicly traded securities			8,134,495.	11	9,174,579.
	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		41,598.	15	15,075.	
	16	Total assets. Add lines 1 through 15 (must equal			54,107,878.	16	68,583,608.
	17	Accounts payable and accrued expenses		494,971.	17	1,663,457.	
	18	Grants payable				18	
	19	Deferred revenue			1,505,535.	19	9,393,227.
	20				2,350,000.	20	7,593,143.
	21	Escrow or custodial account liability. Complete Pa	art IV o	f Schedule D		21	
ŝ	22	Loans and other payables to any current or forme	r office	er, director,			
Liabilities		trustee, key employee, creator or founder, substan	ntial co	ontributor, or 35%			
abi		controlled entity or family member of any of these		22			
Ξ	23	Secured mortgages and notes payable to unrelate		23			
	24	Unsecured notes and loans payable to unrelated t	third p	arties		24	
	25	Other liabilities (including federal income tax, paya	ables t	o related third			
		parties, and other liabilities not included on lines 1	17-24).	Complete Part X			
		of Schedule D	147.	25	5,356.		
	26	Total liabilities. Add lines 17 through 25			4,350,653.	26	18,655,183.
		Organizations that follow FASB ASC 958, check	k here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions	33,655,900.	27	33,163,618.		
Ba	28	Net assets with donor restrictions		16,101,325.	28	16,764,807.	
pun		Organizations that do not follow FASB ASC 958	ckhere 🕨 🗌				
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
t As	31	Retained earnings, endowment, accumulated inco				31	
Nei	32	Total net assets or fund balances			49,757,225.	32	49,928,425.
	33	Total liabilities and net assets/fund balances			54,107,878.	33	68,583,608.

Form 990 (2019)

Form 990 (CUR
Part X	Balance Sheet	

Form	990 (2019) CURREY INGRAM ACADEMY	62-12	96326	Pag	_{ge} 12				
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	15,287	2,20	00.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,907	',4'	78.				
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,757	,22	25.				
5	Net unrealized gains (losses) on investments	5	791	.,4'	78.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	49,928	3,42	25.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
2a			2 a		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:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2 b	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	200					

Form **990** (2019)

Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	ne of	the organization							dentification number		
D -			REY INGRAM						2-1296326		
Ра	rt I	Reason for Public	Charity Status	(All organizations must co	mplete th	is part.) Se	ee instructions	6.			
The	orgar	nization is not a private found	dation because it is:	(For lines 1 through 12, cl	heck only o	one box.)					
1		A church, convention of ch	nurches, or association	on of churches described	in sectio	n 170(b)(1	1)(A)(i).				
2	X	A school described in sec	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4		A medical research organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5											
·	section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local go		montal unit described in	soction 17	70(6)(4)(4)	(v)				
7	H		•				.,	a apparal i	aublia dagaribad in		
'		An organization that norma		initial part of its support if	on a gove	ennentai		le general j			
~		section 170(b)(1)(A)(vi). (0									
8		A community trust describ									
9		An agricultural research or	-			-		-	•		
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the i	name, city	, and state of	the college	e or		
		university:									
10		An organization that norma									
		activities related to its exer	mpt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	from gross investment		
		income and unrelated busi	ness taxable income	e (less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Co	omplete Part III.)								
11		An organization organized	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).				
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported o	rganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section	509(a)(3). (Check the box in		
		lines 12a through 12d that	describes the type of	of supporting organization	and com	plete lines	12e, 12f, and	12g.			
а		Type I. A supporting org	anization operated,	supervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving		
		the supported organizati	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting		
		organization. You must	complete Part IV, S	ections A and B.							
b		Type II. A supporting or	ganization supervised	d or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving		
		control or management	of the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
		organization(s). You mu	st complete Part IV,	Sections A and C.							
с		Type III functionally into	egrated. A supportir	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,		
				s). You must complete F				, ,			
d				porting organization oper				ted organiz	zation(s)		
	-			zation generally must sati				•			
		-		mplete Part IV, Sections	•		-				
e			,	written determination from				II Type III			
Ŭ	L	functionally integrated, c					1900, 1900	n, 1990 m			
f	Ent	er the number of supported									
a		vide the following informatio	•						<u> </u>		
9		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
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Tet											
Tota	u .						1		1		

Schedule A (Form 990 or 990-EZ) 2019 CURREY INGRAM ACADEMY Part II

62-1296326 Page 2

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.)

Calendar year (or flocal year beginning in)	See	ction A. Public Support						
Gifts grants, contributions, and membership lear nearbox of the organization include any 'unusual grants,') Tax revenues level of the organization include any 'unusual grants,') Tax revenues level of the organization includes any 'unusual grants,') Tax revenues level of the organization includes any 'unusual grants,') Tax revenues level of the organization includes any 'unusual grants,') Tax revenues level of the organization include any 'unusual grants,') Tax the organization included any 'unusual grants,' Total support. Section B. Total Support Calendar year (or fiscal part beginning in) Tot support and there any and the organization include grant and income from unrelated business activities, whether or not the unuses is regularly carried on total output the organization' included and income from unrelated business activities, whether or not the unuses is regularly carried on total output the organization' included and income from unrelated business activities, whether or not the unuses is regularly carried on total output the organization' included and income from unrelated business activities, whether or not the section C. Computation of Tubic Support Percentage H Public support percentage for 2019 (invided by line 11, column (i)) 14 Section C. Computation of Tubic Support Percentage H Public support percentage for 2019 (invided by line 11, column (i)) 14 Section C. Computation of the organization's first, second, third, fourth, or fifth tax years as a section 501(c)(3) computation of the organization's first, second, third, fourth, or 110, and line 14 is 3178 or more, check this box and stop here. The organization qualifies as a publicly supported organization and the organization qualifi	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any 'unusual grants.') 2 2 Tax revenues levied for the organization's behalf	1	Gifts, grants, contributions, and						
2 Tar verveues levide for the organization without charge 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 threaceds 2% of the amount shown on line 11, column (f) 6 Public support. Botwaites for the organization the acceds 2% of the amount shown on line 11, column (f) 6 Public support. Botwaites for the organization the acceds 2% of the amount shown on line 11, column (f) 6 Public support. Botwaites for the organization the acceds 2% of the amount shown on line 11, column (f) 6 Public support. Botwaites for the organization the acceds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 6 Cores income from interest, dividends, payments received on securities loss, rents, royaties, and income from interest, dividends, payments received on securities loss from the sale of capital assets (Explain IP art VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five yeapport est - 2019. If the organization first, second, third, fourth, or fifth tax year as a section SU(c)(3) organization, check this box and stop here Section SC Computation on 2018 Scheduk - Apart II, line 14 5 9 Fig. 33 1/3% support test - 2019. If the organization first, second, third, fourth, or fifth tax year as a section SU(c)(3) organization, check this box and stop here 5 9 Fig. 33 1/3% support test - 2019. If the organization first, second, third, fourth, or fifth tax year as a section SU(c)(3) organization, check this box and stop here 5 9 Fig. 33 1/3% support test - 2019. If the organization first, second, third, fourth, or fifth tax year as a section SU(c)(3) organization meets the "facts and-circumstances" test, check this box and stop here. Explain IP art VI how the		membership fees received. (Do not						
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CURREY INGRAM ACADEMY Part III Support Schedule for Organizations Described in Section 509(a)(2)

62-1296326 Page 3

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf	<u> </u>					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
с	Add lines 7a and 7b					1	
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(=) =0.0		(0) = 0			(1) 1010
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the organization	first second their	d fourth or fifth t			I
14	First five years. If the Form 990 is for	0					
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				.,,		15	<u> </u>
	Public support percentage from 2018 ction D. Computation of Inves					16	%
	•			10 1 (0)			
	Investment income percentage for 20					17	<u> </u>
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2019. If the						ine 17 is not
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						►∟ 3%, and
	line 18 is not more than 33 1/3%, chee	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	tion ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	

Schedule A (Form 990 or 990-EZ) 2019

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.	2010/10	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	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 (a) and (b) below.			
a				
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
-				

Schedule A (Form 990 or 990-EZ) 2019

Part V	Type III Non-Function	nally Integ	rated 509(a	a)(3) Supporting	Organizations
	(Form 990 or 990-EZ) 2019				

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.

Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
colled	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair n	narket value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disco	ount claimed for blockage or other			
	rs (explain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
	ract line 2 from line 1d.	3		
	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	nstructions).	4		
	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by .035.	6		
	veries of prior-year distributions	7		
	num Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter	^r 85% of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter	r greater of line 2 or line 3.	4		
5 Incon	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
emer	gency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 CURREY INGRAM ACADEMY

ecti	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which th	e organization is responsive			
•	(provide details in Part VI). See instructions.	le organization le respensive			
9	Distributable amount for 2019 from Section C, line 6				
0	Line 8 amount divided by line 9 amount				
0		(i)	(ii)	(iii)	
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
с	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
с	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 CURREY INGRAM ACADEMY	62-1296326 Pa	aqe 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a c Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C,	
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additio (See instructions.)	onal information.	,

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

62-1296326

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

CURREY INGRAM ACADEMY

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

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

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

Employer identification number

CURREY INGRAM ACADEMY

62-1296326

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionation	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,216.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$7,018.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$264,279.	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
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

62-1296326

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 507,250. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 7,114. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person X Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

CURREY INGRAM ACADEMY

62-1296326

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
13		\$12,600.	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
14		\$ <u>5,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_		\$ <u>17,570.</u>	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,168.	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
18_		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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CURREY INGRAM ACADEMY

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) Total contributions	(d)		
<u>No.</u>	Name, address, and ZIP + 4	\$10,000.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24		\$7,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

Employer identification number

62-1296326

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 25 X Person Payroll 51,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 26 Person Payroll <u>5,07</u>8. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 6,438. Noncash X \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Person X Payroll 6,043. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

62-1296326

CURREY INGRAM ACADEMY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>15,270.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$74,094.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$30,000.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$30,000.	Person X Payroll (Complete Part II for noncash contributions.)

Employer identification number

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CURREY INGRAM ACADEMY

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	
37		\$50,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
<u>40</u>		\$501,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$8,400.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Employer identification number

62-1296326

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person Payroll 16,666. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 44 X Person Payroll 6,168. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 6,600. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 46 Person X Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 X Person Payroll 465,667. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

62-1296326

CURREY INGRAM ACADEMY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
<u>49</u>		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
50		\$20,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$10,000.	Type of contribution Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
53		\$8,333.	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	
54		\$28,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Part I

Employer identification number

(d)

(d)

(d)

(d)

(d)

(d)

X

X

X

X

62-1296326

(a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 55 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 56 Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 57 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

(Complete Part II for noncash contributions.)

Page 3 Employer identification number

62-1296326

CURREY INGRAM ACADEMY

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 received
	STOCK		
2			
		\$25,216.	11/18/19
(a)		(-)	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
4			
		\$6,018.	10/16/19
(a)		(c)	(n
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
16	STOCK		
16			
		\$\$.	12/03/19
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
	STOCK		
26			
		E 0.79	10/20/10
		<u> </u>	10/29/19
(a)		(a)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	STOCK		
27			
			11/10/10
		\$ <u>5,115.</u>	11/13/19
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	STOCK		
28			
		E 042	10/21/10
		\$5,043. Schedule B (Form 5	10/31/19

Page 3

Employer identification number

62-1296326

CURREY INGRAM ACADEMY

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 received
41	STOCK		
-		\$6,500.	05/19/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
58	GRAND PIANO		
-		\$10,000.	11/14/19
(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
-			
-		\$	
(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
-		\$	

Page **4**

Name of or	ganization		Employer identification number		
CURREY	INGRAM ACADEMY		62-1296326		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift				
		(e) Transfer of gif	ť		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

Name of the organization Employee identification number 6 2-1296326 Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Compate if the organization arewered Yes' on Form 990, Part N, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of grants from (during year) (a) Donor advised funds (b) Funds and other accounts. 4 Aggregate value of grants from (during year) (c) Donor advised funds (c) Preservation Funds (during year) 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor of donor advisor, or for any other purpose contering impermissible purpose identified to the organization (check all that apply). Preservation of a certified historic structure 1 Purpose(s) of conservation easements held by the organization constructure induced in (a) do a certified historic structure Preservation of a certified historic structure induced in (a) do a certified historic structure induced in (a) acquired atter 725/06, and not on a historic structure 2 Complete lines 24 howords 26 if the corganization easement is located > 2a 4 Number of conservation easements modified, transferre	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service Department Service Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Department Service Department of the Treasury Internal Revenue Service Department				OMB No. 1545-0047		
CURREY INGRAM ACADEMY	-			olover identification number			
organization answered "Yes" on Form 930, Part IV, Ine 6. (a) Denor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Denor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Aggregate value of ants from (during year) (b) Funds and other accounts 3 Aggregate value of ants from (during year) (c) Aggregate value of (during y		5		EMY			
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value at end of year Contributions to (during year) Aggregate value at end of year Contributions to (during year) Control the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all garness, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and hot for the benefit of the donor advisor, or for any other purpose conferring impermissible private hemoff? Purpose(s) of conservation easements held by the organization answered Yes ^c on Form 900, Part IV, Ine 7. Purpose(s) of conservation easements held by the organization answered Yes ^c on Form 900, Part IV, Ine 7. Purpose(s) of conservation easements held by the organization answered Yes ^c on Form 900, Part IV, Ine 7. Purpose(s) of conservation easements in the during the organization answered Yes ^c on Form 900, Part IV, Ine 7. Purpose(s) of conservation easements in the during the organization answered Yes ^c on Form 900, Part IV, Ine 7. Purpose(s) of conservation easements in the during the organization and into a conservation easement on the last day of the tax year. Total number of conservation easements Desting and experiments included in (a) Number of conservation easements included at a qualified conservation easteries structure last at the value in (a) equival after 725206, and not on a historic structure last and volumeer hourservation easements in located Number of conservation easements included in (a) equival after 725206, and not on a historic structure last on onservation easements included in (a) equival after 725206, and end on a historic structure last on the National Pagister Nore of eonservation easements in located do	Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or A	ccour	Its. Complete if the	
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of and the organization is exclusive legal control? 5 Did the organization inform all denors and door advisors in writing that the assets held in donor advised funds are the organization is encoded to the donor of one or advisor of any other purpose conferring impermissible private benefit? No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of one or advisor, or for any other purpose conferring impermissible private benefit? 1 Purpose(s) of conservation Easements. Complete if the organization reducation? are young purpose conferring impermissible private benefit? 1 Purpose(s) of conservation easements held by the organization (check all that apply). Protection of natural habitat Protection of open space 2 Complete limes 2 at trough 2 if the organization held a qualified conservation contribution in the form of a conservation easements 3 Total number of conservation easements 3 Total anomet of conservation easements 4 Number of conservation easements included in (a) equival after 72506, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) equival after 72506, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) equival after 72506, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) equival after 72506, and not on a historic structure listed in the National Register 4 Number of states where properly subject to conservation easements included in (a) equival after 72506, and etcon in 700(H)(H)(B)(I) 3 Number of conservat		organizatio	n answered "Yes" on Form 990, Part IV, lin	ne 6.			
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Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in and indoner advisors in writing that grant funds can be used only are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only tor charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only tor charitable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only tor donaritable purposes and not for the benefit of the donor of donor advisors in writing that grant funds can be used only tor donaritable benefit? Persevation of alm for public use (for example, recreation or education) Preservation of a land for public use (for example, recreation or education) Preservation of a conservation easements Preservation of and for public use (for example, recreation or education) Preservation of a conservation easements Preservation of the tax year: Total number of conservation easements work that apply. Preservation of the tax year: Total number of conservation easements work age restricted by conservation easements work age restricted by conservation easements to add the flax of the tax year: Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure iteld in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure iteld in the National Register Number of states where property subject to conservation easement is located water write and environe policy regarding the periodic monitoring, inspection, handling of wiokitoms, and enforcement of the conservation easements in holds? Staff and volunteer hours deviced to monitoring, inspecting, handling of violations, and enforcing conservation e	2						
Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? Ded the organization is property, subject to the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Pert II Conservation Easements. Complete if the organization (neck all that apply). Perservation of a holf or public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of an drip public use (for example, recreation or education) Preservation of a conservation easements held by the organization (neck all that apply). Preservation of a conservation easements are the qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements Protection of natural habitat reservation easements A total arreage restricted by conservation easements Protection of natural Register Number of conservation easements included in (a) Number of conservation easements included in (b) acquired after 7/25/06, and net on a historic structure Isted in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and net on a historic structure Isted in the National Register Number of states where property subject to conservation easement is located ▶ So as a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year Nourber of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year So as a conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(k)(j)) and ascion 170(h)(4)(k)(j)() and saction 170(h)(4)(k)(j)()	3	Aggregate value o					
as the organization's property, subject to the organization's exclusive legal control? Wes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of one advisor, or for any other purpose conferring impermissible private benefit? No Part IL Conservation Easements. Complete if the organization nanewed "Ves" or Form 990, Part IV, line 7. Impermissible private benefit? No Part IL Conservation Easements. Complete if the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a conservation easements included in (check all that apply). Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization in a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in located > 4 Number of states where property subject to conservation easements in located > Mo 3 Last and volunteer hours deviced to monitoring, inspecting, handling of violations, and enforcing conservation easements in hold	4	Aggregate value a	t end of year				
 6 Did the organization inform all grantees, donors, and donor advisor, or for any other purpose conferring impermissible purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part U Conservation Easements A led by the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purposely of conservation easements held by the organization (check all that apply). Preservation of and for public use (for example, recreation or education) Preservation of a cartified historic structure Preservation of a cartified historic structure Preservation of a conservation easements held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year with mobility regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements of using the periodic monitoring, conservation easements during the year A mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements with the year with poly(k)(k)(k) 9 In Part XIII, describe how the organization reports conservation easements and balance sheet, and include, if applicable, the text of the foothete to the organization statement and balance sheet, and include, if applicable, the text of the foothete to the organization answered "Yes" on Form 990, Part IV, line 8. 19 In Part XIII, describe how the organization expenses held for public exhibition, education, or research in furtherance o	5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No	
Impermissible private benefit? Impermissible private benefit? Part II Conservation Easements. Complete if the organization (check all that apply). Preservation of a historically important land area Preservation of one for open space Preservation of a certified historic structure Preservation of a certified historic structure Preservation of conservation easements Preservation of a certified historic structure Preservation of a certified historic structure a Total number of conservation easements Easements Eab b Number of conservation easements 2b c Number of conservation easements 2b d Number of conservation easements 2c a Number of conservation easements on certified historic structure included in (a) 2c d Number of conservation easements not construct in cluded in (b) acquired after 7/25/06, and not on a historic structure 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > d Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements included in (c) above satisfy the requirements of section 170(h)(4)(B)(i) and states where property subject to conservation easements in fload properties inspecting, handling of violations, and enforcing conservation easements during the year	6	U U	C	5 5	-		
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of natural habitat Preservation of a certified historic structure Preservation of one space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a) 2a 4 Total number of conservation easements 2a 2a 2a 2a 6 Number of conservation easements included in (a) acquired after 7/25/06, and not on a historic structure listed in the National Register 3a 2a 2a 2a 2a 2a 2a 2a 3a 3a <td< td=""><td></td><td>for charitable purp</td><td>ooses and not for the benefit of the donor o</td><td>or donor advisor, or for any other purpose confe</td><td>rring</td><td></td></td<>		for charitable purp	ooses and not for the benefit of the donor o	or donor advisor, or for any other purpose confe	rring		
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□ Preservation of a certified historic structure □ Preservation of open space 2 Complete lines 2 through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last. day of the tax year. Image: Complete lines 2 through 2 dif the organization held a qualified conservation contribution in the form of a conservation easements D total acceage restricted by conservation easements 2a 2.0 2a 2.0 2a 2.1 2a 2.2 2a 2.3 Number of conservation easements included in (a) (a cquired after 7/25/06, and not on a historic structure 2.4 2a 2.5 2a 2.6 2a 2.7 2a 2.8 2a 2.9 2a 2.9 2a 2.9 2a 2.9 2a 2.9 2a 2.9 2a	1		, ,				
□ Preservation of open space 2 Complete lines 2 at through 20 if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year. Image: Complete lines 2 at through 20 if the organization held a qualified conservation conservation easements b Total acreage restricted by conservation easements Image: Conservation easements Image: Conservation easements c Number of conservation easements included in (a) cacuired after 7/25/06, and not on a historic structure listed in the National Register Image: Conservation easements included in (a) cacuired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (a) cacuired after 7/25/06, and not on a historic structure listed in the National Register 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ S 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section				·	-	•	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total acreage restricted by conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year *				Preservation of a ce	rtified his	storic structure	
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a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >	Z	•	v v .	fied conservation contribution in the form of a c	onserva		
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 2d isted in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$ S 0 bes 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organizati	-				22	HEIU AL LIE EILU OF LIE TAX FEAT	
 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ s 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in P	_						
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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	u				2d		
 year ▶	3					during the tax	
 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ S B 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for publ			, , ,	, , , , ,		5	
 violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	4	Number of states	where property subject to conservation eas	sement is located >			
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		violations, and enf	forcement of the conservation easements it	t holds?		Yes No	
 \$	6	,					
 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 easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ (ii) Assets included in Form 990, Part X \$ (iii) Assets included in Form 990, Part X (iii) Assets included or held works of art, historical treasures, or other similar ass	7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asemen	ts during the year	
 and section 170(h)(4)(B)(ii)?	8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(l	3)(i)		
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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 							
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		(i) Revenue included on Form 990, Part VIII, line 1					
	_	.,					
	2				, provide	9	

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. 932051 10-02-19 Schedule D (Form 990) 2019

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Sche		INGRAM ACAI						62-12	29632	<u>б Р</u>	age 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Histor	rical Tre	asures, o	r Other	Similar	r Asse	ts _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	ny of the f	ollowing that	t make sig	nificant u	use of its	;	,	
	collection items (check all that apply):										
а	Public exhibition	d		oan or excl	nange progra	am					
b	Scholarly research	е	0 O	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they	/ further th	e organizatio	on's exem	pt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma							[Yes		No
Par	t IV Escrow and Custodial Arrang					"Yes" on F	- orm 990	, Part IV	, line 9, or		
	reported an amount on Form 990, Par			-				-			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for co	ntributions	or other as	sets not in	cluded				
	on Form 990, Part X?							[Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amour	t	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?	C	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been p	provided on	Part XIII					
Par	t V Endowment Funds. Complete in	the organization an	swered "Y	es" on Fo	rm 990, Part	IV, line 10).				
		(a) Current year	(b) Prio	or year	(c) Two yea		d) Three y	ears back	🔇 (e) Fou	r years	back
1a	Beginning of year balance	9,468,957.	8,4	176,595.	4,79	1,770.	4,4	46,167	. 4	,608,	884.
b	Contributions	315,079.	6	557,996.	3,41	1,697.		17,980		40,	055.
с	Net investment earnings, gains, and losses	500,537.	3	370,510.	37	7,339.	5	85,125		-28,	854.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	453,281.		36,144.	10	4,211.	2	57,502		173,	918.
f	Administrative expenses										
g	End of year balance	9,831,292.	9,4	168,957.	8,47	6,595.	4,7	91,770	. 4	,446,	167.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, o	column (a)) held as:						
а	Board designated or quasi-endowment	24.41	%								
b	Permanent endowment 75.59	%									
		%									
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that a	are held an	d administer	red for the	organiza	ation			
	by:	Ũ					0			Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations										X
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, I	ine 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	e
		basis (investr	nent)	basis ((other)	dep	reciation				
1a	Land			2,98	6,766.				2,98	6,7	66.
	Buildings				6,065.	17,9	11,59	93.	24,03		
	Leasehold improvements			5,26	7,095.	1,1	54,93	35.	4,11	2,1	60.
	Equipment				6,675.		17,42				50.
	Other				4,595.		09,82		10,06		
	. Add lines 1a through 1e. (Column (d) must ed			-	-				41,19		
		<u>, , , , , , , , , , , , , , , , , , , </u>						- · · ·	le D (Forr	-	

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" 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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTEREST RATE SWAP	5,356.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

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 X

5,356.

(9)

Sche	dule D (Form 990) 2019 CURREY INGRAM ACADEMY			62-	1296326 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	14,293,209.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	791,478.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d			43,249.		
е	Add lines 2a through 2d			2e	834,727.
3	Subtract line 2e from line 1			3	13,458,482.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	1,828,718.		
с	Add lines 4a and 4b			4c	1,828,718.
_		- I	1 5 207 200		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,287,200.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F		n.
Pa	Ital revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents Wi	th Expenses per F	Retur	n.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wi	th Expenses per F		n.
	TXII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n.
1	Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	ents Wi	th Expenses per F	Retur	n.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expenses per F	Retur	n.
1 2 a	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	th Expenses per F	Retur	n.
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expenses per F	Retur	n. 14,122,009.
1 2 a b c	TXII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	Retur	n. 14,122,009. 43,249.
1 2 b c d	TXII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per F	Retur	n. 14,122,009.
1 2 b c d e	TXII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per F	Retur	n. 14,122,009. 43,249.
1 2 b c d 3	Tt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 4a	th Expenses per F	Retur	n. 14,122,009. 43,249.
1 2 d c 3 4 a	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expenses per F	Retur	n. 14,122,009. 43,249. 14,078,760.
1 2 d c 3 4 a b	TXII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expenses per F 43,249. 1,828,718.	Retur	n. <u>14,122,009</u> . <u>43,249</u> . <u>14,078,760</u> . 1,828,718.
1 2 d e 3 4 b c 5	XII Reconciliation of Expenses per Audited Financial Statemet Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per F 43,249. 1,828,718.	Retur	n. 14,122,009. 43,249. 14,078,760.

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

PART V, LINE 4:

THE ACADEMY HAS A POLICY OF APPROPRIATING AN ANNUAL DISTRIBUTION UP TO 4%

OF THE THREE YEAR HISTORICAL AVERAGE OF THE ENDOWMENT FUND FOR

SCHOLARSHIPS AND FINANCIAL ASSISTANCE.

PART X, LINE 2:

THE ACADEMY IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS

NOT A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS

INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

Schedule D (Form 990) 2019 CURREY INGRAM ACADEMY 62-1296326 Page 5 Part XIII Supplemental Information (continued) 62-1296326 Page 5
UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL
STATEMENTS. THIS GUIDANCE PRESCRIBES A MINIMUM PROBABILITY THRESHOLD THAT
A TAX POSITION MUST MEET BEFORE A FINANCIAL STATEMENT BENEFIT IS
RECOGNIZED. THE MINIMUM THRESHOLD IS DEFINED AS A TAX POSITION THAT IS
MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE
TAXING AUTHORITY, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR
LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE
TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT
THAT IS GREATER THAN 50% LIKELY OF BEING RECOGNIZED UPON ULTIMATE
SETTLEMENT. THE ACADEMY HAS NO TAX PENALTIES OR INTEREST REPORTED IN THE
ACCOMPANYING FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 43,249.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
FINANCIAL AID/SCHOLARSHIPS 1,828,718.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 43,249.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FINANCIAL AID/SCHOLARSHIPS

1,828,718.

SCHEDULE E
(Form 990 or 990-EZ

Schools

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

 Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
 Attach to Form 990 or Form 990-EZ.

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

Employer identification number 62-1296326

Γ	Part I
	IGILI

-	_	_	_	-	-	-	_	-	
									-

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
•	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	_		
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	OUR ADMISSIONS BROCHURE AND ANNUAL REPORT REFLECT OUR			
	NONDISCRIMINATORY POLICY.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		X
с	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form	990 or	990-EZ) 2019

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

SCHEDULE G	Suppleme	ntal Information Re	garding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered organization entered mo					or 19,	or if the	2019
Department of the Treasury		Attach to							Open to Public
Internal Revenue Service		to www.irs.gov/Form99	0 for instru	uction	s and	the latest informati	on.	Energia da	Inspection
Name of the organization		INGRAM ACADEM	NV.					62-1296	ntification number
Part I Fundrais		Complete if the organiza		rod "V	oo" or	Earm 000 Dart IV/	ino 1 ⁻		
	complete this part		llion answe	reu r	es or	1 Form 990, Part IV, 1	ine i	. FOIII 990-EZ	. mers are not
1 Indicate whether the	e organization rais	ed funds through any of t	he followin	g activ	rities. (Check all that apply.			
a 📃 Mail solicitat	ions	е 🗌	Solicitat	tion of	non-g	overnment grants			
b Internet and	email solicitations	f f				nment grants			
c Phone solicit		g 🗆	Special	fundra	uising e	events			
d In-person so		r oral agreement with any	individual	(inclus	ling of	ficara diractora trua	+000	or	
U U		art VII) or entity in connec		•	•		iees,	Yes	No
		viduals or entities (fundrais	•			U U	he fur		
compensated at le	ast \$5,000 by the	organization.			-				
				(iii)	Did		(v)	Amount paid	
(i) Name and address		(ii) Activity		(iii) fundr have c	aiser ustody	(iv) Gross receipts	tò (c	r retained by) fundraiser	(vi) Amount paid to (or retained by)
or entity (fund	iraiser)			or cor contrib	itrol of	from activity		ed in col. (i)	organization
				Yes	No				
									· · · · ·
				L					<u> </u>
Total									
	ch the organizatio	n is registered or licensed	to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.	.	-						•	-

Schedule G (Form 990 or 990-EZ) 2019 CURREY INGRAM ACADEMY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 000 F7, lines 1 and 6b. List events with gross respire groster than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			TRIVIA AND	GOLF		
			TACOS	TOURNAMENT	1	(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Jue						
Revenue	1	Gross receipts	91,784.	106,182.	12,598.	210,564.
ñ						
	2	Less: Contributions	55,159.	84,327.		139,486.
	3	Gross income (line 1 minus line 2)	36,625.	21,855.	12,598.	71,078.
	4	Cash prizes				
	5	Noncash prizes		9,375.		9,375.
Direct Expenses						
oen	6	Rent/facility costs		6,900.		6,900.
Ă				F 601		10.005
ect	7	Food and beverages	4,714.	7,681.		12,395.
ē			2 040	2 000		C 049
	8	Entertainment				6,048.
	9	Other direct expenses				8,531.
	10		(/			<u>43,249</u> . 27,829.
Pa	irt I	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization				27,029.
		\$15,000 on Form 990-EZ, line 6a.	answered tes offform	1990, Fait IV, iiile 19, 011	eported more than	
		\$10,000 OFF OFF 000 E2, mile 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
Re	4	Gross revenue				
	⊢-					
	2	Cash prizes				
Expenses	-					
oen	3	Noncash prizes				
ЕX	Ĩ					

Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes %	└── Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	• • –	states?		Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

932082 09-11-19

Yes

No

Sch	nedule G (Form 990 or 990-EZ) 2019 CURREY INGRAM ACADEMY	52-129	632	6 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		Yes	
12	to administer charitable gaming? Indicate the percentage of gaming activity conducted in:	∟		
		4	Ba	0/
	a The organization's facility		Bb	<u> %</u> %
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	·····		70
14	Name			
	Address 🕨			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	5 🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun of gaming revenue retained by the third party ▶\$	nt		
C	c If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
â	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	[Yes	5 🗌 No
k	 Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year \$ 	he		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III,	lines 9), 9b, 10b,

SCHEDULE I (Form 990)		G GO Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if} the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistan d Individual answered "Yes"	ce to Organi s in the Unit on Form 990, Part	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. s.gov/Form990 for the la	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Name of the organization	ation CURREY INGRAM ACADEMY	3RAM ACADI						Employer identification number 62-1296326
Part I General	General Information on Grants and Assistance	id Assistance					-	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	o substantiate the	amount of the grants c	or assistance, the (grantees' eligibility i	for the grants or assis	stance, and the selection	
criteria used to	criteria used to award the grants or assistance?	tance?						X Yes No
2 Describe in Par	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monito	vring the use of grant fu	unds in the United	l States.			
Part II Grants a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiz	ations and Domestic	Governments. C	complete if the orga	nization answered "Y	es" on Form 990, Part I,	V, line 21, for any
recipient	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can t	be duplicated if additio	nal space is need	ed.			
1 (a) Name and <i>i</i> or g	1 (a) Name and address of organization or government	(q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 5 Enter total num 	Enter total number of section 501 (a)(3) and covernment organizations listed in the line 1 table		anizations listed in the	line 1 table				
	Enter total number of other organizations listed in the line 1 table	listed in the line 1	table					
~	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructic	ons for Form 990.					Schedule I (Form 990) (2019)

932101 10-26-19

Schedule I (Form 990) (2019) CURREY INGRAM ACADEMY	CADEMY				62-1296326 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	. Complete if the	organization answei	red "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR STUDENTS	105	0.	1,821,268.	FMV	GENERAL SCHOLARSHIP
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column (b); and any other ad	ditional information.	
PART I, LINE 2:					
THE SCHOLARSHIP COMMITTEE MEETS 4-5	5 TIMES PI	PER YEAR TO	DETERMINE	ОНМ	
QUALIFIES FOR SCHOLARSHIPS. NO CASH	IS	EXCHANGED BET	BETWEEN THE S'	STUDENTS AND	
THE ACADEMY; IT IS SIMPLY A DEDUCTION	OFF	THEIR ANNUA	ANNUAL TUITION	THEREFORE ,	
NO MONITORING OF THE FUNDS IS REQUIRED.		EMPLOYEES WHO MEET		SPECIFIED	
EMPLOYMENT REQUIREMENTS MAY QUALIFY	FOR	TION REDUC	TUITION REDUCTION FOR CHILDREN	HILDREN	
ENROLLED AT CURREY INGRAM ACADEMY.					

Schedule I (Form 990) (2019)

SCHEDU	LEJ Compensation Information	1	OMB No. 1	545-004	17
Form 99			20	10	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
epartment of			Open to		ic
nternal Revenu	Service Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
lame of th	organization	Employer i			nber
	CURREY INGRAM ACADEMY	62-1	29632	6	
Part I	Questions Regarding Compensation				
				Yes	No
	the appropriate box(es) if the organization provided any of the following to or for a person listed on Forr	n 990,			
	, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	rst-class or charter travel				
	avel for companions				
	ix indemnification and gross-up payments				
	scretionary spending account Personal services (such as maid, chauffe	eur, chef)			
	f the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			v	
	rsement or provision of all of the expenses described above? If "No," complete Part III to explain		1 b	X	
	organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			37	
trustee	s, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Χ	
	e which, if any, of the following the organization used to establish the compensation of the organization				
	xecutive Director. Check all that apply. Do not check any boxes for methods used by a related organiza	tion to			
	sh compensation of the CEO/Executive Director, but explain in Part III.				
	ompensation committee				
	dependent compensation consultant				
LX F	orm 990 of other organizations X Approval by the board or compensation	committee			
4 During	the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organi	ation or a related organization:				
	e a severance payment or change-of-control payment?				Х
	pate in, or receive payment from, a supplemental nonqualified retirement plan?			X	
c Partici	bate in, or receive payment from, an equity-based compensation arrangement?		4c		Х
lf "Yes	to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For pe	sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion			
	jent on the revenues of:				
	janization?				X
b Any re	ated organization?		5 b		Х
lf "Yes	' on line 5a or 5b, describe in Part III.				
	sons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion			
	jent on the net earnings of:				
	janization?				X
	ated organization?		6b		Х
	' on line 6a or 6b, describe in Part III.				
-	sons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen				
	cribed on lines 5 and 6? If "Yes," describe in Part III		7		Х
B Were a	ny amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to	the			
initial o	ontract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х
9 If "Yes	on line 8, did the organization also follow the rebuttable presumption procedure described in				
	tions section 53.4958-6(c)?		9		

Schedule J (Form 990) 2019 CURRE	Х	CURREY INGRAM ACADEMY	DEMY		62-1296326	326		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	plqm	yees, and Highest C	compensated Empl	oyees. Use duplica	te copies if additional	space is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	oe rep orm 9	vorted on Schedule J 90, Part VII.	l, report compensati	on from the organiz	ation on row (i) and fro	m related organizations	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	bd ind	iividual must equal th	ne total amount of F	orm 990, Part VII, Se	ection A, line 1a, applic	able column (D) and (E	:) amounts for that indiv	idual.
		(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(c)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) DR. JEFFREY MITCHELL	0	363,533.	.0	.0	17,146.	21,927.	402,606.	.0
HEAD OF SCHOOL		- I	0.	.0	•	.0	.0	0
(2) CHAD J. HANDSHY	Ξ	189,195.	.0	•0	9,460.		198,655.	.0
ASST HEAD OF SC FINANCE &	(ii)	.0	.0	.0	.0	.0	.0	.0
	Ξ							
	<u>(i)</u>							
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							Schedu	Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019 CURREY INGRAM ACADEMY	62-1296326	Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	his part for any additional information.	
PART I, LINE 1A:		
JEFFREY MITCHELL- HOUSING BENEFIT AND GOLF MEMBERSHIP		
PART I, LINE 4B:		
CURREY INGRAM MAINTAINS A 457(F) PLAN ON ITS BOOKS WITH A VALUE OF \$27,739		
THAT HAS NOT YET VESTED ON BEHALF OF JEFFREY MITCHELL. NO CONTRIBUTIONS		
WERE MADE DURING FY20 TOWARDS THE 457(F) PLAN.		
	Schedule J (Form 990) 2019	990) 2019

932113 10-21-19

SCHEDULE K (Form 990) Department of the Treasury Internal Revenue Service A Attach to Form 990.	Sup Somplete if the organ e: • Form 990.	plemental Inf ization answerec kplanations, and o www.irs.gov/Fc	Supplemental Information on Tax-Exempt Bonds e organization answered "Yes" on Form 990, Part IV, line 24a. Provide dee explanations, and any additional information in Part VI. ► Go to www.irs.gov/Form990 for instructions and the latest information	X-Exempt Bon 0, Part IV, line 248 mation in Part VI. ions and the lates	Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. h to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.				OMB No. 1545-0047 2019 Open to Public Inspection	45-0047 9 Dublic	
Name of the organization CURREY INGRAM	ACAD						Employe 62-	ployer identificatio 62-1296326	Employer identification number $62-1296326$	umber	r
Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	purpose	(g) Defeased (h) On behalf of issuer	sed (h) Or of is		(i) Pooled financing	ed
							Yes No	ŕ	Ŷ	Yes N	2 2
A IDB WILLIAMSON CTY, TN	52-2018208	NONE	10/20/09	6,105,000.	REFUND 2003 ISSUE PRICE	BOND			×		×
B IDB WILLIAMSON CTY, TN	52-2018208	NONE	09/05/19	7,000,000	EDUCATIONAL FACILITIES		×		×	×	×
J											
-											
Part II Proceeds							-				
					B	υ			□		
1 Amount of bonds retired			. 4,195	,000.							
					7						
3 Total proceeds of issue			. 6 , 105	د .000,	,683,143.						
			:								
			:		39,141.						
6 Proceeds in refunding escrows			:								
7 Issuance costs from proceeds			:		45,791.						
8 Credit enhancement from proceeds			:								
9 Working capital expenditures from proceeds			:								
10 Capital expenditures from proceeds					,597,605.						
				,000.							
			:								
13 Year of substantial completion					1202	-			-		
			Yes	No Yes	٩	Yes	٩	Yes	_	٩	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018 a current refunding issue)?	issue of tax-exempt bo	onds (or,		×	×						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or if	issue of taxable bonds	s (or. if									
	sue)?		X		X						
16 Has the final allocation of proceeds been made?	e?		X		X						
17 Does the organization maintain adequate books and records to support th final allocation of proceeds?	ks and records to supl	oort the	×	×							
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	he Instructions for Fo	rm 990.					Sci	hedule	Schedule K (Form 990) 2019	90) 20	019

932121 10-18-19

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Item 501(c)(3) organization, or a state or local government. ∞	unrelated trade or business activity carried on by your organization, another								
Interface and 5 ∞ <td>section 501(c)(3) organization, or a state or local government</td> <td></td> <td>%</td> <td></td> <td>%</td> <td></td> <td>%</td> <td></td> <td>%</td>	section 501(c)(3) organization, or a state or local government		%		%		%		%
sthe bond issue meet the private security or payment test? X X X K<	Total of lines 4 and 5		%		%		%		%
there been a sale or disposition of any of the bond financed property to a non- emmential person other than a 501(c)(3) organization since the bonds were issued? X X X X es" to line 8a, was any remedial action taken pursuant to Regulations sections %			X		X				
emmental person other than a 501(c)(3) organization since the bonds were issued? X <			1		1				
cest to line 8a, anter the percentage of bond financed property sold or disposed $%$ $%$ $%$ $%$ est to line 8a, was any remedial action taken pursuant to Regulations sections 11-12 and 1.145.27 $%$ <	governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×				
(es' to line 8a, was any remedial action taken pursuant to Regulations sections(es' to line 8a, was any remedial action taken pursuant to Regulations sections(1-12 and 1.145.2)(1-145.2)(1-12 and 1.145.2)(1-145.2)(1-145.2)(1-145.2)(1-141-12 and 1.145.2)(1-145.2)(1-141-12 and 1.145.2)(1-141-12 and 1.145.2)(1-141-12 and 1.145.2)(1-141-12 and 1.145.2)(1-141-12 and 1.141-12 and 1.145.2)(1-145.2)(1-141-12 and 1.145.2)(1-141-12 and 1.145.2)(1-141-12 and 1.141-12 and 1.145.2)(1-145.2)(1-141-12 and 1.141-12 and 1.145.2)(1-145.2)(1-151-12 and 1.141-12 and 1.145.2)(1-145.2)(1-			%		%		%		%
11-12 and 1.145.27 the organization established written procedures to ensure that all nonqualified ds of the issue are remediated in accordance with the requirements under ullations sections 1.141-12 and 1.145.27 Arbitrage the issue are remediated in accordance with the requirements under Multions sections 1.141-12 and 1.145.27 	If "Yes" to line 8a. was any remedial action taken pursuant to Regulations s		:						2
the organization established written procedures to ensure that all nonqualified ds of the issue are remediated in accordance with the requirements under Ullations sections 1.141-12 and 1.145-2? X </td <td>1.141-12 and 1.145-2?</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	1.141-12 and 1.145-2?								
ds of the issue are remediated in accordance with the requirements under lutations sections 1.141-12 and 1.145-2?									
Inditions sections 1.141-12 and 1.145-2?XXXYArbitrageArbitrageInditions sections 1.141-12 and 1.145-2?ArbitrageInditions sections 1.141-12 and 1.145-2?ArbitrageInditions sections 038-1, Arbitrage Rebate, Yield Reduction and alty in Lieu of Arbitrage Rebate?Inditions 1.141 of Arbitrage Rebate?Inditions 2.141 of Arb	bonds of the issue are remediated in accordance with the requirements under	ł		:					
ArourageArourageIt he issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and alty in Lieu of Arbitrage Rebate? $A = A = B = C$ It he issuer filed Form 8038-T, Arbitrage Rebate? $Y = A = B = C$ It he issue filed form 8038-T, Arbitrage Rebate? $Y = A = C$ It he issue filed form 8038-T, Arbitrage Rebate? $Y = A = C$ It he issue filed form 8038-T, Arbitrage Rebate? $Y = A = C$ It he issue filed form 8038-T, Arbitrage Rebate? $X = A = C$ It he following apply? $X = C$ It he following a variable rate issue? $X = C$ It he following a variable rate i	Regulations sections 1.141-12 and 1.145-2?	×		×					
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?ABBAIf "No" to line 1, did the following apply?If "No" to line 1, did the following apply?YesNoYesNoYesNoa Rebate not due yet?A Exception to rebate?XXXYesNob Exception to rebate?NoXXXXYesb Exception to rebate?No rebate due?XXXXYesc No rebate due?XXXXXYesf "Yes" to line 2c, provide in Part VI the date the rebate computation wasYesYesYesYesYesls the bond issue a variable rate issue?XXXYesYesYes	Part IV Arbitrage								
Penalty in Lieu of Arbitrage Rebate? X		Yes	No						No
If "No" to line 1, did the following apply? If "No" to line 1, did the following apply? a Rebate not due yet? X b Exception to rebate? X c No rebate due? X c No rebate due? <td< td=""><td>Penalty in Lieu of Arbitrage Rebate?</td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td></td></td<>	Penalty in Lieu of Arbitrage Rebate?		X		X				
a Rebate not due yet? x X X x x b Exception to rebate? x x x x x c No rebate due? x x x x x x c No rebate due? x x x x x x x r "Yes" to line 2c, provide in Part VI the date the rebate computation was x x x x x x performed x									
b Exception to rebate? b Exception to rebate? X X X Y c No rebate due? X X X X Y lf "Yes" to line 2c, provide in Part VI the date the rebate computation was performed X X X Y ls the bond issue a variable rate issue? X X X Y Y			X		X				
c No rebate due? X X X X If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed X X X X X Is the bond issue a variable rate issue? X X X X X X	Exception to rebate?		Х		Х				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	I I		X		X				
performed Is the bond issue a variable rate issue? X X X	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
Is the bond issue a variable rate issue?	performed	•		:					
		X		X					

Schedule K (Form 990) 2019 CURREY INGRAM ACADEMY			62-2	62-1296326				Page 3
Part IV Arbitrage (continued)								
	▼-;			:		: 	□_ ;	
4a Has the organization or the governmental issuer entered into a quaimed hedge with respect to the bond issue?	X	ON	Tes	N X	Tes	ov l	res	NO
b Name of provider	SUNTRUST					-		
- I	13.4	4000000						
d Was the hedge superintegrated?		Х						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		×				
b Name of provider								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X				
7 Has the organization established written procedures to monitor the requirements of		Х		X				
Part V Procedures To Undertake Corrective Action		4						
	A			B		U		
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	٩	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		Х		Х				
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	K. See instru	lctions					
932123 10-18-19						Sch	Schedule K (Form 990) 2019	m 990) 2019

SCHEDULE L		Tra	insaction	ns V	Vith	Interested	P	ersons			ON	MB No.	1545-00)47
(Form 990 or 990-EZ)	Complete if	the o				s" on Form 990, Pari -EZ, Part V, line 38a			6, 27,	28a,		20	19)
Department of the Treasury Internal Revenue Service		io to v	Atta	ch to	Form	990 or Form 990-EZ	Z.					pen T spect		olic
Name of the organization										-	ident		on nı	mber
Part I Excess B			GRAM ACA			ion 501(c)(4), and sec	ctior	1 501(c)(29) orga			963	26		
						art IV, line 25a or 25b								
1 (a) Name of disqualif	ied person	(b) R	elationship betv person and or			ified (c	c) De	escription of tran	sactio	n				ected?
	•			yaniza		· · ·		•				Y	es	No
												_		
2 Enter the amount of section 4958	-		-	-		lualified persons duri	-	-		▶ \$				
3 Enter the amount of										\$				
Part II Loans to	and/or From	n Inte	erested Pers	sons.										
						, Part V, line 38a or F	orm	n 990, Part IV, lin	e 26; d	or if th	e orga	nizatio	on	
		i	, Part X, line 5, 6		2. Dan to or	()					(h) Ap	nroved	(m.).	
(a) Name of interested person	(b) Relatio with organ		(c) Purpose of loan	fror	m the ization?	(e) Original principal amount	(f) Balance due) In ault?	by bo	ard or		Vritten ement ?
					From				Yes	No	Yes	No	Yes	No
							\vdash							
							-							
					1									
							\vdash							
Total				I		► \$				l				I
			efiting Inter											
Complete if (a) Name of interes			vered "Yes" on F (b) Relationship			art IV, line 27. (c) Amount of		(d) Type	of		(e) Purp	ose c	of
(u) Name et interes			interested pers the organiza	on an		assistance		assistan				assist		
		_								\rightarrow				
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		_												
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LHA $\,$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Part IV	Business Transaction	ons Involvir	ng Interest	ed Persons.
Schedule L	(Form 990 or 990-EZ) 2019	CURREY	INGRAM	ACADEMY

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	aring of zation's jues?
				Yes	No
G. MILLER HOGAN II	BOARD MEMBER	54,341.	LEGAL SERVI		X
NASHVILLE SOCCER CLUB	RELATED TO SUBSTANT	6,815,664.	PAYMENT FOR		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: G. MILLER HOGAN II

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES

(A) NAME OF PERSON: NASHVILLE SOCCER CLUB

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RELATED TO SUBSTANTIAL CONTRIBUTOR

(D) DESCRIPTION OF TRANSACTION: PAYMENT FOR COSTS RELATED TO

CONSTRUCTION OF ATHLETIC FACILITY AND FIELDS, DEFERRED RENTAL INCOME FOR

SOCCER FIELDS AND ATHLETIC PAVILION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

26

27

Other

Other

(

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

►

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

2019
Open to Public
Inspection

Nam	e of the organization				Employer identification number
	CURREY INGRA	M ACAD	EMY		62-1296326
Pa	rt I Types of Property				· ·
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	11	68,040.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other \ldots				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AUCTION ITEMS)	X	58	13,055.	FMV

28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement _____ 29

)

Х

(MISCELLANEOUS)

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for			
	exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			x
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	hedule M (Forr	m 990)	2019

27

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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

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

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



CURREY INGRAM ACADEMY

62-1296326

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

THAT EMPOWERS STUDENTS WITH LEARNING DIFFERENCES TO ACHIEVE THEIR

FULLEST POTENTIAL.

FORM 990, PART III, LINE 1 ORGANIZATION'S MISSION

THE MISSION OF CURREY INGRAM ACADEMY IS TO PROVIDE AN EXEMPLARY K-12

DAY AND BOARDING PROGRAM THAT EMPOWERS STUDENTS WITH LEARNING

DIFFERENCES TO ACHIEVE THEIR FULLEST POTENTIAL.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

CURREY INGRAM ACADEMY SIGNED A CONTRACT WITH NASHVILLE SOCCER CLUB

(NSC) FOR NSC'S RENT OF CIA'S NEWLY DEVELOPED SOCCER FIELDS AND

ATHLETIC PAVILION FOR THE FIRST TEAM (TWO YEAR TERM) AND THE YOUTH

ACADEMY (28 YEAR TERM). THE NEWLY DEVELOPED SOCCER FIELDS OPENED IN

JANUARY 2020.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO ACT ON BEHALF OF THE BOARD OF TRUSTEES IN EMERGENCY SITUATIONS REQUIRING IMMEDIATE ACTION. MINUTES OF ALL EXECUTIVE COMMITTEE MEETINGS WILL BE MAILED TO BOARD MEMBERS, EXCEPT FOR MEETINGS OR PORTIONS OF MEETINGS WHICH ARE DECLARED EXECUTIVE SESSIONS BY THE COMMITTEE CHAIR.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT COPY OF THE 990 WILL BE E-MAILED TO THE BOARD OF TRUSTEES FOR

REVIEW BEFORE FILING.

Name of the organization

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO SIGN AN ANNUAL CODE OF ETHICS STATEMENT WHICH SOLIDIFIES THEIR COMMITMENT TO THE BOARD. BOARD MEMBERS AGREE TO REFRAIN FROM VOTING ON MATTERS IN WHICH THERE IS A CONFLICT. IF A CONFLICT IS ESCALATED IT IS HANDLED ON A CASE BY CASE BASIS BY THE REMAINING BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE SALARY FOR THE HEAD OF SCHOOL. THE HEAD OF THE SCHOOL DETERMINES SALARIES FOR ALL EMPLOYEES. THE COMPENSATION IS DETERMINED FIRST FROM THE BUDGET AMOUNT ALLOCATED IN TOTAL BY THE BOARD. THEN THE CONTRACT AMOUNT PER INDIVIDUAL IS BASED ON DUTIES, COMPARABLE INDUSTRY STANDARDS, EDUCATION, AND EXPERIENCE.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, GRIEVANCE POLICY, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.