•	A. Carrier and the second	For ca	2018								
	tment of the Treasury al Revenue Service	■ Go to www irs gov/Form990T for instructions and the latest information ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Insp 501(c)(3) Organization									
\ [Check box if address changed	Name of organization (
E	xempt under section	Print	THE MONTGO	MERY ACADEMY	Z.				6	3-0401358	
X] 501(c)(3 (3	or Number, street, and room or suite no. If a P.O. box, see instructions								elated business activity code instructions)	
] 408(e) [220(e)	туре	ype 3240 VAUGHN ROAD								
	408A530(a) 529(a)	_	710								
Bo	ok value of all assets and of year		F Group exemption nur							<u></u>	
	21,964,1		<u> </u>	rpe 🕨 🛛 501(c) co	rporatio	n	501(c) trust	40	1(a) trust	Other trust	
			tion's unrelated trades or	businesses -	1			the only (or first			
	de or business here 🕨			,				, complete Parts			
			· ·	ous sentence, complete f	Parts I ar	nd II, comple	ite a Schedule	e M for each addi	ional trade	e or	
	siness, then complete f									· [17]	
	•	-	•	affiliated group or a par	ent-subs	idiary contro	ollea group?	•	·	es X No	
			AMY D. FORRE				Tologh	ann number	221	272-8210	
			le or Business In		·	/A) I	ncome	(B) Exper		(C) Net	
			ie or business in	T	1	(A)	ilcome	(B) Exper		(C) NET	
	Gross receipts or sale			- Dalaman	1						
D 2	Less returns and allow		A less 7\	c Balance	10	-					
2 3	Cost of goods sold (Signal Gross profit. Subtract			`	3	 					
	Capital gain net incom				4a	 		1	/	 	
		•	art II, line 17) (attach For	m 4707)	4b			11,	/	 	
	Capital loss deduction			111 47 57)	4c					 	
	,		ship or an S corporation (attach statement)	5	-		 		<u> </u>	
	Rent income (Schedul		ship of all 5 corporation (attach statement)	6				<u> </u>		
7	Unrelated debt-finance	•	ne (Schedule F)		7			 			
8			,	l organization (Schedule F	<u> </u>			†	-		
9	•			organization (Schedule G	·		/		-		
0	Exploited exempt activ			(10						
1	Advertising income (S	-	•		11						
2	Other income (See ins		•		12/			1 0 5 7 .			
	Total. Combine lines	3 throu	gh 12		13		0.				
	rt II Deduction	ns No	t Taken Elsewhe	re (See instructions	for limit	ations on c	leductions)				
	(Except for c	ontribu	itions, deductions mu	st be directly connecte	ed with	the unrelat	ed business	s income)			
1	Compensation of offi	cers, du	rectors, and trustees (Sch	nedule K)					14		
•	Salaries and wages								15		
3	Repairs and maintena	ance							16	ļ. <u>.</u>	
•	Bad debts								17		
}	Interest (attach sched	dule) (se	ee instructions)						18		
)	Taxes and licenses								19		
)			e instructions for limitation	n rules)			1 1		20		
1	Depreciation (attach						21		- ´-		
2		imed or	Schedule A and elsewhe	ere on return			22a		226		
}	Depletion								23		
ļ :	Contributions to defe		npensation plans						24		
; :	Employee benefit pro		hodulo I)						25 26	 	
; ,	Excess exempt exper Excess readership co								26		
	Other deductions (att								28	 	
3 3	Total deductions. Ac								29	0	
9	/			ng loss deduction. Subtra	net line o	9 from line 1	13		30	0	
1	,			eginning on or after Janu					31	4	
٠,			oss arising in tax years on scome. <u>Subtract line 31 f</u> i		.u.y 1, 21	, 10 (300 III3)			32	0	
2/				WILL HITE OV					, 42		

Ferm 990-1	THE MONTGOMERY ACADEMY	63-0401	358 Page 2
Part/			
/33/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33 0.
34	Amounts paid for disallowed fringes	· · · -	34
35	Deduction for not operating loss arising in tax years beginning before January 1, 2018 (see instructions)	1	35
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	\	Ī
36	lines 33 and 34	`],
0.7	Specific deduction (Ganerally \$1,000, but see line 37 instructions for exceptions)	5	1,000.
37		7 	31000
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greated than line 36,		38 0.
Dort I	enter the smaller of zero or line 36 V Tax Computation		Y.
			39 0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	· -	33
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from		40
	Tax rate schedule or Schedule D (Form 1041)	· -	
41	Proxy tax. See instructions	· -	411
42	Alternative minimum tax (trusts only)	_	42
43	Tax on Noncompliant Facility Income See instructions		43
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44 0.
Part \			
15 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
b	Other credits (see instructions) . 456		11
C	General business credit. Attach Form 3800		11
ď	Credit for prior year minimum tax (altach Form 8801 or 8827)		_ {-}{-}
е	Total credits. Add lines 45a through 45d	_	456
46	Subtract line 45e from line 44	_	46 0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Oth	_	47
48	Total tax. Add lines 46 and 47 (see instructions)		48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49 0.
50 a	Payments: A 2017 overpayment credited to 2018 . 50a		1
b	2018 estimated tax payments . 50b		11
C	Tax deposited with Form 8868		
d	Foreign organizations, Tax paid or withheld at source (see instructions) . 50d		11
е	Backup withholding (see instructions) . 50e		
f	Credit for small employer health insurance premiums (attach Form 8941)		11
a	Other credits, adjustments, and payments: Form 2439		1
·	Form 4136 Other Total ▶ 50g		1
51	Total payments. Add lines 50a through 50g		51
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	. [52
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	. ▶	53
54	Overpayment If line \$1 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ [5å
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded >	55
Part \	II Statements Regarding Certain Activities and Other Information (see ins	tructions)	1
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth	ority	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign coun		
	here >	.,	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?	<u>x</u>
37	If "Yes," see instructions for other forms the organization may have to file.	i ioi oigii ti uott	
58	Enter the amount of lax exempt interest received or accrued during the tax year \$\Blacktarrow\$\$		1 1
- 30	Under penalties of perpity, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my knowledge	and belief, it is true,
Sign	correct, and complete Declaration of proparer (other than taxpayer) is based on all information of which preparer has any knowledge.	eade	
Here	624/2020 BOARD OF TRUS	י סממתו	the IRS discuss this return with reparer shown below (see
	Signature of officer Date Title		uctions)? X Yes No
	7 Olymbra of other	Check I	PTIN
	Print/Type preparer's name Preparer's signature Date	1	L THEN
Paid	CHRISTINE K. COOK CHRISTINE K. COOK 06/15/20	self- employed	P00537690
Prepa	TACKGON MUODAMON C CO DC		63-1035228
Use C	Only Firm's name ► JACKSON THORNTON & CO., PC	Firm's EIN	03-1033440
	PO BOX 96	Dhone so 33	11-021-7550
	Firm's address ► MONTGOMERY, AL 36101-0096	Priorie ito. 33	64-834-7660 Form 990-T (2018)
823/11 01	1 00 10		Form 330-1 (2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year 1			6	Inventory at end of year	r		6		
2 Purchases	2		7 Cost of goods sold Subtract line 6			line 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,				٠.	j	
4 a Additional section 263A costs	1 1	1		line 2			7	<u> </u>	
(attach schedule)	4a		_ 8	Do the rules of section			Yes	No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						<u> </u>
5 Total Add lines 1 through 4b	5	5		the organization?		-I With DI D			<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	ı Per	sonal Property L	ease	a with Real Prop	erty	}	
					•				14.
Description of property								 	
(1)									
(2)		·							
(3)		-,,							
(4)					· ·				
		ed or accrued				3/a) Deductions directly	/ conne	cted with the income in	1
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for	persona	and personal property (if the percentage personal property exceeds 50% or if at its based on profit or income) 3(a) Deductions directly connected with columns 2(a) and 2(b) (attach so its based on profit or income)				(attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
				2 Gross income from		3 Deductions directly cor to debt-finan			
1 Description of debt-fit	nanced property		'	or allocable to debt-	(a)	Straight line depreciation	T	(b) Other deduction	
1 Description of debi-in	nancea property			financed property		(attach schedule)		` (attach schedule)	
(1)			+				+		
(2)			+				\top		
(3)			+				\top		
(4)			+					-	
4 Amount of average acquisition	E Average	adjusted basis	1	Column 4 divided		7 Gross income	+	Allocable deduct	ions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to nced property h schedule)		by column 5		reportable (column 2 x column 6)		(column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals					[. 0		•	0.
Totals Total dividends-received deductions	anludad in anlumi	. 0					Ť		0.

Schedule F - Interest,	Annuities, Roya	ilties, an	, , , , , , , , , , , , , , , , , , , ,	From Co Controlled O			tions	(see ins	tructions	3)	
					Τ .		T			<u> </u>	
Name of controlled organiza	ıden			elated income e instructions)	4. Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)			•				1				
(3)						i					
(4)											
Nonexempt Controlled Organi	ızatıons		<u> </u>				•				
7 Taxable Income	8 Net unrelated inc		9 Total	of specified payi	nents	10 Part of colu	mn 9 that	is included		luctions directly connected	
	(see instruction	ons)		made		in the controlli gross	ing organi s income	zation's	with	income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colun Enter here and line 8, (1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investme	ent Income of a	Section	501(c)(7), (9), or (17) Órg	anization					
	tructions)			v.n \	, 3						
1. Desc	cription of income			2. Amount of	ıncome	3 Deductio directly conne (attach sched	ected	4 Set-		5 Total deductions and set-asides (col 3 plus col 4)	
(1)								-			
(2)	· · · · ·		· · · · · · · · · · · · · · · · · · ·								
(3)										***	
(4)											
				Enter here and						Enter here and on page 1, Part I, line 9, column (B)	
				Part I, line 9 co	olumn (A)					Parti, mie s, column (b)	
Totals			•		0.					0.	
Schedule I - Exploited (see instri	· ·	y Incom	e, Other	Than Adv	/ertisin	g Income					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with proof un	penses connected oduction related ' is income	4 Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrela- business inco	that ted	6 Exp attributs colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<u> </u>				1						
(2)		- 								****	
(3)		<u> </u>		† ,							
(4)		<u> </u>		 							
	Enter here and on page 1 Part I, line 10, col (A)	page line 10	ere and on 1, Part I, , col (B)	-			, ,			Enter here and on page 1, Part II, line 26	
Schedule J - Advertisi	ng Income (see	nstructioi	0.							1 0.	
	Periodicals Re			solidated	Basis	<u>. </u>					
1 Name of periodical	2 Gross advertising income	. 1	3 Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compute hrough 7	5 Circula		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			-							· · · · · · · · · · · · · · · · · · ·	
(2)				⊣ ,							
(3)				⊣ ·							
(4)				 						·	
Totals (carry to Part II, line (5))	•	0.	0							0.	
										Form 990-T (2018	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 0.	0.		, , , , ,		0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	0.	d d	• 1		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	0.

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