# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

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

		the service The organization may have to use a copy of this return to satisf			Inspection		
		2006 calendar year, or tax year beginning JUL 1, 2006 and e	nding JUN 30	•			
В	Check if applicable	Please C Name of organization		D Employ	Employer identification number		
،		Inservalidation HOLE		1			
	Addres	print or DBA LEAD ACADEMY			-2526508		
Ļ	∏Name change ∏Initial	1 300 1	Room/suite		one number		
느	return	Specific 1704 HEIMAN STREET		L <u>5)327-5424</u>			
느	Final	tions   City or town, state or country, and ZIP + 4		F Accounts	ig method X Cash Accrual		
کیا	Amend return Applica	MASHVILLE, IN 37200			er scrify)		
L_	pendin	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>			section 527 organizations.		
_			H(a) Is this a group re				
		:>WWW.LEADACADEMY.ORG	H(b) If "Yes," enter nu				
		ation type (check only one) ► X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	H(c) Are all affiliates i (If "No," attach a		N/A Yes No		
		ere I if the organization is not a 509(a)(3) supporting organization and its gross	e return file	ed by an or-			
		are normally not more than \$25,000. A return is not required, but if the organization to file a return, be sure to file a complete return.		oup ruling? Yes X No			
	1100363	to file a return, be sure to file a complete return.	n Number				
	~~~~ ~~	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 234, 275.	M Check ► L i Sch. B (Form 99		nization is not required to attach		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Bala	<u> </u>	0, 990-62,	, UI 930-FF).		
	1	Contributions, gifts, grants, and similar amounts received:		<del> </del>	<del></del>		
		1	1				
	a	Contributions to donor advised funds  Direct public support (not included on line 1a)  1b	234,2	75			
	٥	Indirect public support (not included on line 1a)	234,2	, , ,	,		
	ه ا	Government contributions (grants) (not included on line 1a)  1d					
	e	Total (add lines 1a through 1d) (cash \$ 234, 275 • noncash \$	<u>,   1</u>	234,275.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	<i>'</i> —	2			
	3	Membership dues and assessments		3			
	4	Interest on savings and temporary cash investments		_	4		
	5	Dividends and interest from securities			5		
	6 a	Gross rents 6a	1		<u></u>		
	Ь	Less; rental expenses 6b					
•	c	Net rental income or (loss). Subtract line 6b from line 6a	·	6	ic		
ž	7	Other investment income (describe	<u> </u>	7			
Revenue	8 a	Gross amount from sales of assets other (A) Securities	(B) Other				
Œ		than inventory 8a	*				
	b	Less: cost or other basis and sales expenses 8b					
	С	Gain or (loss) (attach schedule) 8c					
	đ	Net gain or (loss). Combine line 8c, columns (A) and (B)		8	d		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here	<b>&gt;</b> 🗀				
	a	• • • • • • • • • • • • • • • • • • • •					
	b	Less: direct expenses other than fundraising expenses 9b					
	C	Net income or (loss) from special events. Subtract line 9b from line 9a	1	_9	c		
	10 a	Gross sales of inventory, less returns and a lowance RECEIVED 10a					
	b	Less: cost of goods sold [10b]					
	C	Gross profit or (loss) from sales of inventor gratach schedule). Subtract line 106 from line other revenue (from Part VII, line 103)	10a	10			
	11			1			
	12			11			
S	13	Program services (from line 44, column (B) OGDEN, UT		1:	11.600		
Expenses	14	Management and general (from line 44, column (C))	•	1			
ğ	15	Fundraising (from line 44, column (D))		11			
Ш	16 17	Payments to affiliates (attach schedule)  Total expenses. Add lines 16 and 44, column (A)		10	- 2 2 4 4		
-	18	Excess or (deficit) for the year. Subtract line 17 from line 12	<u> </u>	18	4 = 6 000		
is:	19	Net assets or fund balances at beginning of year (from line 73, column (A))	•	19	1 2 2 2		
Net Issets	20	Other changes in net assets or fund balances (attach explanation)		20			
٩	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	<u> </u>		
62300 01-18	1	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions		1 2	Form 990 (2006)		

Form 990 (2006)

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Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) 0 . noncash \$\_ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 0 • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach 23 schedule) 24 Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, key 9,968. 16,614. 6,645. 33,227. employees, etc. listed in Part V-A STMT 2 25a b Compensation of former officers, directors, key 0 0 0. 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not included on lines 25a, b, and c 9,333. 5,208. 4.125. 26 27 Pension plan contributions not included on 27 lines 25a, b, and c 28 Employee benefits not included on lines 25a - 27 28 1,376. 29 3,440. 1,548. 516. 29 Payroll taxes 30 Professional fundraising fees 30 1,265. 1,265 31 Accounting fees 31 32 32 Legal fees 986. 986. 33 33 Supplies 1,298. 1,298. 34 Telephone 173 168. 35 509. 168. Postage and shipping 35 36 36 Occupancy 452. 452. Equipment rental and maintenance 37 Printing and publications 38 38 1.866. 340. 1.196. 330. Travel 39 39 40 Conferences, conventions, and meetings 41 190. 190 42 Depreciation, depletion, etc. (attach schedule) 42 43 Other expenses not covered above (itemize) 43a 43b 43c 43d 43e 43f 25,480. 4,731. 16,796. 3,953. SEE STATEMENT 1 44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 78,046. 21,796. 44,638. 11,612. Joint Costs. Check ▶ ☐ If you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$\_ N/A ; (iii) the amount allocated to Management and general \$  $N/A_{-}$ ; and (iv) the amount allocated to Fundraising \$ 623011 01-23-07 Form **990** (2006)

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Form 990 (2006)

Form 990 (2006) DBA LEAD ACADEMY

Part III | Statement of Program Service Accomplishments (See the instructions )

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► ESTABLISH AND OPERATE A PUBLIC CHARTER SCHOOL.	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a APPLIED FOR AND RECEIVED PUBLIC CHARTER SCHOOL  CERTIFICATION. FORMED RELATIONSHIPS WITH FUTURE STUDENTS  AND THEIR PARENTS. ENROLLED STUDENTS FOR THE 2007-2008  SCHOOL YEAR, STARTING THE PROCESS OF BUILDING THE  EXPECTATION OF OUR NEW STUDENTS THAT THEY WILL ONE DAY  GRADUATE FROM COLLEGE.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	21,796.
b	21,750.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
d	
(Grants and allocations \$ ) If this amount includes foreign grants, check here	
e Other program services (attach schedule)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	21,796.

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DBA LEAD ACADEMY

58 Other assets, including program-related investments (describe ► OPTION TO PURCHASE LAND) 58 42,53   59 Total assets (must equal line 74) Add lines 45 through 58 455.59 174,32   60 Accounts payable and accrued expenses 60 10,33   61 Grants payable 61   62 Deferred revenue 62   63 Loans from officers, directors, trustees, and key employees 63   64 a Tax-exempt bond liabilities 64a   b Mortgages and other notes payable 64b	art·IV	Balance Sheets (See the instructions)				
46 Savings and temporary cash investments  47 a Accounts receivable b Less allowance for doubtful accounts  48 a Pledges receivable b Less allowance for doubtful accounts  48 c Grants receivable b Less allowance for doubtful accounts  48 c Receivables from current and former officers, directors, trustees, and key employees b Receivables from other disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(c)(3)(8)  51 a Chrer notes and loans receivable b Less allowance for doubtful accounts 51 c Investments or doubtful accounts 52 inventories for sale or use 53 Prepaid expenses and deferred charges 54 a Investments - other securities b Less accumulated depreciation 55 a Investments - Indi, buildings, and equipment: basis  55 a Investments - Indi, buildings, and equipment basis b Less accumulated depreciation 55 b Less accumulated depreciation STMT 3  57 a 7,160.  58 b Less accumulated depreciation STMT 3  58 Cheris season and equipment basis (describe ▶ OPTION TO PURCHASE LAND  59 Total assets (must equal line 74) Add lines 45 through 58  455. 59 174, 33  60 Accounts payable and accrued expenses 61 Coeferred revenue 62 Ceferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond habilities 64b Mortgages and other notes payable 64b  64b  64b			within the description column	(A) Beginning of year		(B) End of year
46 Savings and temporary cash investments  47 a Accounts receivable b Less allowance for doubtful accounts  48 a Pledges receivable b Less allowance for doubtful accounts  48 c Grants receivable b Less allowance for doubtful accounts  48 c Receivables from current and former officers, directors, trustees, and key employees b Receivables from other disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(c)(3)(8)  51 a Chrer notes and loans receivable b Less allowance for doubtful accounts 51 c Investments or doubtful accounts 52 inventories for sale or use 53 Prepaid expenses and deferred charges 54 a Investments - other securities b Less accumulated depreciation 55 a Investments - Indi, buildings, and equipment: basis  55 a Investments - Indi, buildings, and equipment basis b Less accumulated depreciation 55 b Less accumulated depreciation STMT 3  57 a 7,160.  58 b Less accumulated depreciation STMT 3  58 Cheris season and equipment basis (describe ▶ OPTION TO PURCHASE LAND  59 Total assets (must equal line 74) Add lines 45 through 58  455. 59 174, 33  60 Accounts payable and accrued expenses 61 Coeferred revenue 62 Ceferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond habilities 64b Mortgages and other notes payable 64b  64b  64b	45	Cook non-interest hearing		155	45	12/ 015
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b Less allowance for doubtful accounts  48 a Pledges receivable b Less allowance for doubtful accounts  48 b 48 c  49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees b Receivables from other disqualified persons (as defined under section 49560f(11) and persons described in section 4958(c)(3)(B)  51 a Chier notes and loans receivable b Less allowance for doubtful accounts 51 liventiones for sale or use 52 Prepaid expenses and deferred charges 54 a Investments · other securities b Investments · other securities b Investments · other securities b Less accumulated depreciation 55 a Investments · other 57 a Land, buildings, and equipment basis b Less accumulated depreciation 55 b Less accumulated depreciation STMT 3 58 Other assets, including program-related investments (describe ▶ OPTION TO PURCHASE LAND 59 Total assets (must equal line 74) Add lines 45 through 58 61 Grants payable and accrued expenses 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64 b Mortgages and other notes payable	40	Savings and temporary cash investments			40	
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b Less allowance for doubtful accounts   48b   48c     49   Grants receivable   49     50 a Receivables from current and former officers, directors, trustees, and key employees   50a     b Receivables from other disqualified persons (as defined under section   4958(f)(1)) and persons described in section 4958(c)(3)(B)   50b     51 a Other notes and loans receivable   51 a   51 b   51 c     52 Inventories for sale or use   52   53   7						1
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b Investments - other securities    Cost   FMV   54b			► Cost FMV			
55 a Investments · land, buildings, and equipment: basis  b Less accumulated depreciation  55b  56 Investments · other  57 a Land, buildings, and equipment basis 57a  57 b Less accumulated depreciation STMT 3  57b  58 Other assets, including program-related investments (describe ▶ OPTION TO PURCHASE LAND  59 Total assets (must equal line 74) Add lines 45 through 58  60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a  Mortgages and other notes payable 65b  55c  55c  55c  55c  55c  55c  56  57 a Land, buildings, and equipment basis 57a  7 , 160 •  57 b 190 •  58 42 , 53  45 5. 59  174 , 32  60 Accounts payable and accrued expenses 60 10 , 33  61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 64a  65b Mortgages and other notes payable	1				1	
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b Less accumulated depreciation STMT 3 57b 190. 57c 6,97  58 Other assets, including program-related investments (describe ► OPTION TO PURCHASE LAND)  59 Total assets (must equal line 74) Add lines 45 through 58 42,53  60 Accounts payable and accrued expenses 60 10,33  61 Grants payable 61  62 Deferred revenue 62  63 Loans from officers, directors, trustees, and key employees 63  64 a Tax-exempt bond liabilities 64a  b Mortgages and other notes payable 64b	56	Investments - other			56	
58 Other assets, including program-related investments   (describe ► OPTION TO PURCHASE LAND) 58 42,53   59 Total assets (must equal line 74) Add lines 45 through 58 455.59 174,32   60 Accounts payable and accrued expenses 60 10,33   61 Grants payable 61   62 Deferred revenue 62   63 Loans from officers, directors, trustees, and key employees 63   64 a Tax-exempt bond liabilities 64a   b Mortgages and other notes payable 64b		_				
(describe   OPTION TO PURCHASE LAND   58   42,53     59   Total assets (must equal line 74) Add lines 45 through 58   455   59   174,32     60   Accounts payable and accrued expenses   60   10,33     61   Grants payable   61     62   Deferred revenue   62     63   Loans from officers, directors, trustees, and key employees   63     64   a Tax-exempt bond liabilities   64a     b Mortgages and other notes payable   64b					57c	6,970.
59 Total assets (must equal line 74) Add lines 45 through 58  60 Accounts payable and accrued expenses  61 Grants payable  62 Deferred revenue  63 Loans from officers, directors, trustees, and key employees  64 a Tax-exempt bond liabilities  65 Mortgages and other notes payable  66 Total assets (must equal line 74) Add lines 45 through 58  60 174, 32  61 Grants payable  62 62  63 64 a Tax-exempt bond liabilities  64 a Total assets (must equal line 74) Add lines 45 through 58  60 10, 33  61 Grants payable  62 62  63 64 a Total assets (must equal line 74) Add lines 45 through 58  64 a Total assets (must equal line 74) Add lines 45 through 58  65 60 10, 33  66 61 62  67 62 63 64 a Total assets (must equal line 74) Add lines 45 through 58  68 60 10, 33  69 60 60 10, 33  60 60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60 60 60  60 60	1					40 525
60 Accounts payable and accrued expenses 61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 65 Mortgages and other notes payable 66 10,33			455		42,535.	
61 Grants payable 62 Deferred revenue 63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 65 b Mortgages and other notes payable 66 Grants payable 67 Grants payable 68 Grants payable 69 Grants payable 60 Grants payable 60 Grants payable 61 Grants payable 62 Grants payable 62 Grants payable 63 Grants payable 64 Grants payable 65 Grants payable 66 Grants payable 66 Grants payable 67 Grants payable 68 Grants payable 69 Grants payable 6		•	5 through 58	455.		
62 Deferred revenue 62 63 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a  b Mortgages and other notes payable 64b						10,337.
63 Loans from officers, directors, trustees, and key employees 64 a Tax-exempt bond liabilities 65 b Mortgages and other notes payable 66 constant of the following special cons	T	• •	ł			
b Mortgages and other notes payable 64b	63		ev employees			
b Mortgages and other notes payable 64b				-	-	
65 Other liabilities (describe SEE STATEMENT 4 ) 11,257. 65 18,55	Ь		İ			
			SEE STATEMENT 4 )	11,257.	$\overline{}$	18,556.
66 Total liabilities. Add lines 60 through 65 11, 257, 66 28, 89	66	Total liabilities. Add lines 60 through 65		11,257.	66	28,893.
Organizations that follow SFAS 117, check here ▶ □ and complete lines	Organ	ganizations that follow SFAS 117, check here	and complete lines			
67 through 69 and lines 73 and 74	,	67 through 69 and lines 73 and 74				
67 Unrestricted 67	67	Unrestricted			1 1	
68 Temporarily restricted 68	68		-			
69 Permanently restricted	69	,	·	·	69	
Organizations that do not follow SFAS 117, check here	Orgai	-	k here ▶ LX and			
complete lines 70 through 74	;	-		^	_	0
67 Unrestricted 68 Temporarily restricted 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here   Complete lines 70 through 74 70 Capital stock, trust principal, or current funds 71 Paid-in or capital surplus, or land, building, and equipment fund 72 Retained earnings, endowment, accumulated income, or other funds 73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72.	70		· · · · · · · · · · · · · · · · · · ·			0.
71 Paid-in or capital surplus, or land, building, and equipment fund  72 Retained earnings, endowment, accumulated income, or other funds  73 Retained earnings, endowment, accumulated income, or other funds  74 Setained earnings, endowment, accumulated income, or other funds	71					145,427.
72 Retained earnings, endowment, accumulated income, or other funds <10,802.>72 145,42 73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72.	73	<del>-</del>	·	<u> </u>	<b>-</b> "	140,447.
			_	<10.802	>73	145,427.
	1	•	· · · · · · · · · · · · · · · · · · ·			174,320.

Pa	Reconciliation of Revenue per Audited Fina instructions )	ncial Statements W	ith Revenue p	er Re	eturn (Se	e the
a	Total revenue, gains, and other support per audited financial stateme	ents			a	N/A
b	Amounts included on line a but not on Part I, line 12					
1	Net unrealized gains on investments	l	<sub>01</sub>			
2	Donated services and use of facilities		02		<b>i</b>	
	Recoveries of prior year grants	_	03		<b>i</b>	
	Other (specify)		04		i	
٦	Add lines b1 through b4	L	77.1		Ь	
С	Subtract line b from line a				c	
d	Amounts included on Part I, line 12, but not on line a:					<del></del> -
_	Investment expenses not included on Part I, line 6b		11			
	Other (specify)		12		<b>i</b>	
-	Add lines d1 and d2	L			a	
е	Total revenue (Part I, line 12) Add lines c and d				e	
Pε	art IV-B Reconciliation of Expenses per Audited Fin	ancial Statements W	ith Expenses	per		
a	Total expenses and losses per audited financial statements				a	N/A_
b	Amounts included on line a but not on Part I, line 17	1	į			
1	Donated services and use of facilities	<u>  t</u>	01			
2	Prior year adjustments reported on Part I, line 20	<u>  t</u>	02			
3	Losses reported on Part I, line 20	<u>  t</u>	03			
4	Other (specify)	t	)4			
	Add lines <b>b1</b> through <b>b4</b>			-	b	
C	Subtract line <b>b</b> from line <b>a</b>				С	
d	Amounts included on Part I, line 17, but not on line a:	1	I			
1	Investment expenses not included on Part I, line 6b		11			
2	Other (specify)		12			
	Add lines d1 and d2				d	
	Total expenses (Part I, line 17) Add lines c and d	Employees (List on		<b>P</b>	e duran	tor trustos
P 6	or key employee at any time during the year even if they we					tor, trustee,
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	i bians	ntributions to byee benefit & deferred nsation plans	(E) Expense account and other allowances
<u>SE</u>	E STATEMENT 5		33,227.		0.	0.
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statement of each change  Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes.  But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  If "Yes," enter the name of the organization  N/A  and check whether it is exempt or nonexempt	_	990 (20				<u>20-2526</u>	508		age 6
New any officers, directors, trustees, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II in A or II-8, related to each other through family or bunkess relationships 2" If "Yes," attach a statement that identifies the individuals and explains the relationships 2" If "Yes," attach a statement that related to the organization? See the instructions for findled organization? See the instructions of "installed organization?" See the instructions of "installed organization." See the instructions of "If "Yes," attach a statement that includes the information described in the instructions.    Part VI   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (flary former officer, director, trustee, or key employee received compensation or other benefits (flary former officer, director, trustee, or key employee received compensation or other benefits (flary former officer, director, trustee, or key employee received compensation or other benefits (flary former officer, director, trustee, or key employee received compensation or other benefits (flary former officer, director, trustee, or key employees received compensation or other benefits (flary former officer, director, trustee, or key employees received compensation or other benefits (flary former officer, director, trustee, or key employees (flary flary fl	Pa	rt·V-A	Current Officers, Directors, Trustees, and Ke	ey Employees (continu	ied)			Yes	No
stated in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II An II P, related to each other through family or business relationships ? If Yee, * attach a statement that identifies the individuals and explains the relationship(s) to the programment of the programment	75 a		·	to vote on organization bu	siness at board	8			1
Do any officers, directors, trustees, or key employees listed in Form 990. Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors isted in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or traxable, that are related to the organization? See the instructions for the definition of "letted organization" seems that a statement that includes the information described in the instructions  d Does the organization have a written conflict of Interest policy?  Part V-BI Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, furstee, or key employee received compensation or other benefits in the appropriate colony uring the year, list that person below and enter the amount of compensation or other benefits (described below) uring the year, list that person below and enter the amount of compensation or other benefits (described below) uring the year, list that person below and enter the amount of compensation or other benefits (described below) uring the year, list that person below and enter the amount of compensation or other benefits (described below) uring the year, list that person below and enter the amount of compensation or other benefits (described below) uring the year, list that person below and enter the amount of compensation or other benefits (described below) uring the year and the proposation of the proposation o	b	listed in Part II-A	Schedule A, Part I, or highest compensated professional and or II-B, related to each other through family or business related	d other independent contr	actors listed in Sc	hedule A,	761		v
hated in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I No Pills, neave compensation from any other organizations, whater has exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization".  ### 1765   X							/50		<u> </u>
If "Yes," attach a statement that includes the information described in the instructions  ### Part VI   Other Information (See the instructions)    Part VI   Other Information (See the instructions)	С	listed in Part II-A	Schedule A, Part I, or highest compensated professional and or II-B, receive compensation from any other organizations,	d other independent contr whether tax exempt or tax	actors listed in Sc	hedule A,			
d Does the organization have a written conflict of interest policy?  Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or other Benefits (if any former officers, Trustees, and Key Employees That Received Compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the approach columns fethe tens institutions)  (A) Name and address NONE (B) Loans and Advances (C) Compensation (C) Compen		•	_				75c	<del> </del>	X
Fart V-B   Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (faceched below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation (P) Compensation enter only in the properties of the control of the compensation of the column of the properties of the control of the compensation of the properties of the control of the compensation of the properties of the control of the compensation of the properties of the control of the compensation of the properties of the compensation of the				in the instructions			754		v
Part VI   Other Information (See the instructions)   Yes   Note			Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en	nployee received compens	sation or other ben	efits (describe	or Ot	ow) du	ng
Part VI   Other Information (See the instructions)  76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  88 If "Yes," attach a conformed copy of the changes.  98 If "Yes," has it filed a tax return on Form 990-T for this year?  99 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, fustees, officers, etc., to any other exempt or nonexempt organization?  90 If "Yes," enter the name of the organization   N/A and check whether it is exempt or nonexempt o			(A) Name and address NONE	(B) Loans and Advances	(if not paid,	employee benef	¦¦ à	ccount	and
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes.  But the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  If "Yes," enter the name of the organization  N/A  and check whether it is exempt or nonexempt organization?  But the organization file Form 1120-POL for this year?									
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statement of each change  Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes.  Build the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  If "Yes," enter the name of the organization    N/A  and check whether it is exempt or nonexempt  In nonexempt  In nonexempt  In the organization file Form 1120-POL for this year?  In the organization file Form 1120-POL for this year?	76		· · · · · · · · · · · · · · · · · · ·	inducting activities? If "Ye	s." attach a detaile				.10
If "Yes," attach a conformed copy of the changes.  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  78 b If "Yes," has it filed a tax return on Form 990-T for this year?  78 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80 b If "Yes," enter the name of the organization  80 a X  Enter direct or indirect political expenditures (See line 81 instructions)  81 b Did the organization file Form 1120-POL for this year?  81 b X	. •		•		,		76		X
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  If "Yes," enter the name of the organization  N/A  and check whether it is exempt or nonexempt  In the direct or indirect political expenditures (See line 81 instructions)  Did the organization file Form 1120-POL for this year?  81b X	77			out not reported to the IRS	57		77		X
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?    If "Yes," enter the name of the organization   N/A   and check whether it is exempt or nonexempt	78 a		• • • • • • • • • • • • • • • • • • • •	0 or more during the year	covered by this ret				<u> </u>
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?    b   If "Yes," enter the name of the organization   N/A						•		<b>  </b>	77
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization	79 80 a			- ·			79		<u> </u>
b If "Yes," enter the name of the organization N/A  and check whether it is exempt or nonexempt  B1 a Enter direct or indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	ou a		-	<del>-</del>		OI i	80a		х
81 a Enter direct or indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	b								=
b Did the organization file Form 1120-POL for this year?				•	i i '	•			
	81 a			s)	81a	0.	041		v
	U	חום נוופ	organization file rotti i izo-pol for this year?					990	

	990 (2006) DBA LEAD ACADEMY	20-2526	<u> </u>		age /
	rt VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at	substantially			
	less than fair rental value?		82a		X
þ	If "Yes," you may indicate the value of these items here. Do not include this				
	amount as revenue in Part I or as an expense in Part II	37/3			
	(See instructions in Part III.)	N/A	١		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	37 / 3	83a	X	-
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b	-	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift		l		
	tax deductible?	N/A	84b		-
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b		-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization recomplete 85c through 85h below unless through 85h bel	ceived a			
	waiver for proxy tax owed for the prior year	37 / 3			
C	Dues, assessments, and similar amounts from members  85c	N/A	┨		
d	Section 162(e) lobbying and political expenditures  850	N/A	-		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e	N/A	1		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	-	İ	
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f		1		l
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	4-			
	following tax year?	N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on	4-		1	ĺ
	line 12 86a	N/A	-		l
b	Gross receipts, included on line 12, for public use of club facilities 86b	N/A	-		
87	501(c)(12) organizations Enter a Gross income from members or shareholders  87a	N/A	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partn	ership,			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 770	1-3?			
	If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	ng of			
	section 512(b)(13)? If "Yes," complete Part XI	<b>&gt;</b>	88b		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under		İ		
	section 4911 ▶ 0 . , section 4912 ▶ 0 . ; section 4955 ▶	0.			1
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit				1
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				ĺ
	If "Yes," attach a statement explaining each transaction		89b		Х
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under				1
	sections 4912, 4955, and 4958	<u> </u>			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction	ction?	89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting				
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ►NONE				
b	Number of employees employed in the pay period that includes March 12, 2006	0ь			1
91 a	The books are in care of ▶ CFO BUSINESS STRATEGIES Telephone no. ▶	<b>▶</b> 615-59	1-1	381	
	Located at > 113 SEABOARD LANE, SUITE 180-A, FRANKLIN, TN	ZIP + 4 ▶ 3			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority ov	_		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)		91b		Х
	If "Yes," enter the name of the foreign country  N/A				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
	and Financial Accounts				
			C	000	(2006)

		EAD ACAD	DMI.					2320300	Page 6
Part		•							res No
	at any time during the calendar yea				the Ur	nited States?		91c	<u> </u>
	f "Yes," enter the name of the forei			<u>N/A</u>					
	Section 4947(a)(1) nonexempt chari				heck he	ere	1	ا .	▶ □
	nd enter the amount of tax-exempt						92	N/A	<u> </u>
Part	VII   Analysis of Income-F	Producing Ac			r				
Note:	Enter gross amounts unless otherv	vise _		ed business income	<del>†                                      </del>	led by section 512, 5	13, or 514	(E)	
ındıca	ted		(A) Business	(B)	(C) Exclu-	(D)	,	Related or e	xempt
93 Pr	ogram service revenue		code	Amount	sion code	Amoun		function in	come
a N	NONE			0.					0.
ь _									
_									
d _						-			
- u									
f M	edicare/Medicaid payments				1				-
	ees and contracts from governmen	t agencies			1 1			1	
•	embership dues and assessments	- [		-				-	
	terest on savings and temporary cash ii			<u></u>	1			-	
	vidends and interest from securitie	1			1				
		<del>-</del>			1 1			<del>                                     </del>	
	et rental income or (loss) from real	estate			1 1				
	ebt-financed property	-			1				
	ot debt-financed property				+				
	et rental income or (loss) from pers	onal property			$\vdash$			<del>                                     </del>	
	ther investment income	-			+	· · · · · · · · · · · · · · · · · · ·			
	ain or (loss) from sales of assets								
	her than inventory	<u> </u>			<del>  </del>				
	et income or (loss) from special eve				<del>  </del>				
<b>102</b> Gr	ross profit or (loss) from sales of in	ventory			<b>  </b>				
103 Ot	ther revenue								
a _									
b _					$\sqcup$		····		
c _									
d _					$\sqcup$				
е_									
104 St	ubtotal (add columns (B), (D), and (	E))		0.			0.		0.
105 To	otal (add line 104, columns (B), (D),	and (E))					<b>•</b>		0.
Note: L	ine 105 plus line 1e, Part I, should	equal the amoun	t on line 1.	2, Part I					
Part	VIII Relationship of Activ	ities to the A	ccompl	ishment of Exemp	t Pur	poses (See th	e instructi	ions.)	
Line N	e Explain how each activity for which	ch income is reporti	ed in colum	n (E) of Part VII contributed	d import	antly to the accom	plishment	of the organization	n's
▼	exempt purposes (other than by	•			•	•	•	ŭ	
			_						
									-
							-	•	
Part	IX Information Regarding	ng Taxable S	ubsidiar	ies and Disregard	ed En	ntities (See the	instructio	ons.)	
	(A)	(B)		(C)	1	(D)		(E)	
Name	e, address, and EIN of corporation, artnership, or disregarded entity	Percentage of ownership interest		Nature of activities		Total inco	me	End-of-y	
	arther ship, or disregarded criticy	%						assets	,
	NT / N							<del> </del>	
	N/A				-			<del> </del>	<del></del>
		%						<del> </del>	
D	V Information Description	% Transfers	Ancasis	tod with Dansard	Pa	dit Cantract	0 (0=: #		
Part	····	<del></del>				_			
٠,,	Old the organization, during the year, red	•	-	• · · • ·	•		ct?	└── Yes	X No
	Old the organization, during the year, pa				ontract?			. L Yes	X No
Note	: If "Yes" to (b), file Form 8870 and	Form 4720 (see	instruction	ns)					
								Form <b>S</b>	<b>990</b> (2006)

Pa	ırt XI	Information Regarding Transfers To and From ( controlling organization as defined in section 512(b)(13).	Controlled Entitle N/A	S. Complete only if the organiza	ation is a	ì	
100	D1.4			12/h\/12\ of the Code2 If "Vee "	-	Yes	No
106		he reporting organization make any transfers to a controlled entity plete the schedule below for each controlled entity	as defined in section 5	112(b)(13) of the Code / ii Tes,			
	Comp	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amo	(D) ount o	
а							
b	<del>-</del>						
С							
		Totals				_	
					_	Yes	No
107		he reporting organization receive any transfers from a controlled e plete the schedule below for each controlled entity	ntity as defined in sect	ion 512(b)(13) of the Code? If "	res,-		
	Comp	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amo	(D) ount o	
а	<b>-</b>						
ь							
С							
		Totals			Γ,	<b>V</b>	
108		he organization have a binding written contract in effect on August iities described in question 107 above?	17, 2006, covering the	interest, rents, royalties, and		Yes	No
		Under penalties of perjury, I declare that I have examined this return, including accompan and complete. Declaration of preparer (other than officer) is based on all information of who	ying schedules and statement lich preparer has any knowledg	s, and to the best of my knowledge and be	elief, it is tru	ue, com	ect,
Plea Sigr Here	י		160 L D, REC	Date /30/08			
Paid		Preparer's signature  Type or print name and title  Moor	Date 06/17/08	Check if Preparer's SSN Preparer's Preparer's Preparer's Preparer's SSN Preparer's Preparer's Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Preparer's SSN Pr	•		Inst X)
•	Only	Firm's name (or yours if self-employed), address, and ZIP + 4  JOSEPH DECOSIMO AND COMPA  1620 WESTGATE CIRCLE, SUI  BRENTWOOD, TN 37027		Phone no. ► 615-2	292-5	713	5
					Form S		

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

Name of the organization RAISING HOPE	Employer identification number 20, 2526508					
DBA LEAD ACADEMY	<del></del>					
Part I Compensation of the Five Highest Paid			Officers, Dire	ctors, and T	rustees	
(See page 2 of the instructions. List each one. If there are r		e.") and average hours	T	(d) Contributions to	(e) Expense	
(a) Name and address of each employee paid more than \$50,000	per	week devoted to	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	account and othe allowances	
NONE						
Total number of other employees paid over \$50,000	<b>•</b>	0	_			
Part II-A Compensation of the Five Highest Paid	Independe		rs for Professi	onal Service	es	
(See page 2 of the instructions. List each one (whether ind	•					
(a) Name and address of each independent contractor paid r	more than \$50,0	00	(b) Type of s	service	(c) Compensation	
NONE						
	. – – – – -					
Total number of others receiving over	<del></del>					
\$50,000 for professional services	<u> </u>	0			<del>-</del>	
(List each contractor who performed services other than pinglims. If there are none, enter "None." See page 2 of the inst	rofessional servi			ervices		
(a) Name and address of each independent contractor paid r		00	(b) Type of s	ervice	(c) Compensation	
NONE						
NONE						
			<u></u>			
Total number of other contractors receiving over						
\$50,000 for other services	▶	0				

Schedule A (Form 990 or 990-EZ) 2006 DBA LEAD ACADEMY Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) X Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? X 2b b Lending of money or other extension of credit? Х c Furnishing of goods, services, or facilities? 2c d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d e Transfer of any part of its income or assets? 2e X

b Dd the organization have a section 403(b) annuity plan for its employees? c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space. the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f

and 4g b Did the organization make any taxable distributions under section 4966? c Did the organization make a distribution to a donor, donor advisor, or related person?

3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how

d Enter the total number of donor advised funds owned at the end of the tax year

the organization determines that recipients qualify to receive payments.)

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

a Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Schedule A (Form 990 or 990-EZ) 2006

20-2526508 Page 2

За

3b

3с

3d

**4**a

4c

N/A N/A

N/A N/A

X

Schedule A (Form 990 or 990-EZ) 2006 DBA LEAD ACADEMY

20-2526508 Page 3

Schedule A (Form 990 or 990-EZ) 2006

Par	İV	Reason for Non-Private Foundation S	Status (See pages 4 t	through 7 of the instructio	ns.)						
certif	that th	e organization is not a private foundation because it is: (	Please check only ONE a	applicable box.)							
5		A church, convention of churches, or association of ch	nurches. Section 170(b)(	1)(A)(ı).							
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	t V.)								
7		A hospital or a cooperative hospital service organization	hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8		A federal, state, or local government or governmental t	unit. Section 170(b)(1)(A	۱)(۷).							
9		A medical research organization operated in conjunction	on with a hospital. Sectio	n 170(b)(1)(A)(III). Enter t	he hospital's	s name, city,					
		and state 🕨	·	. <u></u> .							
0		An organization operated for the benefit of a college or	university owned or ope	erated by a governmental (	unit. Section	170(b)(1)(A)(N	<b>'</b> ).				
		(Also complete the Support Schedule in Part IV-A.)									
1a	X	An organization that normally receives a substantial pa	art of its support from a (	governmental unit or from	the general	public.					
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)								
1b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	mplete the Support Sche	dule in Part IV-A.)							
2		An organization that normally receives: (1) more than	33 1/3% of its support fr	om contributions, membe	ership fees, a	nd gross					
		receipts from activities related to its charitable, etc., fur	nctions - subject to certa	in exceptions, and (2) no	more than 3	3 1/3% of					
		its support from gross investment income and unrelate				sses acquired					
		by the organization after June 30, 1975. See section 5	09(a)(2). (Also complete	e the Support Schedule in	Part IV-AL)						
3		An organization that is not controlled by any disqualifie	ed persons (other than fo	oundation managers) and	otherwise me	eets the require	ments of section				
		509(a)(3). Check the box that describes the type of sup	pporting organization:								
		Type I Type II	Type III-Fu	inctionally Integrated		Type III-0	Other				
		Provide the following information al	bout the supported orga	nizations (See page 7 of	the instruction	ons )					
		(a)	(b)	(c)	(d	)	(e)				
		Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 5 through 12 above or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Amount of support				
					governing	documents?					
					Yes	No					
				-							
		*									
al						<b>&gt;</b>					
tal		·				<b>•</b>					

Schedule A (Form 990 or 990-EZ) 2006 DBA LEAD ACADEMY

Par	T IV-A	Note: You may use the	omplete only if you che e worksheet in the insti	ecked a box on line 10	g from the accrual to th	i method of acc	ounting of accou	j. Intina
	dar year (o ning in)	r fiscal year	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
5		ts, and contributions Do not include unusual e line 28 )	500.					500.
6		nip fees received		· · · · · · · · · · · · · · · · · · ·	-			
17		eipts from admissions,						
	merchand	ise sold or services			1		1	
		, or furnishing of					İ	
		any activity that is the organization's					İ	
		etc., purpose						
18	dividends, payments tion 512(a unrelated l (less section businesse	ome from interest, amounts received from on securities loans (sec- )(5)), rents, royalties, and ousiness taxable income on 511 taxes) from s acquired by the on after June 30, 1975						
19	<u> </u>	e from unrelated business			<del>-</del>			<del></del>
19		ot included in line 18					ı	
20	Tax reveni	ies levied for the						<del></del>
	organization	on's benefit and either r expended on its behalf						
<u></u>		of services or facilities						
		to the organization by a						
		ntal unit without charge.						
		lude the value of services generally furnished to						
	the public	without charge						
2	Other inco Do not inc sale of cap	me. Attach a schedule. lude gain or (loss) from ital assets		-				
23		es 15 through 22	500.	0.	0.		0.	500.
4	Line 23 mi	nus line 17	500.					500.
5	Enter 1% (	of line 23	5.					
6	Organizati	ons described on lines 10	O or 11: a Enter 2% of	amount in column (e), lir	ne 24	<b>&gt;</b>	26a	10.
b	Prepare a	list for your records to sho	w the name of and amou	nt contributed by each p	erson (other than a gover	nmental		
	unit or put	olicly supported organization	on) whose total gifts for 2	002 through 2005 excee	ded the amount shown in	line 26a.		
		this list with your return.				<b>&gt;</b>	26b	0,
	• • •	ort for section 509(a)(1) to	•	` '		<b>&gt;</b>	26c	500.
d	Add: Amoi	unts from column (e) for li		19		<u> </u>		
			22	26b			26d	
е		port (line 26c minus line 2				<b>.</b>	26e	500.
f		port percentage (line 266				<u> </u>	26f	100.0000%
7	•	ons described on line 12:						· ·
		show the name of, and to	_	ich year from, each "disq	ualified person." Do not fi	le this list with yo	ur return.	. Enter the sum of
		unts for each year:	N/A	10	.000)	(00)	202	
_	(2005)	Sount included in line 17 th	(2004)	•	003)	(200	-	about the same of
D	-	nount included in line 17 th		•		•		
		nt received for each year, t in lines 5 through 11b, as			-	-		
		amount described in (1) of	•	•	· · · · · · · · · · · · · · · · · · ·		een ne a	mount received and
	(2005)	amount described in ( 1) of	(2004)		003)	. <b>N/A</b> (200	121	
c	-	unts from column (e) for li		/2	16	(200	,,,	
٠	7.00.711101	17	20	<del></del> ·	21		27c	N/A
d	Add; Line			d line 27b total	. • · · <u>- · · · · · · · · · · · · · · · · </u>		27d	N/A
e		port (line 27c total minus					27e	N/A
f		ort for section 509(a)(2) to		23, column (e)	►   27f	N/A	<del> </del>	
a		ipport percentage (line				<b>&gt;</b>	27g	N/A %
•		ent income percentage	· · · · · · · · · · · · · · · · · · ·			_	27h	N/A %
		rants: For an organization						

Schedule A (Form 990 or 990-EZ) 2006 DBA LEAD ACADEMY

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	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?	30		
31	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?	31	·	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
		_		Į
		_		
32	Does the organization maintain the following:	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
			į	
		_		
33	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	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," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2006

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) if the organization belongs to an affiliated group if you checked "a" and "limited control" provisions apply (a) **Limits on Lobbying Expenditures** Affiliated group To be completed for all totals electing organizations (The term "expenditures" means amounts paid or incurred ) N/A 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions ) Lobbying Expenditures During 4-Year Averaging Period N/A (b) (e) Calendar year (or (a) (c) (d) 2006 2005 2004 2003 Total fiscal year beginning in) 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying 0. expenditures 48 Grassroots nontaxable 0. amount 49 Grassroots ceiling amount 0. (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any attempt to Yes No Amount influence public opinion on a legislative matter or referendum, through the use of: a Volunteers b Paid staff or management (Include compensation in expenses reported on lines c through h.) c Media advertisements d Mailings to members, legislators, or the public e Publications, or published or broadcast statements Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means Total lobbying expenditures (Add lines c through h ) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Exempt Organizations (See page 13 of the instructions.)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section

Schedule A (Form 990 or 990-EZ) 2006 DBA LEAD ACADEMY

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Page 7

50	1(c) of the Code (other than s	section 501(c)(3) organizations) or in	n section 527, relating to no	litical organizations?			
	• •	ganization to a noncharitable exempt			1	Yes	No
	i) Cash	gameation to a nononamento oxompt	Organization on	5	1a(i)		Х
	i) Other assets			<del> </del>	a(ii)		X
				<del> </del>	1	_	
	ther transactions:	A			L/:\		37
•		ts with a noncharitable exempt organ	nization	J <del>-</del>	b(i)		X
•	•	noncharitable exempt organization		1	)(ii)		Х
•	<ul> <li>i) Rental of facilities, equipme</li> </ul>			<del> </del>	(iii)		X
(1)	<ul> <li>Reimbursement arrangeme</li> </ul>	ents		F	(iv)		_X
()	v) Loans or loan guarantees			<u> </u>	b(v)		X
(v	i) Performance of services or	membership or fundraising solicitat	ions	L	(vi)		X
c SI	haring of facilities, equipment,	mailing lists, other assets, or paid ei	mployees		С		Х
d If	the answer to any of the above	e is "Yes," complete the following sch	nedule. Column (b) should a	always show the fair market value of the		_	
		given by the reporting organization					
_		nent, show in column (d) the value of			,	N/A	
(a)	(b)	(c)	,	(d)			
Line no	Amount involved	Name of noncharitable exe	Description of transfers, transactions, and sharing arrangements				
			<u> </u>		<u> </u>		
	<u>-</u>						
							-
		_					
			- <u></u> -				
	.==	<u> </u>		<u> </u>			
	_		one or more tax-exempt org	anizations described in section 501(c) of the			_
	ode (other than section 501(c)			▶	es	LX	No
b_lf	"Yes," complete the following s	schedule: N/A		<u> </u>			
	(a) Name of org	)	(b) Type of organization	(c) Description of relationship			
	Name of org	ganization	Type of organization	Description of relationship			
	-	<del></del>					
_							
	<del></del>		<del> </del>				
			ļ				
				<del></del>			
	<u> </u>						
623152 01-18-07				Schedule A (Form 99	) or 9	90-EZ	2006

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	Ending Accumulated Depreciation		130.	17.	43.	190.		on, GO Zone
	Current Year Deduction	0	130.	17.	43.	190.		* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
•	Current Sec 179 Expense							ercial Revitali
ļ	Beginning Accumulated Depreciation				_	.0		Bonus, Comm
	Basis For Depreciation	2,000.	1,558.	1,038.	2,564.	7,160.		ITC, Salvage,
	Reduction In Basis					•		*
•	Section 179 Expense							
990	Bus % Excl							pesoc
ļ	Unadjusted Cost Or Basis	2,000.	1,558.	1,038.	2,564.	7,160.		(D) - Asset disposed
	Line	HY1 6	HY1 6	HX16	9 TXH			=
Ì	Life o	5.00 H	5.00 H	5.00 H	5.00 H			
		. 5.	r,	ທ່	r,	···		
	Method	Z ST	SI.	Z ST	7 SL			
	Date Acquired	06/21/07	02/04/07	05/31/07	06/12/07			
FORM 990 PAGE 2	Description	SCHOOL BUS RESERVE	MACBOOK 13"	NOTEBOOK COMPUTER	APPLE MACBOOK 15"	* TOTAL 990 PAGE 2 DEPR		
DRM 95	Asset	1	7	m	4			628111 12-05-08
ĸ٤							<del> </del>	1 40 ←

FORM 990	OTHER EXPENSES			STATEMENT 1		
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
PROFESSIONAL						
SERVICES STAFF/BOARD	4,158.	2,208.	1,950.			
DEVELOPMENT	6,472.		6,472.			
MARKETING/WEBSITE	2,873.	1,889.	492.	492.		
PARENT OUTREACH	180.	180.		_•		
DEVELOPMENT	3,912.		1,956.	1,956.		
COPYING-SUPPLIES/MAI	·		•	·		
T	897.		897.			
COMPUTER HARDWARE	164.		164.			
BANK FEES	88.		88.			
TAXES & LICENSES MEALS &	95.		95.			
ENTERTAINMENT	2,293.		788.	1,505.		
MEETING EXPENSES	605.	454.	151.	_,		
INITIAL EXPENSES	3,743.	- 2 - 2	3,743.			
TOTAL TO FM 990, LN 43	25,480.	4,731.	16,796.	3,953.		

	T II, LIN	N ALLOCA IE 25A	ATION	STATEMENT	2
NAME OF OFFICER, ETC. COMP	ENSATION	EMPLOY BEN. PI		TOTALS	
MR. JEREMY KANE	33,227.			33,22	27.
A. PROGRAM SERVICES	9,968.			9,90	68.
B. MANAGEMENT AND GENERAL	16,614.			16,63	14.
C. FUNDRAISING	6,645.			6,64	45.
TOTAL PROGRAM SERVICES				9,90	68.
TOTAL MANAGEMENT AND GENERAL				16,63	14.
TOTAL FUNDRAISING				6,64	45.
TOTAL OFFICER, ETC., COMPENSATION	N INCLUDE	D ON PAR	RT II, LINE 25A	33,22	27.
			<u></u>		
	COST	OR	ACCUMULATED	STATEMENT	
DESCRIPTION		OR BASIS	ACCUMULATED DEPRECIATION	BOOK VALUI	E
DESCRIPTION  SCHOOL BUS RESERVE	COST	OR BASIS 2,000.	ACCUMULATED	BOOK VALUE	E
DESCRIPTION  SCHOOL BUS RESERVE  MACBOOK 13"  NOTEBOOK COMPUTER	COST	2,000. 1,558. 1,038.	ACCUMULATED DEPRECIATION  0. 130. 17.	BOOK VALUE 2,00 1,42 1,02	E 00. 28.
DESCRIPTION  SCHOOL BUS RESERVE  MACBOOK 13"  NOTEBOOK COMPUTER  APPLE MACBOOK 15"	COST	OR BASIS 2,000. 1,558.	ACCUMULATED DEPRECIATION  0. 130.	BOOK VALUE 2,00 1,42	00. 28. 21.
DESCRIPTION  SCHOOL BUS RESERVE  MACBOOK 13"  NOTEBOOK COMPUTER  APPLE MACBOOK 15"  TOTAL TO FORM 990, PART IV, LN 5	COST	2,000. 1,558. 1,038. 2,564. 7,160.	ACCUMULATED DEPRECIATION  0. 130. 17. 43.	2,00 1,42 1,02 2,52	E 00. 28. 21.
DESCRIPTION  SCHOOL BUS RESERVE  MACBOOK 13"  NOTEBOOK COMPUTER  APPLE MACBOOK 15"  TOTAL TO FORM 990, PART IV, LN 50  FORM 990  OTHER	COST OTHER	2,000. 1,558. 1,038. 2,564. 7,160.	ACCUMULATED DEPRECIATION  0. 130. 17. 43.	2,00 1,42 1,02 2,52	E 00. 228. 221. 770.
DESCRIPTION  SCHOOL BUS RESERVE  MACBOOK 13"  NOTEBOOK COMPUTER  APPLE MACBOOK 15"  TOTAL TO FORM 990, PART IV, LN 5	COST OTHER	2,000. 1,558. 1,038. 2,564. 7,160.	ACCUMULATED DEPRECIATION  0. 130. 17. 43.	2,00 1,42 1,02 2,52 6,9' STATEMENT  AMOUNT 3,1'	200. 228. 221. 70.

STATEMENT

5

FORM 990

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
MR. AND MRS. CRAIG ANDREEN 170 WINDSOR DR NASHVILLE, TN 37205	0.00	0.	0.	0.
MR. AND MRS. CLAY CAROLAND 113 CLARENDON AVE NASHVILLE, TN 37205	0.00	0.	0.	0.
MR. AND MRS. BRUCE DOBIE 3815 WHITLAND AVE NASHVILLE, TN 37205	0.00	0.	0.	0.
MR. AND MRS. CHRIS BARBIC 930 CORTLANDT HOUSTON, TX 77008	0.00	0.	0.	0 .
MS. LOUISE GRANT 4918 TYNE VALLEY BLVD NASHVILLE, TN 37220	0.00	0.	0.	0.
MR. AND MRS. REED TRICKETT 212 LYNWOOD DRIVE NASHVILLE, TN 37205	0.00	0.	0.	0 .
MS. LEILANI BOULWARE 108 BROOK HOLLLOW ROAD NASHVILLE, TN 37205	0.00	0.	0.	0.
MR. MIKE JONES C/O HARPETH CAPITAL;424 CHURCH ST, SUITE 2900 NASHVILLE, TN 37219-2334	0.00	0.	0.	0.
MR. JEREMY KANE 1704 HEIMAN STREET NASHVILLE, TN 37208	0.00	33,227.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V	/-A	33,227.	0.	0.

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,