Department of the Treasury

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)

2009

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please CURREY INGRAM ACADEMY use IRS label or Address change 62-1296326 Doing Business As E Telephone number print or type. See Name change (615) 507-3167 pecific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 6544 MURRAY LANE Instruc-G Gross receipts \$ 12,542,854 Terminated tions. Amended return City or town, state or country, and ZIP + 4 BRENTWOOD, TN 37027 Application pending Name and address of principal officer Is this a group return for KATHLEEN G RAYBURN affiliates? 6544 MURRAY LANE BRENTWOOD, TN 37027 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** 527 Tax-exempt status Group exemption number 🕨 Website: ► www.currevingram.org K Form of organization
✓ Corporation
✓ Trust
✓ Association
✓ Other ► L Year of formation 1968 M State of legal domicile TN Part I Summary Briefly describe the organization's mission or most significant activities Currey Ingram Academy is a nonprofit kindergarten through twelfth grade college preparatory school for students with average to above average intelligence who have learning differences Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 16 Total number of employees (Part V, line 2a) . . 237 125 Total number of volunteers (estimate if necessary) . 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 7,936,701 2,639,182 Program service revenue (Part VIII, line 2g) . 9,451,418 10,081,873 111,370 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 170,486 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,223 71,419 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 18,195,283 12,273,389 1,025,650 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 1,069,255 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 7,034,538 7,362,028 Professional fundraising fees (Part IX, column (A), line 11e) . . 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 608,795 ь 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 4,332,789 4,859,134 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,764,072 12,919,322 Revenue less expenses Subtract line 18 from line 12 . -645,933 19 5,431,211 Net Assets or Fund Balances **Beginning of Current End of Year** Year 39,263,818 20 Total assets (Part X, line 16) . 39,375,604 21 Total liabilities (Part X, line 26) . 12,324,873 12,571,880 Net assets or fund balances Subtract line 21 from line 20 27,050,731 26,691,938 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian ***** 2011-04-18 Here Signature of officer KATHLEEN G RAYBURN HEAD OF SCHOOL Type or print name and title Date Check if Preparer's identifying number Preparer's Stephen T Dolan (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Frasier Dean & Howard PLLC EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 3310 West End Avenue Ste 550 Phone no (615) 383-6592

Nashville, TN 37203

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

Yes | No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Currey Ingram Academy is a primary through twelfth grade independent college preparatory school. Currey Ingram provides an environment rich in opportunities for students who have unique learning styles. The educational program is structured for students to achieve a high standard of academic excellence through personalized instruction within the framework of the curriculum designed for superior to average learners Currey Ingram encourages students to develop effective learning strategies by hiring highly trained teachers who meet the individual educational needs of each student by building on strengths, addressing learning styles and cultivating the confidence necessary for self advocacy School activities are planned to broaden interests, promote leadership, shape character and develop talents Establishing partnerships with families and sharing resources with parents, educators and professionals beyond the school are essential to the Currey Ingram experience Currey Ingram Academy is

| | | -F | -,0,520 | | |
|----|--|-----------------------|--|---|------------------------|
| 4e | Total program service ex | | 9,003,915 |) (Ive venue à | , |
| 4d | Other program services (Expenses \$ | • | e O) g grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | RTEN THROUGH TWELFTH GRADE CO HAVE LEARNING DIFFERENCES | LLEGE PREPARATORY SCHOOL OF APPR | OXIMATELY 300 STUDENTS |
| 4a | · |) (Expenses \$ | 9,003,915 including grants of \$ | 1,025,650) (Revenue \$ | 9,451,418) |
| | Section 501(c)(3) and 50 | 1(c)(4) organizations | | ee largest program services by e s are required to report the amou m service reported | |
| | If "Yes," describe these c | hanges on Schedule C | | | |
| | Did the organization ceas services? | | significant changes in how it | | Yes 🗸 No |
| | If "Yes," describe these n | | | | |
| | the prior Form 990 or 990 |)-EZ? | | ear which were not listed on | Yes 🔽 No |

| art TV | Chack | list of | Deguired | Schedules |
|--------|-------|---------|----------|-------------------|
| | CHECK | MISL OI | Reuulleu | Julieuules |

| | | | 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 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 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 | | Νο |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | N o |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where 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 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | Į | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Yes | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Νο |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 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 | | Νο |
| 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 | Yes | |
| 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 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νο |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 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 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Νο |
| 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 | | Νo |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Νο |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Νο |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏 | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νο |
| 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 | | Νο |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I | 33 | | Νο |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νο |
| 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 | | Νο |
| 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 | | Νο |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | 38 | Yes | |

| rt V | Statements | Regarding | Other | TRS F | ilinas | and ' | Tax | Comi | oliance |
|------|-----------------|--------------|-------|-------|--------|-------|-----|------|---------|
| | ota to illoiles | itegai aiiig | • | | | | | ~~ | J.: |

| | | | Yes | No |
|-----|---|-----|-----|----------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | Tes | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| Ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | Νο |
| Ь | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | Νο |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| Ь | If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot . | 5a | | Νο |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | 7 | Νο |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | No |
| 5a | 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? | 6a | | Νο |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6Ь | | Νο |
| 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 | Yes | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No No |
| | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | 7g | | N o |
| | required? | 7h | | Νo |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | NI a |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | No |
| | Did the organization make any taxable distributions under section 4966? | 9a | | Νο |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | Νο |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |

6544 MURRAY LANE BRENTWOOD, TN 37027

(615) 507-3167

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Se | ection A. Governing Body and Management | | | |
|-----|--|--------------|-----------|------------|
| | ction A. Governing body and Planagement | | Yes | No |
| | | | 103 | 110 |
| | | | | |
| 1a | Enter the number of voting members of the governing body 11 |) | | |
| b | Enter the number of voting members that are independent 1b 10 | 5 | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | No. |
| ь | governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the | 76 | | NO |
| | year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| ке | venue Code.) | | V | NI- |
| 10- | December and the company of the comp | 10a | Yes | No |
| | Does the organization have local chapters, branches, or affiliates? | IUa | | No |
| | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | Νο |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form | " 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | ! | | |
| c | to conflicts? | 12b | Yes | |
| | describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, 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 | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its | 100 | | 140 |
| | participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed►TN | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | | | |
| 19 | Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of | :he orga | anızatıor | n) |
| | CHAD HANDSHY | 3 | | |

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

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. Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title A verage hours per week A | Check this box if the organization did | | sate any | / curi | rent | or fo | rmer c | ffice | r, director, trustee | or key employee | |
|--|--|-------------------|--|--------|---------|--------------|------------------------------|--------|----------------------------|------------------------------|---|
| week or director o | | A verage hours | | tion (| ched | | I | | Reportable compensation | Reportable compensation | Estimated amount of other |
| See add'l data | | | Institutional Trustee Individual trustee or director | | Officei | Key employee | Highest compensated employee | Former | organization (W- | organizations (W- 2/1099- | from the organization and related |
| | See add'l data | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | - |
| | , | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| 1b | Total . | | | | | | | | | • | 555,806 | 27,728 |
|----|---------|--|--|--|--|--|--|--|--|---|---------|--------|

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -2

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual | 3 | | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | | No |

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) | (B) | (C) |
|---|--------------------------|--------------|
| Name and business address | Description of services | Compensation |
| THE PARENT COMPANY PO BOX 5036 NASHVILLE, TN 37024 | BUILDING CONSTR | 4,104,743 |
| SODEXO INC & AFFILIATES PO BOX 536922 ATLANTA, GA 30353 | CAFETERIA OUTSOURCE | 529,273 |
| SCHOOL FACILITY MANAGEMENT LLC 800 18TH AVENUE SOUTH SUITE a NASHVILLE, TN 37203 | MAINTENANCE | 249,988 |
| ALLARD ARCHITECTS LLC 1618 16TH AVENUE NORTH NASHVILLE, TN 37212 | ARCH FEES/CONSTRUC | 190,075 |
| AD-VANCE BUILDING SERVICES INC 1700 8TH AVE S NASHVILLE, TN 37203 | CLEANING | 203,109 |
| 2 Total number of independent contractors (including but not limited to those listed above) |) who received more than | |

\$100,000 in compensation from the organization 1-5

| Form 99 | | | | | | | | Page 9 |
|---|----------|---|---|---------------------------------------|----------------------|--|---|--|
| Part V | / | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512,513, or 514 |
| #\$ # | 1a | Federated cam | paigns 1a | | | | | |
| e Ta | b | Membership du | es | | | | | |
| ું. ⊞ | C | Fundraising eve | ents 1c | 140,810 | | | | |
| <u>≅,≅</u> | d | | rations 1d | | | | | |
| žĘ. | e | Government grants | | | | | | |
| Contributions, gifts, grants and other similar amounts | f g | sımılar amounts no | butions included in | 2,498,372 | | | | |
| and | h | Total. Add lines | s 1a-1f | ▶ | 2,639,182 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | TUITION | | 900,099 | 8,526,552 | 8,526,552 | | |
| 98 84 | ь | STUDENT ACTIVITI | ES INCOME | 900,099 | 160,213 | 160,213 | | |
| 9. H | c | DIAGNOSTIC CENT | ER | 900,099 | 121,304 | 121,304 | | |
| er K | d | DEWAR'S TUITION | REFUND | 900,099 | 180,895 | 180,895 | | |
| ري د | e | CHILD DEVELOPME | NT CENTER | 900,099 | 151,149 | 151,149 | | |
| ⊈ra <u>r</u> | f | All other progra | am service revenue | | 311,305 | 311,305 | | |
| ج | g | Total. Add lines | s 2a – 2f | | 9,451,418 | | | |
| | 3 | | ome (including dividen | | 5,101,110 | | | |
| | | | ar amounts) | · · · · · · · · · · · · · · · · · · · | 111,687 | | | 111,687 |
| | 4 | Income from inves | tment of tax-exempt bond | proceeds 🕨 | 0 | | | |
| | 5 | Royalties | | | 0 | | | |
| | | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents Less rental | 9,480 | | | | | |
| | b | expenses | | | | | | |
| | C | Rental income or (loss) | 9,480 | | | | | |
| | d | Net rental inco | me or (loss) | ► | 9,480 | | | 9,480 |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities 224,530 | (II) O ther | | | | |
| | ь | Less cost or other basis and sales expenses | 224,847 | | | | | |
| | C C | Gain or (loss) | -317 | | -317 | | | -317 |
| | d 8a | Gross income f | rom fundraising | | 31, | | | 317 |
| Other Revenue | | events (not inc \$140 | luding ,810 s reported on line 1c) se 18 | | | | | |
| <u>u</u> | h | | a | 39,536 | | | | |
| ₹ | b c | | penses b (loss) from fundraising | 44,618 events | -5,082 | | | -5,082 |
| _ | 9a | | rom gaming activities | | | | | |
| | b c | | penses b (loss) from gaming activ | vities | o | | | |
| | 10a | Gross sales of returns and allo | inventory, less | | | | | |
| | b c | | oods sold b (loss) from sales of inve | entory | 0 | | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| | 11a | MISCELLANEC | ous | 900,099 | 67,021 | 67,021 | | |
| | ь | | | | | | | |
| | С | | | | | | | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | | | 67,021 | | | |
| | 12 | iotal revenue. | See Instructions . | - ا | 12,273,389 | 9,518,439 | | 115,768 |

| | 990 (2009) | | | | Page 10 |
|-----|--|-----------------------|--|--|-------------------------|
| Par | IX Statement of Functional Expenses | | | | |
| _ | Section 501(c)(3) and 501(c)(4) organizations m | | | (D) | |
| | ll other organizations must complete column (A) but are not required to | o complet e columi | ns (B), (C), and B) | (D). | (D) |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 1,025,650 | 1,025,650 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 602,300 | 451,927 | 113,353 | 37,020 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 5,435,849 | 4,078,710 | 1,023,026 | 334,113 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 228,176 | 171,209 | 42,942 | 14,025 |
| 9 | Other employee benefits | 356,061 | 267,165 | 67,011 | 21,885 |
| 10 | Payroll taxes | 412,152 | <u>'</u> | | 25,333 |
| 11 | Fees for services (non-employees) | , | | | |
| а | Management | 0 | | | |
| b | Legal | 3,602 | | 3,602 | _ |
| c | Accounting | 17,450 | | 17,450 | |
| d | Lobbying | 0 | | 17,130 | _ |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g . | Other | 252,504 | | 196,065 | 7,703 |
| 12 | Advertising and promotion | 66,884 | | 1,185 | 65,397 |
| 13 | Office expenses | 265,349 | | 107,824 | 48,564 |
| 14 | Information technology | 167,346 | | · · · | 10,752 |
| 15 | Royalties | 0 | <u> </u> | 37,103 | 10,7.52 |
| 16 | Occupancy | 308,695 | | 28,068 | 2,823 |
| 17 | Travel | 0 | | 20,000 | 2,023 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 6,383 | | 1,923 | 993 |
| 19 | Conferences, conventions, and meetings | 0,565 | | 1,523 | |
| 20 | Interest | 372,019 | | 372,019 | |
| 21 | Payments to affiliates | 0 | | 3,2,013 | |
| 22 | Depreciation, depletion, and amortization | 1,369,189 | | 13,692 | 13,692 |
| 23 | Insurance | 124,061 | | 124,061 | 13,032 |
| 24 | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | 121,001 | | 121,001 | |
| а | STUDENT ACTIVITIES | 123,138 | 123,138 | | |
| ь | KITCHEN SUPPLIES & FOOD | 244,964 | 244,964 | | |
| c | DEWAR'S TUITION & OTHER INS | 180,911 | 180,911 | | |
| d | CONTRACT SERVICES | 941,457 | | 941,457 | |
| e | BAD DEBTS | 100,871 | 100,871 | | |
| f | All other expenses | 314,311 | 149,932 | 137,884 | 26,495 |
| 25 | Total functional expenses. Add lines 1 through 24f | 12,919,322 | 9,003,915 | 3,306,612 | 608,795 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | | | | | |

| Pa | rt X | Balance Sheet | | | | | <u>-</u> |
|---------------|------|--|-----------|-----------------|--------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 526,715 | 1 | 1,947,862 |
| | 2 | Savings and temporary cash investments | | | 2,907,593 | 2 | 30,517 |
| | 3 | Pledges and grants receivable, net | | | 3,728,893 | 3 | 1,659,075 |
| | 4 | Accounts receivable, net | | | 219,596 | 4 | 229,913 |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of | s, key | employees, and | | | |
| | | Schedule L | | | | 5 | 0 |
| | 6 | Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of | | 4958(f)(1)) and | | | |
| | | Schedule L | | | | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | 0 |
| SS | 8 | Inventories for sale or use | | | | 8 | 0 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 110,975 | 9 | 167,885 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 39,364,478 | | | |
| | ь | Less accumulated depreciation | 10b | 7,887,294 | 28,726,671 | 10c | 31,477,184 |
| | 11 | Investments—publicly traded securities | | | 3,054,690 | 11 | 3,599,319 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | 0 |
| | 14 | Intangible assets | | | | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | | 100,471 | 15 | 152,063 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) . | | | 39,375,604 | 16 | 39,263,818 |
| | 17 | Accounts payable and accrued expenses . | | | 1,787,242 | 17 | 1,195,569 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 1,467,345 | 19 | 1,830,636 |
| | 20 | Tax-exempt bond liabilities | | | 8,728,326 | 20 | 9,040,876 |
| <u>ie</u> s | 21 | Escrow or custodial account liability Complete Part IV of Schedul | eD. | | | 21 | |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | | |
| 217 | | persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 341,960 | 25 | 504,799 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 12,324,873 | 26 | 12,571,880 |
| Fund Balances | | Organizations that follow SFAS 117, check here ► $\sqrt{}$ and comp through 29, and lines 33 and 34. | olet e li | ines 27 | | | |
| ลก | 27 | Unrestricted net assets | | | 20,860,390 | 27 | 22,963,140 |
| Ba | 28 | Temporarily restricted net assets | | | 3,421,778 | 28 | 946,713 |
| 돧 | 29 | Permanently restricted net assets | | | 2,768,563 | 29 | 2,782,085 |
| Fil | | Organizations that do not follow SFAS 117, check here ▶ ┌ ar | ıd com | plete | | | |
| ٥٢ | | lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | ınds | | | 32 | |
| Net | 33 | Total net assets or fund balances | | | 27,050,731 | 33 | 26,691,938 |
| | 34 | Total liabilities and net assets/fund balances | | | 39,375,604 | 34 | 39,263,818 |

Part XI Financial Statements and Reporting

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | ▼ Separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | No |

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

Internal Revenue Service

(Form 990 or 990EZ) Complete if the organization is a section 501(c)(3) organization or a section Department of the Treasury 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Public Charity Status and Public Support

Name of the organization CURREY INGRAM ACADEMY

Employer identification number

| | LC T | | | of foundation because | | | | | | su uctions | | |
|--------|---------------|---------|---------------|---|---------------------|-----------------|-----------------------|-----------------------|------------------------|---------------------------------------|-------------|--|
| | organı — | | • | e foundation because | • | | | • |) X | | | |
| 1 | - | | | on of churches, or as | | | |))(1)(A)(I). | | | | |
| 2 | | | | In section 170(b)(1) | | | | 170/b)/1) | (A)(:::) | | | |
| 3 4 | <u>'</u> | | | perative hospital serv i organization operate | | | | | | \/ & \/;;;\ E _* | tortho | |
| 4 | , | | | ty, and state | ed ili conjunc | . CIOII WILII A | nospital des | cribed iii sec | (IOII 170(B)(1 | .)(A)(III). L1 | iter the | |
| 5 | Г | An orga | ınızatıon ope | erated for the benefit | of a college | or universi | ty owned or o | perated by a | governmenta | al unit descr | ıbed ın | |
| | | section | 170(b)(1)(| A)(iv). (Complete Pa | rt II) | | | | | | | |
| 6 | \sqcap | A feder | al, state, or | local government or | governmenta | al unit desc | rıbed ın secti | ion 170(b)(1 |)(A)(v). | | | |
| 7 | Γ | describ | ed in | t normally receives a A)(vi) (Complete Pa | | part of its | support from | a governme | ntal unit or fro | om the gene | ral publi | С |
| 8 | \vdash | | | described in section | | Myi) (Cor | mnlete Part II | r) | | | | |
| 9 | <u>'</u> | | | it normally receives | | | | | nutions memb | nershin fees | and are | 155 |
| • | ' | _ | | ities related to its ex | • • | | • • | | • | | - | .55 |
| | | | | oss investment incom | | | | | | | | |
| | | | | anization after June 3 | | | | | | , | | |
| 10 | \Box | | | anized and operated | • | | | • | • | | | |
| 11 | | - | _ | ianized and operated | • | | • | | | carry out th | ne purpo | ses of |
| | | the box | • | y supported organiza bes the type of suppo b Type II | rting organiz | zation and | | s 11e throu | gh 11h | _ | | |
| e | Г | · · | | ox, I certify that the o | | | | - | | | | |
| _ | | • | - | on managers and oth | - | | | | • | • | • | |
| _ | | | 509(a)(2) | | | | | | | | | |
| f | | check t | - | received a written de | termination i | rom the IR | .S that it is a | Type I, Type | e II or I ype I. | ll supporting | g organı: | zation, |
| g | | | | 006, has the organiz | ation accept | ted any gift | or contributi | on from any | of the | | | , |
| | | | g persons? | | | | | | | | | |
| | | | | rectly or indirectly co | • | | _ | persons des | cribed in (ii) | | Yes | No |
| | | | | governing body of the | | | ation? | | | 11g(| | ↓ |
| | | | • | r of a person describ | • • • | | | | | 11g(i | | |
| | | | | led entity of a person | | | | | | 11g(i | II) | <u> </u> |
| h | | Provide | the followin | ig information about t | ne supporte | d organizat | :ion(s) | | | | | |
| | | | | (iii) | (:) | | | | | | | |
| | | | | Type of | (iv) Is the | | (v | | (vi | | | |
| | (i) | | | organization | organizat | | Did you n | | Is t | | - - (| (vii) |
| | Name suppo | | (ii) EIN | (described on lines 1- 9 above | col (ı) lıst | | organiza col (i) d | | organiza col (i) or | | _ I | ount of |
| | rganız | | LIN | or IRC section | your gove docume | - | supp | • | in the l | | su | pport? |
| | - | | | (see | | | | 1 | | - | _ | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | - | |
| | | | | | | | | | - | + | | |
| Tota | I | | | | | <u> </u> | | | | | | |

ınstructions

| P | Support Schedule (Complete only if yo | | | | | and 170(b) | (1)(A)(vi) |
|---------|--|--------------------------|--------------------|---------------------|---------------------|-----------------|------------------|
| S | ection A. Public Support | a checked tile | DOX OII IIIC 3, | ,, or o or rare. | ֥ <i>)</i> | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2006 | (6) 2007 | (d) 2008 | (e) 2009 | (I) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual | | | | | | |
| _ | grants ") Tax revenues levied for the | | | | | | |
| 2 | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| | behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| _ | (f) Dublic Support Subtract line F from | | | | | | |
| 6 | Public Support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | | - | | | |
| | endar year (or fiscal year beginning | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | ın) | (a) 2005 | (b) 2000 | (6) 2007 | (d) 2008 | (e) 2009 | (1) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| 9 | sources Net income from unrelated | | | | | | |
| 9 | business activities, whether or | | | | | | |
| | not the business is regularly | | | | | | |
| | carried on | | | | | | |
| 10 | Other income (Explain in Part | | | | | | |
| | IV) Do not include gain or loss | | | | | | |
| | from the sale of capital assets | | | | | | |
| 11 | Total support (Add lines 7 | | | | | | |
| 4.5 | through 10) | /5 | | | | | |
| 12 | Gross receipts from related activities | , | • | | | 12 | |
| 13 | First Five Years If the Form 990 is f | or the organizati | on's first, second | , third, fourth, or | fifth tax year as a | 501(c)(3) orga | inization, ▶□ |
| | check this box and stop here | | | | | | -1 |
| S | ection C. Computation of Pub | lic Support P | ercentage | | | | |
| 14 | Public Support Percentage for 2009 | | | 11 column (f)) | | 14 | |
| 15 | Public Support Percentage for 2008 | Schedule A . Pa | rt II. line 14 | | | 15 | |
| | 33 1/3% support test—2009. If the | • | , | v on line 13 and | line 14 is 33 1/30 | | k this hox |
| | and stop here. The organization qua | - | | · | IIIIC 14 13 33 1/3/ | o or more, ence | ▶ □ |
| ь | 33 1/3% support test—2008. If the | | | | 5a, and line 15 is | 33 1/3% or moi | |
| | box and stop here. The organization | | | | , | | ▶ |
| 17a | 10%-facts-and-circumstances test- | -2009. If the org | anızatıon dıd not | check a box on lı | ne 13, 16a, or 16 | b and line 14 | |
| | ıs 10% or more, and ıf the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts and | l cırcumstances" | test The organiz | ration qualifies as | a publicly supp | |
| L | organization | _2009 Ifthe c== | onization did net | chack a bay as li | no 12 165 164 | or 17a and line | ▶□ |
| D | 10%-facts-and-circumstances test- 15 is 10% or more, and if the organ | _ | | | | | |
| | Explain in Part IV how the organizat | | | | | | clv |
| | supported organization | | | | | | ▶ ┌ |
| 10 | Deiveta Farmdation Ifthe averages | on did not obselv | a hay an line 12 | 16- 16- 17- | 17 | hay and cas | • |

▶□

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

| | (Complete only if you | cnecked the | box on line 9 o | r Part I.) | | | |
|---------|--|-------------------------|---------------------|--------------------|--------------------------|------------------------|------------------|
| | ction A. Public Support | | | | 1 | T | ı |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| | performed, or facilities furnished in | | | | | | |
| | any activity that is related to the | | | | | | |
| | organization's tax-exempt | | | | | | |
| 3 | purpose Gross receipts from activities that | | | | + | | |
| 3 | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | - | | |
| 7a | A mounts included on lines 1, 2, and 3 received from disqualified | | | | | | |
| | persons | | | | 1 | | |
| ь | 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 | | | | | | |
| 8 | Public Support (Subtract line 7c | | | | | | |
| | from line 6) | | | | | | |
| | ction B. Total Support | | 1 | | | 1 | Γ |
| Cale | ndar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| ь | Unrelated business taxable | | | | | | |
| | ıncome (less section 511 taxes) | | | | | | |
| | from businesses acquired after | | | | | | |
| _ | June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 | Net income from unrelated | | | | | | |
| 11 | business activities not included | | | | | | |
| | ın lıne 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of | | | | | | |
| | capital assets (Explain in Part | | | | | | |
| | IV) | | | | | | |
| 13 | Total support (Add lines 9, 10c, | | | | | | |
| 14 | 11 and 12) First Five Years If the Form 990 is for | or the organizat | lon's first, second | L third fourth or | l fifth tax vear as a | 1 a 501(c)(3) organ | l uzation |
| | check this box and stop here | or the organizat | | ., 4, | men tax your as t | (c)(c) c.gu. | ▶ ┌ |
| | | | | | | | |
| | ction C. Computation of Publ | | | | | | |
| 15 | Public Support Percentage for 2009 | (line 8 column | (f) divided by line | 13 column (f)) | | 15 | |
| 16 | Public support percentage from 200 | 8 Schedule A , F | art III, line 15 | | | 16 | |
| | | | | | | | |
| Se | ction D. Computation of Inve | stment Inco | ome Percenta | ge | | | |
| 17 | Investment income percentage for 2 | 009 (line 10c c | olumn (f) dıvıded | by line 13 columi | n (f)) | 17 | |
| 18 | Investment income percentage from | 2008 Schedule | A, Part III, line 1 | L 7 | | 18 | |
| 19a | 33 1/3% support tests—2009. If the | organization di | d not check the b | ox on line 14, and | d line 15 is more | than 33 1/3% and | d line 17 is not |
| | more than 33 1/3%, check this box a | ind stop here. T | | | | | |
| L | organization 33 1/3% support tests—2008. If the | ► C | d not chastes here | on line 14 amilion | 100 and line 4 | 5 ic mara +ha= 22 | 1/20/2 and line |
| b | שר בו בע suppoit tests—zouo. If the | organization (I | и посепеска вох | OILLINE TH OLINE | = ⊥⊃a, anu nne 1(| us more man 33 | 1/370 and ine |

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 62-1296326

Name: CURREY INGRAM ACADEMY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and | Independ | ent C | onti | ract | tors | <u> </u> | | | | _ |
|--------------------------------------|--------------------------------|-----------------------------------|-----------------------|---------|--------------|---------------------|--------|--|--|--|
| (A) Name and Title | (B) Average hours per | | tion (hat a | che | | | | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated | Former | organization (W- 2/1099-MISC) | organizations (W- 2/1099- MISC) | from the organization and related organizations |
| W BRYANT TIRRILL Trustee | 2 00 | × | | | | | | 0 | 0 | 0 |
| SUSAN GRADY Trustee | 2 00 | х | | | | | | 0 | 0 | 0 |
| STEVE KROEGER Trustee | 2 00 | х | | | | | | 0 | 0 | 0 |
| SAMUEL K CROCKER Treasurer | 2 00 | х | | х | | | | 0 | 0 | 0 |
| RUTH ANN ROWLAND Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| RICHARD E RAGSDALE Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| NANCY O ZORETIC First VP | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| KATHLEEN G RAYBURN HEAD OF SCHOOL | 40 00 | | | х | | | | 436,406 | 0 | 18,140 |
| KARLE HAURY JR Second VP | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| JOHN W BARRINGER Trustee | 2 00 | х | | | | | | 0 | 0 | 0 |
| JEFFREY B ESKIND MD President | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| JEFFREY A GREENE Secretary | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| JAMIE CONNELLY Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES H LITTLEJOHN Past President | 2 00 | Х | | х | | | | 0 | 0 | 0 |
| HARRIET DUNN Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| G MILLER HOGAN II Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| DAVID D THOMBS MD Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| CHRIS MCDANIEL Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| CHAD J HANDSHY DIR FINANCE | 40 00 | | | х | | | | 119,400 | 0 | 9,588 |
| CAROLYN SCHMIDT Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |
| CAROL R REED Trustee | 2 00 | Х | | | | | | 0 | 0 | 0 |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

| • | | | | | |
|---------------------------|---------------|----------------------|--|---|--|
| | Business Code | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
| TUITION | 900,099 | 8,526,552 | 8,526,552 | | |
| STUDENT ACTIVITIES INCOME | 900,099 | 160,213 | 160,213 | | |
| DIAGNOSTIC CENTER | 900,099 | 121,304 | 121,304 | | |
| DEWAR'S TUITION REFUND | 900,099 | 180,895 | 180,895 | | |
| CHILD DEVELOPMENT CENTER | 900,099 | 151,149 | 151,149 | | |

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| STUDENT ACTIVITIES | 123,138 | 123,138 | | |
| KITCHEN SUPPLIES & FOOD | 244,964 | 244,964 | | |
| DEWAR'S TUITION & OTHER INS | 180,911 | 180,911 | | |
| CONTRACT SERVICES | 941,457 | | 941,457 | |
| BAD DEBTS | 100,871 | 100,871 | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493118008001

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

| mai Revenue Service F Attach to F | orm 990. F See separate instructions. | | Thispection |
|---|---|----------------|----------------------------------|
| Name of the organization CURREY INGRAM ACADEMY | | | r identification number |
| | | 62-129 | |
| Organizations Maintaining Donor A organization answered "Yes" to Form 99 | | unds or A | Accounts. Complete if the |
| organization answered res to form 5 | (a) Donor advised funds | (b) F | unds and other accounts |
| Total number at end of year | | | |
| Aggregate contributions to (during year) | | | |
| Aggregate grants from (during year) | | | |
| Aggregate value at end of year | | | |
| Did the organization inform all donors and donor adv funds are the organization's property, subject to the | <u> </u> | nor advised | ┌ Yes ┌ No |
| Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei conferring impermissible private benefit | nefit of the donor or donor advisor, or for a | any other pu | ☐ Yes ☐ No |
| art II Conservation Easements. Complete | | to Form 99 | 90, Part IV, line 7. |
| Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua | cion or pleasure) | certified his | |
| easement on the last day of the tax year | | | Hald at the Food of the Warn |
| Total number of conservation easements | | | Held at the End of the Year |
| | - | 2a | |
| Total acreage restricted by conservation easements | | 2b | |
| Number of conservation easements on a certified his | ` ' | 2c | |
| Number of conservation easements included in (c) a | | 2d | |
| Number of conservation easements modified, transf | erred, released, extinguished, or terminat | ed by the or | ganization during |
| the taxable year ► | | | |
| Number of states where property subject to conserv | ation easement is located 🛌 | | |
| Does the organization have a written policy regardin enforcement of the conservation easements it holds | | ndling of viol | ations, and Yes No |
| Staff and volunteer hours devoted to monitoring, ins | pecting and enforcing conservation ease | ments durinç | g the year ► |
| A mount of expenses incurred in monitoring, inspect | ing, and enforcing conservation easemen | ts during the | e year 🕨 \$ |
| Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of se | ction | ┌ Yes ┌ No |
| In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financia | • | • |
| rt III Organizations Maintaining Collection Complete if the organization answered | | or Other | Similar Assets. |
| If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi | d for public exhibition, education or resea | rch ın furthe | |
| If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item | public exhibition, education, or research | | • |
| (i) Revenues included in Form 990, Part VIII, line | 1 | | ► \$ |
| (ii) Assets included in Form 990, Part X | | | - \$ |
| If the organization received or held works of art, hist following amounts required to be reported under SFA | | for financial | • • |
| Revenues included in Form 990, Part VIII, line 1 | | | ▶ \$ |
| Assets included in Form 990, Part X | | | ▶ \$ |

| ar | Titl Organizations Maintaining Co | <u>llections of Art, </u> | , Hist | <u>tori</u> | <u>cal Tre</u> | eası | ires, or (| <u> Othe</u> | <u>er Simila</u> | r Asse | ets (co | ntınued) |
|----------|---|------------------------------|---------|-------------|------------------|-------|----------------------------|--------------|------------------------|-----------------|------------------|-----------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any | ofth | e foll | owing th | at ar | e a signific | ant ι | use of its c | ollectio | n | |
| а | Public exhibition | | d | Γ | Loan or | rexc | hange prog | rams | ; | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| ŀ | Provide a description of the organization's co | ollections and explai | ın how | the, | further | the | organızatıo | n's e | xempt purp | ose in | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | nılar | Г | Yes | ┌ No |
| Pa i | t IV Escrow and Custodial Arrang | | | | | | n answere | ed "Y | es" to Fo | rm 990 |), | |
| | Part IV, line 9, or reported an ar | | • | | | | | | | | | |
| .a | Is the organization an agent, trustee, custoo included on Form 990, Part X? | | | | | ons | or other as | sets | not | Γ | Yes | ∏ No |
| Ь | If "Yes," explain the arrangement in Part XI | √ and complete the f | followi | ing ta | able | | | | | | | |
| _ | | | | | | | | | | A mou | ınt | |
| C _ı | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | | 1e | | | | |
| f | Ending balance | | | | | | | 1f | | | | |
| а | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | | Γ | Yes | Г No |
| | If "Yes," explain the arrangement in Part XI\ | | | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | | | N V - | ears Back |
| а | Beginning of year balance | (a)Current Year 2,768,563 | (D) | Prior 2 | rear ,634,006 | (c)1 | wo Years Bac | к (а | Three Years | васк (е |) Four Ye | ears Back |
| u b | Contributions | 13,522 | | | 134,557 | | | | | | | |
| c | Investment earnings or losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | 2,782,085 | | 2 | ,768,563 | | | | | | | |
| | Provide the estimated percentage of the year | r end balance held a | ıs | | | | | | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | | |
| ь | Permanent endowment F 100.000 % | | | | | | | | | | | |
| c | Term endowment ▶ | | | | | | | | | | | |
| a | Are there endowment funds not in the posse | ssion of the organiza | ation t | hat a | re held a | and a | admınıstere | d for | the | | | |
| | organization by | | | | | | | | | 2-/:) | Yes | No |
| | (i) unrelated organizations | | | • | | • | | | | 3a(i) 3a(ii) | | No No |
| ь | (ii) related organizations If "Yes" to 3a(ii), are the related organization | | | | | | | ٠. | | 3b | | No. |
| <u> </u> | Describe in Part XIV the intended uses of th | | | | | | | - | | | | |
| a i | t VI Investments—Land, Buildings | | | | | 0, P | art X, line | 10. | | | | |
| | Description of investment | | | (a) | Cost or ot | ther | (b)Cost or o basis (oth | other | (c) Accumi deprecia | | (d) Boo | ok value |
| a | Land | | | | | | 2,98 | 6,766 | | | | 2,986,766 |
| b | Buildings | | | | | | 32,17 | 6,205 | 4,9 | 05,390 | | 7,270,815 |
| c | Leasehold improvements | | | | | | 26 | 0,027 | | 75,042 | | 184,985 |
| d | Equipment | | | | | | 24 | 0,839 | 2 | 03,469 | | 37,370 |
| e | Other | | | | | | 3,70 | 0,641 | 2,7 | 03,393 | | 997,248 |

31,477,184

| Part VII Investments—Other Securities. See (a) Description of security or category | | (c) Method of valuation |
|---|----------------------------|--|
| (including name of security) | (b)Book value | Cost or end-of-year market value |
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | • | |
| Part VIII Investments—Program Related. Se | e Form 990, Part X, line : | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
| | | , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (| • | |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | |
| (| ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II | ne 15. ption | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X | ne 15. ption | (b) Book value |
| Part IX Other Assets. See Form 990, Part X, II (a) Descri | ne 15. ption | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes | 15.) (, line 25. | |

Schedule D (Form 990) 2009

| | Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | IILS | |
|------|---|------|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 12,273,389 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 12,919,322 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -645,933 |
| 4 | Net unrealized gains (losses) on investments | 4 | 287,140 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 287,140 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -358,793 |
| | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | , |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 12,613,740 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities 2b 8,593 | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | 295,733 |
| 3 | Subtract line 2e from line 1 | 3 | 12,318,007 |
| 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 XIV) 4b -44,618 | | |
| c | Add lines 4a and 4b | 4c | -44,618 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 12,273,389 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | 1 | 12,972,533 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of facilities | | |
| ь | Prior year adjustments | 1 | |
| c | Other losses | 1 | |
| d | Other (Describe in Part XIV) 2d 44,618 | 1 | |
| e | Add lines 2a through 2d | 2e | 53,211 |
| 3 | Subtract line 2e from line 1 | 3 | 12,919,322 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV) 4b |] | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 12,919,322 |
| Par | t XIV Supplemental Information | | |

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

| Identifier Return Reference | | Return Reference | Explanat ion |
|-----------------------------|--------------------|-----------------------------------|---------------------------------|
| | Part XIII, Line 2d | Part XIII, Line 2d Other expenses | SPECIAL EVENTS EXPENSES \$44618 |
| | | and losses per audited F/S | |

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

CURREY INGRAM ACADEMY

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

| | 62-1296326 | | | |
|---|---|-----|-----|----|
| | | | 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 | Yes | |
| 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 | Yes | |
| 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 OUR ADMISSIONS BROCHURE AND ANNUAL REPORT REFLECT OUR NONDISCRIMINATORY POLICY | 3 | Yes | |
| | | + | | |
| | Does the organization maintain the following? | 4a | Vaa | |
| | Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory | 4a | Yes | |
| U | basis? | 4b | Yes | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 4c | Yes | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 4d | Yes | |
| 5 | If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to | | | |
| | Students' rights or privileges? | 5a | | Νo |
| | | | | |
| b | Admissions policies? | 5b | | Νo |
| c | Employment of faculty or administrative staff? | 5c | | Νo |
| d | Scholarships or other financial assistance? | 5d | | No |
| e | Educational policies? | 5e | | Νo |
| f | Use of facilities? | 5f | | No |
| | | | | |
| g | Athletic programs? | 5g | | Νo |
| h | Other extracurricular activities? | 5h | | No |
| | If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) | | | |
| | Does the organization receive any financial aid or assistance from a governmental agency? | 6a_ | | Νo |
| b | Has the organization's right to such aid ever been revoked or suspended? | 6b | | Νo |
| 7 | If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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 Schedule O (Form | 7 | Yes | |
| | 990) | ' | | 1 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493118008001

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

| CU | RREY INGRAM ACADEMY | | | | | 62-1296 | 326 |
|-----|---|------------------------|----------------|----------------|-----------------------------------|--|----------------------------|
| Pa | | tivities. Complet | | | tion answered "Yes" is part. | to Form 990, Par | t IV, line 17. |
| 1 | Indicate whether the orga | nızatıon raısed funds | through a | any of the | following activities Ch | eck all that apply | |
| а | Mail solicitations | | | е | Solicitation of noi | n-government grant | s |
| Ь | Internet and e-mail se | olicitations | | f | ☐ Solicitation of gov | vernment grants | |
| c | Phone solicitations | | | g | ☐ Special fundraisir | ng events | |
| d | In-person solicitation | s | | | | | |
| 2a | Did the organization have or key employees listed ii | | | | | | |
| Ь | If "Yes," list the ten highe to be compensated at lea | | | | | | |
| | | | (iii) | Dıd | | | |
| | | | fundrais | | | (v) A mount paid | I (VI) A mount haid to |
| | (i) Name of individual or entity (fundraiser) | (ii) Activity | custo | dy or ol of | (iv) Gross receipts from activity | (or retained by) fundraiser listed in | in (or retained by) |
| | | | contributions? | |] | col (i) | organization |
| | | | Yes No | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tot | al | | | . | | | |
| | List all states in which t | ho organization is re- | austorod o | rliconsor | t to collect funds or has | haan natified it is a | xempt from registration or |
| , | licensing | ne organization is fe | gistereu 0 | i iicelise(| a to solicit idilus di lids | been nothied it is e. | vembri nom registration of |

| HENDERSON GOLF TOURNAMENT (event type) 1 Gross receipts 94,755 85,591 2 Less Charitable contributions | reporte | epor | or | 01 | rt | te | e d | 1 | | |
|---|----------------------|--------|------|-----|-----|----------|-----|-----|-----|---|
| 3 Gross income (line 1 25,311 14,225 | al Even (a) thro | (a) th |) tl |) t | th | | | | | h |
| a Gross income (line 1 and line 2 and line 2 and line 3 and line 2 and line 3 | 180, | 18 | 18 | 1 8 | 8 | 0 | ,3 | 346 | 4 (| 6 |
| a Gross income (line 1 and line 2 and line 2 and line 3 and line 2 and line 3 | 140 | 14 | 14 | 14 | 4 | 0 | ,8 | 1(| 1 (| 0 |
| 5 Non-cash prizes | 39, | 3 | 3 | | 3 ' | 9 | ,5 | 36 | 36 | 6 |
| 6 Rent/facility costs | | | _ | | _ | _ | _ | | _ | _ |
| Second | | | | | _ | _ | _ | | _ | _ |
| Second | | | | _ | _ | _ | _ | | _ | _ |
| 10 Direct expense summary Add lines 4 through 9 in column (d). Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Tot (Add color | | | | _ | _ | _ | _ | | _ | _ |
| 10 Direct expense summary Add lines 4 through 9 in column (d). Part IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Tot (Add color | | | | _ | _ | _ | _ | | _ | _ |
| Net income summary Combine lines 3, column d, and line 10. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Tother gaming (d) Tother gaming (d) Tother gaming (e) Other gaming (e) Other gaming (e) Other gaming (f) Tother gaming (| 44, | 4 | 4 | | 4 | 4 | ,6 | 18 | 1 8 | 8 |
| Saming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (A) Tot (Add coloco co | 44, | 4 | 4 | | 4 | 4 | ,6 | 18 | 1 8 | 8 |
| \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add color c | - 5 | | | | | _ | ,0 | 82 | 8. | 2 |
| bingo/progressive bingo (Add col co 1 Gross revenue | e than | ៖ thar | ha | าล | ar | า | | | | |
| 1 Gross revenue | al gamır (a) thro | (a) th |) tl |) t | th | | | | | h |
| 3 Non-cash prizes | | | | | _ | _ | _ | | _ | _ |
| 4 Rent/facility costs | | | | | | | | | | |
| 4 Rent/facility costs | | | | | | | | | | |
| 6 Volunteer labor | | | | | | | | | | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | | | | | | | _ |
| 8 Net gaming income summary Combine lines 1, column d, and line 7 | | | | | | | | | | |
| 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? | | | _ | _ | _ | _ | _ | _ | _ | _ |
| Is the organization licensed to operate gaming activities in each of these states? | Yes | Vas | | _ | _ | Т | _ | No. | _ | _ |
| | ies | Tes | | _ | _ | <u> </u> | _ | _ | _ | _ |
| | | | | | | _ | _ | | _ | _ |
| 11 Does the organization operate gaming activities with nonmembers? | EZ\ 200 | E7\ 2' | | _ | _ | | _ | | | |

| | | Yes | No |
|-----------|--|----------|----|
| 13 | Indicate the percentage of gaming activity operated in | | |
| а | The organization's facility | | |
| b | An outside facility | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address - | | |
| | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | |
| | revenue? | , | |
| b | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the | + | |
| | amount of gaming revenue retained by the third party 🟲 \$ | | |
| c | If "Yes," enter name and address | | |
| | | | |
| | Name 🟲 | | |
| | | | |
| | | | |
| | Address • | | |
| 16 | | | |
| 16 | Gaming manager information | | |
| | | | |
| | Name 🟲 | | |
| | Name F | | |
| | Gaming manager compensation 🕨 \$ | | |
| | | | |
| | Description of services provided - | | |
| | Director/officer Employee Independent contractor | | |
| | I Director/officer I Employee I Independent contractor | | |
| .7 | Mandatory distributions | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | retain the state gaming license? | <u> </u> | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent | | |
| | in the organization's own exempt activities during the tax year ▶ \$ | 1 | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493118008001

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public **Inspection**

| CLIBBEY INCOAM A CABEMY | | | | | | Linployer identifica | ation number |
|---|--------------------|--|------------------------------|---|---|--|---------------------------------------|
| CURREY INGRAM ACADEMY | | | | | | 62-1296326 | |
| Part I General Inform | mation on Gra | nts and Assistance | | | | ' | |
| | d to award the gra | substantiate the amount of t nts or assistance? edures for monitoring the us | | | | | ר Yes Γ |
| Form 990, Part 1 | IV, line 21 for ai | e to Governments and ny recipient that receive 990) if additional space | d more than \$5,000 | . Check this box if n | io one recipient receiv | ed more than \$5,00 | 0. Use |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Enter total number of secEnter total number of other | | d government organizations | | | | | 0 |

| | • | | |
|----------|------------------------|---|-----|
| Part III | Grants and Othe | ssistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line | 22. |
| | | m 990) if additional space is needed. | |

| (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|----------------------------------|-----------------------------|-----------------------------------|--|---|
| 90 | 1,025,650 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | recipients | recipients cash grant | recipients cash grant non-cash assistance | recipients cash grant non-cash assistance (book, FMV, appraisal, other) |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| Grantmaker's Description of How Grants are Used | | THE SCHOLARSHIP COMMITTEE MEETS 4-5 TIMES PER YEAR TO DETERMINE WHO QUALIFIES FOR SCHOLARSHIPS NO CASH IS EXCHANGED BETWEEN THE STUDENTS AND THE ACADEMY, IT IS SIMPLY A DEDUCTION OFF THEIR ANNUAL TUTION THEREFORE, NO MONITORING OF THE FUNDS IS REQUIRED |
| | | |
| | | |
| <u> </u> | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

DLN: 93493118008001

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Name | of | t he | orga | ınizat | t ion |
|-------|------|-------------|------|--------|-------|
| CURRE | II Y | IGRA | M AC | ADEM | 1 |

Employer identification number

| Pa | rt I Questions Regarding Compensation | | | | | |
|----|--|----------|---|----|-----|----|
| | | | | | Yes | Νo |
| 1a | Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t | | | | | |
| | First-class or charter travel | <u></u> | Housing allowance or residence for personal use | | | |
| | Travel for companions | Γ | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | \sqcap | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the orgonic reimbursement orprovision of all the expenses descri | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | | | | | |
| 3 | Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee | | · | | | |
| | Independent compensation consultant | 굣 | Compensation survey or study | | | |
| | Form 990 of other organizations | <u> </u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Pa or a related organization | art VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control p | aymen | nt? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | | | Νo |
| c | | | | | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and prov | vide th | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mus | t comp | plete lines 5-9. | | | |
| 5 | For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of | ne 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νο |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of | ne 1a, | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| Ь | Any related organization? | | | 6b | | Νο |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, pa | | | | | |
| | subject to the initial contract exception described in I | Regs | section 53 4958-4(a)(3)? If "Yes," describe | | | |
| | ın Part III | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | rebutt | able presumption procedure described in Regulations | 9 | | No |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | | (B) Breakdown of | W-2 and/or 1099-MI | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | |
|-----------------------|-------------|--------------------------|---|---|--------------------------------|----------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported in prior Form 990 or Form 990-EZ |
| KATHLEEN G RAYBURN | (ı) (ıı) | 290,388 | | 146,018 | 14,552 | 3,588 | 454,546 | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | _ | | | 1 | | | · | |

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Ident if ier | Ret urn Ref erence | Explanation |
|--------------|--|-------------|
| Line 1a | Part I, Line 1a Relevant information in regards to selections on 1a | |

Schedule J (Form 990) 2009

DLN: 93493118008001

OMB No 1545-0047

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection**

(h) O n

Name of the organization CURREY INGRAM ACADEMY

Bond Issues

Department of the Treasury

Internal Revenue Service

Employer identification number

| | (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date | Issued | (e) Issue | Price | (f) Des | (f) Description of Purpose | | (g) Defeased | | Issuer | |
|-----|--|--------------------------|----------------------|-------------|-----------|-----------|-----------|--------------------|----------------------------|----------|--------------|---------|---------|----|
| | | | | | | | | | | | Yes | No | Yes | No |
| A | IDB WILLIAMSON CTY TN | 52-2018208 | | 10-20- | 2009 | 6,1 | | REFUND OF PRICE | 2003 BO | ND ISSUE | | x | | X |
| В | IDB WILLIAMSON CTY TN 52-2018208 | | | 11-20- | 2008 | 7,0 | 100 000 I | CONSTRUC GYM | T UPPERS | CHOOL & | | х | | Х |
| Pa | rt III Proceeds | | | • | , | | • | | | | • | · | | |
| | | | | | ١ | E | 3 | (| С | D | | | E | |
| 1 | Total proceeds of issue | | | (| 6,105,000 | | 7,000,000 | | | | | | | |
| 2 | Gross proceeds in reserve funds | | | | | | | | | | | | | |
| 3 | Proceeds in refunding or defeasance escrows | | | (| 6,105,000 | | | | | | | | | |
| 4 | O ther unspent proceeds | | | | 1,500,000 | 1,500,000 | | | | | | | | |
| 5 | Issuance costs from proceeds | | | 30,075 30,0 | | 30,075 | 5 | | | | | | | |
| 6 | Working capital expenditures from proceeds | | | | | | | | | | | | | |
| 7 | Capital expenditures from proceeds | | | : | 5,469,925 | | 5,469,925 | 5 | | | | | | |
| 8 | Year of substantial completion | | 20 | 09 | 20 | 09 | | | | | • | | | |
| - | | | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | s | No |
| 9 | Were the bonds issued as part of | a current refunding is | sue? | | Х | | х | | | | | | | |
| 10 | Were the bonds issued as part of | an advance refunding | ıssue? | Х | | | Х | | | | | | | |
| 11 | Has the final allocation of proceed | is been made? | | Х | | Х | | | | | | | | |
| 12 | Does the organization maintain ac the final allocation of proceeds? | lequate books and re | cords to support | Х | | Х | | | | | | | | |
| Pa | rt IIII Private Business Use | | | | | • | | • | | | | • | • | |
| | | | | | A | 1 | В | • | <u> </u> | D | | | E | |
| | | | | Yes | No | Yes | No | Yes | No | Yes | No | Ye | s | No |
| 1 | Was the organization a partner in which owned property financed by | | ember of an LLC, | | х | | х | | | | | | | |
| 2 | Are there any lease arrangements which may result in private busine | | inanced property | | х | | х | | | | | | | |
| For | Privacy Act and Paperwork Reduction A | ct Notice, see the Instr | uctions for Form 990 | | | Cat No 5 | 0193E | | | | Schedule | K (Form | 990) 20 |)9 |

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

| | | | Α | | 3 | (| С | | ס | | E |
|-----|--|-----|----|-----|----|-----|----|-----|----|-----|----|
| | | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use? | | х | | х | | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | Х | | х | | | | | | |
| 3с | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | Х | | х | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | | | | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | | | | | | | | | |
| 6 | Total of lines 4 and 5 | | | | | | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | Х | | х | | | | | | | |
| Dai | + TV Arbitrage | | • | • | • | • | | • | • | | • |

| | | Α | | ı | 3 | | С | | D | | E |
|----|--|----------|---------|-----|----|-----|----|-----|-----------|---------------|---------|
| | | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | х | | × | | | | | | |
| 2 | Is the bond issue a variable rate issue? | х | | | Х | | | | | | |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | х | | | x | | | | | | |
| ь | Name of provider | SUNTRUST | • | | | | | | | | |
| С | Term of hedge | | 13 4160 | | | | | | | | |
| 4a | Were gross proceeds invested in a GIC? | | Х | | Х | | | | | | |
| ь | Name of provider | | • | | | | • | | | | |
| С | Term of GIC | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | х | | × | | | | | | |
| 5 | Were any gross proceeds invested beyond an available temporary period? | | х | | × | | | | | | |
| 6 | Did the bond issue qualify for an exception to rebate? | | х | | х | | | | | | |
| | | | | | | | | | C - l d l | o V /Form 00/ | 3) 2000 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493118008001

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public <u>Inspection</u>

Name of the organization CURREY INGRAM ACADEMY

Employer identification number

| Part I Excess Benefit Tran Complete if the organizat | | | | | | | | | | | e 40b | |
|--|-------------|------------------|----------------------------|-------------|----------------------------------|--------|---------------------------|--------------|------------------|------------|-------------|------------------------|
| | | | | | | | | | | | | rrected? |
| 1 (a) Name of disq | uaiiiieu | person | | | (b) Desc | rıpt | ion of tr | ansa | ction | | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | _ | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Enter the amount of tax impos section 4958 | | | | | | | | | | \$ \$ | | |
| Part II Loans to and/or I | | | | | | | | | | | | |
| Complete if the organiz | | | a "Yes" on Fo | orm 990 |), Part IV, line 26 | , or | rorm 99 | + U - Ē | Z, Part V (f) | , iine 38a | | |
| | | oan to m the | | | | | (e) In default? | | Approved | | (g)Writt | en |
| (a) Name of interested person and purpose | | m the zation? | (c)O rigi principal ai | | (d)Balance due | de | | | | | by board or | |
| parpose | <u> </u> | | principal a | mount | | | | | committe | 1 | | |
| | То | From | | | | Ye | s N | lo | Yes | No | Yes | No |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | ▶ \$ | • | | | | | l | | |
| Part III Grants or Assistar | | | | | | | | | | | | |
| Complete if the orga | nızatıd | | | | | | _ | | | | | |
| (a) Name of interested pers | on | (| • | • | een interested per ganization | son | (с |) A m | ount of gr | ant or typ | e of assis | tance |
| | | | u iii | u the or | gamzation | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Part IV Business Transact | | | | | | | | | | | | |
| Complete if the orga | nızatıc | | | | rm 990, Part IV | ', lır | ne 28a, | , 28 | o, or 280 | <u>:</u> | | |
| | | , , | Relationship | ' | (-) A | | | | | | | naring of ization's |
| (a) Name of interested person between interes | | | (c) A mount of transaction | | (d) D | escr | ıptıon of t | ransactio | n I | enues? | | |
| | | | rganization | | | | | | | | Yes | No |
| EB RAYBURN | | 1 | HEAD OF | | 35,1 | 19 | EMPLO | YEE | WAGES | | | Νο |
| | | sсно | | | | | | | | | | |
| JULIE LITTLEJO HN | | | HTER-BOD | | , | | EMPLOYEE WAGES | | | | | Νο |
| DAVID ALLARD | | FORM | ER BO A RD | | 159,3 | 78 | ARCHI | TEC | T FEES/C | ONSTRU | <u>c </u> | Νο |
| | | | | | | | | | | | | - |

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

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

NonCash Contributions

Internal Revenue Service Name of the organization CURREY INGRAM ACADEMY

Employer identification number

| Part | Types of Property | | | | | | | |
|--------------|--|---|---------------------------------------|--|------------------------------------|--------|------|-------|
| | | (a) Check ıf applıcable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d Method of de reven | etermı | ning | |
| 1 Δ | rt—Works of art | аррпсавіс | | ±9 | | | | |
| | rt—Historical treasures . | | | | | | | |
| | rt—Fractional interests | | | | | | | |
| | ooks and publications | | | 40 | FMV | | | |
| | lothing and household | | | 70 | 1 11 4 | | | |
| | oods | | | | | | | |
| 6 C | ars and other vehicles | | | | | | | |
| 7 Bo | oats and planes | | | | | | | |
| 8 In | ntellectual property | | | | | | | |
| 9 Se | ecurities—Publicly traded . | Х | 6 | 213,677 | FMV | | | |
| 10 Se | ecurities—Closely held stock . | | | | | | | |
| 11 Se | ecurities—Partnership, LLC, r trust interests | | | | | | | |
| | ecurities—Miscellaneous | | | | | | | |
| 13 Q | ualified conservation ontribution—Historic tructures | | | | | | | |
| - | ualified conservation ontribution—Other | | | | | | | |
| 15 Re | eal estate—Residential . | | | | | | | |
| 16 Re | eal estate—Commercial | | | | | | | |
| 17 Re | ealestate—Other | | | | | | | |
| 18 C | ollectibles | | | | | | | |
| 19 Fo | ood inventory | | 7 | 5,808 | FMV | | | |
| 20 D | rugs and medical supplies . | | | | | | | |
| 21 Ta | axıdermy | | | | | | | |
| 22 H | ıstorıcal artıfacts | | | | | | | |
| 23 S | cientific specimens | | | | | | | |
| 24 A | rcheological artifacts | | | | | | | |
| 25 0 | ther►(<u>OTHER</u>) | | 14 | 6,507 | FMV | | | |
| 26 0 | ther ► () | | | | | | | |
| 27 0 | ther ► () | | | | | | | |
| 28 0 | ther ► () | | | | | | | |
| | lumber of Forms 8283 received or which the organization compl | | | | 29 | | Yes | No No |
| 30a D | Ouring the year, did the organiza | tion receiv | e by contribution any prope | rty reported in Part I, lines | 1-28 that it | | | |
| | nust hold for at least three year | | | , , | | | | |
| | or exempt purposes for the entir | | | on, and which is not required | a to be asea | 30a | | No |
| | f "Yes," describe the arrangeme | | | | | 30a | | |
| | oes the organization have a gif | | | eview of any non-standard | contributions? | 31 | | Νο |
| | | · | | · | | | i | |
| С | oes the organization hire or use ontributions? | tnird parti | es or related organizations | to solicit, process, or sell r | on-cash | 32a | | No |
| | f "Yes," describe in Part II | | | | | | | |
| 33 I | f the organization did not report | revenuesı | n column (c) for a type of p | roperty for which column (a |) is checked, | | | |
| d | escribe in Part II | | | | | | | |

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 62-1296326

Name: CURREY INGRAM ACADEMY

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493118008001

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization CURREY INGRAM ACADEMY Employer identification number

| ldentifier | Return Reference | Explanation |
|-------------------------------|---|--|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST |

| Identifier | Return Reference | Explanation |
|------------|--|--|
| ■ | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | 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, EXPERIENCE, AND PERSONAL NEED |

| ldentifier | Return Reference | Explanation |
|-----------------------------------|--|---|
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts | 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 |

| ldentifier | Return Reference Explanation | | | | | |
|--------------------|-------------------------------------|--|--|--|--|--|
| Form 990, Part VI, | Form 990, Part VI, Line 11 Form 990 | A DRAFT COPY OF THE 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE | | | | |
| Line 11 | Review Process | OF THE BOARD FOR REVIEW BEFORE FILING | | | | |