

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

**A** For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See specific instructions.

**C** CURREY INGRAM ACADEMY  
6544 MURRAY LANE  
BRENTWOOD, TN 37027

**D** Employer identification number 62-1296326

**E** Telephone number

**F** Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify)

**G** Web site: N/A

**J** Organization type (check only one): ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**H** and **I** are not applicable to section 527 organizations

**H** (a) Is this a group return for affiliates? ☐ Yes ☒ No

**H** (b) If "Yes," enter number of affiliates

**H** (c) Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)

**H** (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number

**M** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 9,457,755.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

**1** Contributions, gifts, grants, and similar amounts received

**a** Direct public support 1a 2,779,028.

**b** Indirect public support 1b

**c** Government contributions (grants) 1c

**d** Total (add lines 1a through 1c) (cash \$ 2,779,028. noncash \$ ) 1d 2,779,028.

**2** Program service revenue including government fees and contracts (from Part VII, line 93) 2 6,586,543.

**3** Membership dues and assessments 3

**4** Interest on savings and temporary cash investments 4 71,146.

**5** Dividends and interest from securities 5

**6a** Gross rents 6a

**b** Less: rental expenses 6b

**c** Net rental income or (loss) (subtract line 6b from line 6a) 6c

**7** Other investment income (describe ) 7

**8a** Gross amount from sales of assets other than inventory (A) Securities (B) Other

**b** Less: cost or other basis and sales expenses 8a 8b 8c

**c** Gain or (loss) (attach schedule)

**d** Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d

**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐

**a** Gross revenue (not including \$ of contributions reported on line 1a) 9a

**b** Less: direct expenses other than fundraising expenses 9b

**c** Net income or (loss) from special events (subtract line 9b from line 9a) 9c

**10a** Gross sales of inventory, less returns and allowances 10a

**b** Less: cost of goods sold 10b

**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10c

**11** Other revenue (from Part VII, line 103) 11 21,038.

**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 9,457,755.

**13** Program services (from line 44, column (B)) 13 6,729,822.

**14** Management and general (from line 44, column (C)) 14 2,468,747.

**15** Fundraising (from line 44, column (D)) 15 451,940.

**16** Payments to affiliates (attach schedule) 16

**17** Total expenses (add lines 16 and 44, column (A)) 17 9,650,509.

**18** Excess or (deficit) for the year (subtract line 17 from line 12) 18 -192,754.

**19** Net assets or fund balances at beginning of year (from line 73, column (A)) 19 17,733,893.

**20** Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1 20 139,065.

**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 17,680,204.

615 2

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	530,341.	396,053.	54,148.	80,140.
26 Other salaries and wages	26	4,465,370.	3,403,454.	862,383.	199,533.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	326,053.	250,591.	62,098.	13,364.
30 Professional fundraising fees	30				
31 Accounting fees	31	13,040.		13,040.	
32 Legal fees	32	343,500.		343,500.	
33 Supplies	33	150,358.	60,546.	85,112.	4,700.
34 Telephone	34	37,583.		37,583.	
35 Postage and shipping	35	17,470.	4,092.	7,749.	5,629.
36 Occupancy	36	74,292.		74,292.	
37 Equipment rental and maintenance	37	2,389.		2,389.	
38 Printing and publications	38	55,771.	29,861.	5,001.	20,909.
39 Travel	39	4,756.		4,740.	16.
40 Conferences, conventions, and meetings	40				
41 Interest	41	239,553.		239,553.	
42 Depreciation, depletion, etc (attach schedule)	42	882,868.	865,314.	8,777.	8,777.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	2,507,165.	1,719,911.	668,382.	118,872.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,650,509.	6,729,822.	2,468,747.	451,940.

Joint Costs. Check ☐ If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services

\$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated

to Fundraising \$ \_\_\_\_\_

BAA

Form 990 (2005)

**Part III Statement of Program Service Accomplishments**

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

**a CONDUCTED EDUCATION FOR CHILDREN GRADES K-12 WITH LEARNING DIFFERENCES.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

6,729,822.

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

6,729,822.

BAA

Form 990 (2005)

**Part IV Balance Sheets** (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	45 Cash — non-interest-bearing	1,853,407.	45	2,141,204.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 43,845.		
	b Less: allowance for doubtful accounts	47 b 24,596.	47 c	43,845.
	48 a Pledges receivable	48 a 2,090,597.		
	b Less: allowance for doubtful accounts	48 b 2,455,161.	48 c	2,090,597.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less: allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	39,945.	53	104,615.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV 2,387,019.	54	2,877,389.
	55 a Investments — land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b	55 c	
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57 a 23,494,518.			
b Less: accumulated depreciation (attach schedule)	57 b 3,939,302.	20,285,905.	57 c	19,555,216.
58 Other assets (describe ► <u>SEE STATEMENT 5</u> )	103,973.	58	111,626.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	27,150,006.	59	26,924,492.	
<b>LIABILITIES</b>	60 Accounts payable and accrued expenses	53,093.	60	80,170.
	61 Grants payable		61	
	62 Deferred revenue	1,144,500.	62	1,402,439.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)	7,230,000.	64 a	6,950,000.
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe ► <u>SEE STATEMENT 6</u> )	988,520.	65	811,679.
66 <b>Total liabilities.</b> Add lines 60 through 65	9,416,113.	66	9,244,288.	
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	14,017,580.	67	14,303,810.
	68 Temporarily restricted	1,392,937.	68	939,921.
	69 Permanently restricted	2,323,376.	69	2,436,473.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	17,733,893.	73	17,680,204.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	27,150,006.	74	26,924,492.

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Form 990 (2005)

<b>Part IV-A</b>	<b>Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)</b>
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a		Total revenue, gains, and other support per audited financial statements	a	9,632,195.
b		Amounts included on line a but not on Part I, line 12:		
	b1	1 Net unrealized gains on investments		139,065.
	b2	2 Donated services and use of facilities		35,375.
	b3	3 Recoveries of prior year grants		
	b4	4 Other (specify): _____		
		Add lines b1 through b4	b	174,440.
c		Subtract line b from line a	c	9,457,755.
d		Amounts included on Part I, line 12, but not on line a:		
	d1	1 Investment expenses not included on Part I, line 6b		
	d2	2 Other (specify): _____		
		Add lines d1 and d2	d	
e		Total revenue (Part I, line 12) Add lines c and d	e	9,457,755.

e. Total Revenue (Part I, line 12). Add lines c and d.		5
<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	

<b>a</b>		<b>Total expenses and losses per audited financial statements</b>	<b>a</b>	<b>9,685,884.</b>
<b>b</b>		<b>Amounts included on line a but not on Part I, line 17</b>		
	<b>1</b>	Donated services and use of facilities	<b>b1</b>	<b>35,375.</b>
	<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
	<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
	<b>4</b>	Other (specify): _____	<b>b4</b>	
		Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	<b>35,375.</b>
<b>c</b>		<b>Subtract line b from line a</b>	<b>c</b>	<b>9,650,509.</b>
<b>d</b>		<b>Amounts included on Part I, line 17, but not on line a:</b>		
	<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
	<b>2</b>	Other (specify): _____	<b>d2</b>	
		Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	
<b>e</b>		<b>Total expenses (Part I, line 17). Add lines c and d</b>	<b>e</b>	<b>9,650,509.</b>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]



Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	35,375.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
90 a	List the states with which a copy of this return is filed	NONE	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	152	
91 a	The books are in care of FELICIA WEISHAAR Telephone number 615-507-3167 Located at 6544 MURRAY LANE, BRENTWOOD TN, ZIP + 4 37027		
b	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)? If 'Yes,' enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	

BAA

Form 990 (2005)

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 8					6,586,543.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	71,146.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b MISCELLANEOUS					21,038.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				71,146.	6,607,581.
105 Total (add line 104, columns (B), (D), and (E))					6,678,727.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 9
2	
3	
4	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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.

Signature of officer: Karen G Rayburn Date: 11/8/06

Type or print name and title: Karen G Rayburn Head of School

Paid Preparer's Use Only

Preparer's signature: Sarah Offord, CPA Date: 11-8-06

Firm's name (or yours if self-employed), address, and ZIP + 4: AKERSLOOT, PATTERSON & ASSOCIATES, PLLC  
3326 ASPEN GROVE DRIVE, SUITE 500  
FRANKLIN, TN 37067

Check if self-employed: ☐

Preparer's SSN or PTIN (See General instruction W): P00546174

EIN: 62-1384008

Phone no: 615-376-8800



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

Department of the Treasury  
Internal Revenue Service

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

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

**2005**

Name of the organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	10			

**Part II - A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II - B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **\$** N/A
- (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

SEE FORM 990, PART V

- 3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

3c X

- 4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

**Part IV** Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☒ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **\_\_\_\_\_**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total			
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	N/A							
<b>16</b> Membership fees received								
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose								
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975								
<b>19</b> Net income from unrelated business activities not included in line 18								
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge								
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets								
<b>23</b> Total of lines 15 through 22								
<b>24</b> Line 23 minus line 17								
<b>25</b> Enter 1% of line 23								
<b>26</b> Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 N/A							
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts								
c Total support for section 509(a)(1) test: Enter line 24, column (e)								
d Add: Amounts from column (e) for lines:	18	19						
	22	26b						
e Public support (line 26c minus line 26d total)								
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))								
<b>27</b> Organizations described on line 12:	N/A							
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:								
(2004) _____ (2003) _____ (2002) _____ (2001) _____								
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:								
(2004) _____ (2003) _____ (2002) _____ (2001) _____								
c Add: Amounts from column (e) for lines	15	16						
	17	20	21					
d Add: Line 27a total _____ and line 27b total _____								
e Public support (line 27c total minus line 27d total)								
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)								
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))								
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))								
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	N/A							

**Part V Private School Questionnaire** (See instructions.)  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 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?	X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) <u>ALL PROMOTIONAL MATERIALS INDICATE THAT STUDENTS ARE ACCEPTED ON A</u> <u>NON-DISCRIMINATORY BASIS.</u>	X	
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		X
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	X	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720		

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

BAA

Schedule A (Form 990 or 990-EZ) 2005



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Supplementary Information for**  
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No. 1545-0047

**2005**

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Organization type (check one):**

**Form 990:**

Form 990 or 990-EZ

**Section:**

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

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

**General Rule –**

☒ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules –**

☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they *must* check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.**

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOHN INGRAM 1214 CHICKERING RD. NASHVILLE, TN 37215	\$ 1,234,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JEFFREY ESKIND 416 ELLENDALE DRIVE NASHVILLE, TN 37205	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	JACK C. MASSEY FOUNDATION 5123 VIRGINIA WAY, STE. B-22 BRENTWOOD, TN 37027	\$ 28,527.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WILLIAM SOMERS P.O. BOX 680669 FRANKLIN, TN 37068	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SOUTHWESTERN/GREATAMERICAN, INC P.O. BOX 305140 NASHVILLE, TN 37230	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JOHN W. BARRINGER 1054 LYNNWOOD BLVD NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BUCKSNORT RR RANCH, LLC 1358 PAGE ROAD NASHVILLE, TN 37205	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MICHAEL AND NANCY ZORETIC 5150 HEREFORD CT. BRENTWOOD, TN 37027	\$ 24,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	MATTHEW BREYER 6 WARWICK LANE NASHVILLE, TN 37205	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	GEORGE D. CLARK 1436 COLEMAN ROAD FRANKLIN, TN 37064	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CURREY INGRAM PARENTS ORG. 6544 MURRAY LANE BRENTWOOD, TN 37027	\$ 62,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CARRELL FAMILY FOUNDATION 6440 EDINBURG DRIVE NASHVILLE, TN 37221	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	JEFF KUHN 58 WYN OAK NASHVILLE, TN 37205	\$ 9,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	ROBERT SHORT 300 GRANNY WHITE PIKE BRENTWOOD, TN 37027	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	KENNETH CHICOS 134 WELLESLEY RD. BELMONT, MA 02478	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	SAMUEL CROCKER 611 COMMERCE ST. NASHVILLE, TN 37203	\$ 7,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CAROL JACOBSON 836 GLEN LEVEN DRIVE NASHVILLE, TN 37204, TN 37204	\$ 25,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	MICHAEL DEVLIN 405 JACKSON BLVD NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	TIMOTHY DOWNEY 1481 WILLOWBROOKE CIRCLE FRANKLIN, TN 37069	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	CAROL HENDERSON 417 PRESTWICK CT. NASHVILLE, TN 37205	\$ 124,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	BRENT WARE P.O. BOX 1869 BRENTWOOD, TN 37024	\$ 47,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	STEVEN ESKIND 2322 GOLF CLUB LANE NASHVILLE, TN 37215	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	BARBARA AND TED MAYDEN 4414 HERBERT PL. NASHVILLE, TN 37215	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	HENRY FORTE 1 LYNWOOD AVENUE NASHVILLE, TN 37205	\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	ELIZABETH DREIFUSS 637 GOOD SPRINGS ROAD BRENTWOOD, TN 37027	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	PETER GISONDI 11 HARDING AVENUE WHITE PLAINS, NY 10606	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	KARL HAURY 307 JACKSON BLVD NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	MASTRAPAQUA FAMILY FOUNDATION 814 CHURCH ST., #600 NASHVILLE, TN 37203	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	DAVID INGRAM 4417 TYNE BLVD NASHVILLE, TN 37215	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	W. E. SHERIFF 5621 OTERSHAW COURT BRENTWOOD, TN 37027	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	IRWIN ESKIND 541 JACKSON BLVD NASHVILLE, TN 37205	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	UNITED WAY OF METRO NASHVILLE P.O. BOX 280420 NASHVILLE, TN 37228	\$ 6,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	MARY BARNES DONNELLEY FOUND. 30 N. LASALLE #1232 CHICAGO, IL 60602	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	JOHN AND SUSAN GRADY 1343 BURTON VALLEY RD. NASHVILLE, TN 37215	\$ 10,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	JIM REED CHEVROLET 1215 BROADWAY NASHVILLE, TN 37203	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	VANDERBILT UNIV. MED. CENTER 2201 WEST END AVENUE NASHVILLE, TN 37235	\$ 221,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CURREY INGRAM ACADEMY

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	RALEIGH LANE 5136 BOXCROFT PLACE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	ELIOT LAURENCE 9570 HAMPTON RESERVE DRIVE BRENTWOOD, TN 37027	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	GEORGE LAW 1406 W. NORTHFIELD BLVD MURFREESBORO, TN 37129	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	THE HENDRIX FOUNDATION 424 CHURCH STREET, SUITE 2800 NASHVILLE, TN 37219	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	M. STRATTON FOSTER FOUNDATION 401 BOWLING AVVE., SUITE 82 NASHVILLE, TN 37205	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	JACK MAY 4535 HARDING ROAD, SUITE 309 NASHVILLE, TN 37205	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CURREY INGRAM ACADEMY

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	THOMAS MCDOW 1033 LYNWOOD BLVD NASHVILLE, TN 37215	\$ 15,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	GLEN CIVITTS 1616 CHICKERING ROAD NASHVILLE, TN 37215	\$ 15,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	NOBLE WORLD COMM. COMPANY 2155 W. CHESTERFIELD BLVD SPRINGFIELD, MO 65807	\$ 70,862.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	PINNACLE NATIONAL BANK 211 COMMERCE STREET, SUITE 300 NASHVILLE, TN 37201	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	RICHARD RAGSDALE 27 NORTHUMBERLAND NASHVILLE, TN 37215	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	DOYLE ROGERS 615 BELLE MEADE AVENUE NASHVILLE, TN 37205	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part I Contributors** (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	CAROLYN SCHMIDT 3712 CENTRAL AVENUE NASHVILLE, TN 37205	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	GERALD SHERIDAN 2 LYNWOOD AVENUE NASHVILLE, TN 37205	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	STEPHEN SMALL 507 WEST HILLWOOD DRIVE NASHVILLE, TN 37205	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	UTICA NATIONAL INSURANCE GROUP 41 PERIMETER CENTER, SUITE 300 ATLANTA, GA 30346	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	PETER WORKMAN 708 BROADWAY NEW YORK, NY 10003	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	UNITED WAY OF WILLIAMSON CO. 209 GOTHIC COURT, SUITE 107 FRANKLIN, TN 37067	\$ 6,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part II** Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization

CURREY INGRAM ACADEMY

Employer identification number

62-1296326

**Part III** Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once — see instructions.) ..... \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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## FEDERAL STATEMENTS

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CURREY INGRAM ACADEMY

62-1296326

STATEMENT 1  
FORM 990, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS

TOTAL \$ 139,065.  
\$ 139,065.

STATEMENT 2  
FORM 990, PART II, LINE 43  
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ADVERTISING	35,785.	2,358.		33,427.
AFTERCARE	54,253.	54,253.		
ATHLETICS	47,634.	47,634.		
BAD DEBTS	32,705.	32,705.		
BANK CHARGES	17,071.		17,071.	
BOOKSTORE	498.	498.		
COLLECTION FEES	26,226.		26,226.	
COMPUTER	320,660.	283,838.	28,537.	8,285.
CONSULTING	27,197.	6,136.	20,754.	307.
CONTRACT SERVICES	166,066.		166,066.	
DESIGNATED GIFT EXPENSE	9,503.	9,503.		
DIAGNOSTIC CENTER	20,025.	20,025.		
DISCRETIONARY FUND	10,053.		10,053.	
DUES AND SUBSCRIPTIONS	26,700.	14,440.	10,046.	2,214.
EQUINE CARE	2,415.		2,415.	
FACULTY CHILDCARE	3,112.		3,112.	
FUNDRAISING	42,092.		1,795.	40,297.
INSURANCE	141,248.		141,248.	
KITCHEN SUPPLIES AND FOOD	135,279.	135,279.		
LETTER OF CREDIT FEES	50,879.		50,879.	
LIBRARY EXPENSE	43,363.	34,564.	8,799.	
MISCELLANEOUS	1,002.	368.	630.	4.
PROFESSIONAL DEVELOPMENT	53,633.	26,575.	20,631.	6,427.
PROPERTY TAX	40,622.		40,622.	
REPAIRS	4,600.	895.	3,705.	
SCHOLARSHIP	565,667.	565,667.		
SCHOOL HOSPITALITY	27,869.	1,290.		26,579.
SEARCH EXPENSE	67,122.	6,395.	60,727.	
SMALL EQUIPMENT	12,319.	4,324.	7,995.	
STIPENDS	1,500.	1,500.		
STUDENT ACTIVITIES	202,076.	202,076.		
SUBSTITUTION TEACHING	30,205.	30,205.		
TECHNOLOGY	19,689.		19,689.	
TESTING	10,346.	10,346.		
TEXTBOOKS	11,968.	11,968.		
TRASH REMOVAL	10,642.		10,642.	
TUITION INSURANCE	86,529.	86,529.		
UTILITIES	133,204.	130,540.	1,332.	1,332.
VEHICLE	15,408.		15,408.	
TOTAL	\$ 2,507,165.	\$ 1,719,911.	\$ 668,382.	\$ 118,872.

## CURREY INGRAM ACADEMY

62-1296326

**STATEMENT 3**  
**FORM 990, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CURREY INGRAM ACADEMY IS A NONPROFIT KINDERGARTEN THROUGH TWELFTH GRADE COLLEGE PREPATORY SCHOOL FOR STUDENTS WITH AVERAGE TO ABOVE AVERAGE INTELLIGENCE WHO HAVE LEARNING DIFFERENCES.

**STATEMENT 4**  
**FORM 990, PART IV, LINE 57**  
**LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 120,466.	\$ 0.	\$ 120,466.
FURNITURE AND FIXTURES	2,173,255.	0.	2,173,255.
MACHINERY AND EQUIPMENT	48,062.	0.	48,062.
BUILDINGS	17,805,521.	0.	17,805,521.
IMPROVEMENTS	84,599.	0.	84,599.
LAND	3,262,615.		3,262,615.
MISCELLANEOUS	0.	3,939,302.	-3,939,302.
<b>TOTAL</b>	<b>\$ 23,494,518.</b>	<b>\$ 3,939,302.</b>	<b>\$ 19,555,216.</b>

**STATEMENT 5**  
**FORM 990, PART IV, LINE 58**  
**OTHER ASSETS**

BOND ISSUE COSTS - NET ACC AMORT	\$ 66,532.
DEPOSITS	6,000.
INVEN	7,688.
UNDERWRITERS DISCOUNTS - NET ACC AMORT	31,406.
<b>TOTAL</b>	<b>\$ 111,626.</b>

**STATEMENT 6**  
**FORM 990, PART IV, LINE 65**  
**OTHER LIABILITIES**

ACCRUED EXPENSES	\$ 571,478.
LINE OF CREDIT	240,201.
<b>TOTAL</b>	<b>\$ 811,679.</b>

## CURREY INGRAM ACADEMY

62-1296326

STATEMENT 7  
 FORM 990, PART V-A  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JAMES LITTLEJOHN 2121 CHICKERING LANE NASHVILLE, TN 37215	PAST PRESIDENT 2	\$ 0.	\$ 0.	\$ 0.
NANCY ZORETIC 5150 HEREFORD COURT BRENTWOOD, TN 37027	VICE PRESIDENT 2	0.	0.	0.
JEFFREY ESKIND 416 ELLENDALE DRIVE NASHVILLE, TN 37205	PRESIDENT 2	0.	0.	0.
HARRIET DUNN 4717 CHALMERS DRIVE NASHVILLE, TN 37215	TREASURER 2	0.	0.	0.
MATTHEW BREYER 6 WARWICK LANE NASHVILLE, TN 37205	TRUSTEE 2	0.	0.	0.
CAROL HENDERSON 417 PRESTWICK CT. NASHVILLE, TN 37205	TRUSTEE 2	0.	0.	0.
MILLER HOGAN 1717 DANFORTH PARK CLOSE BRENTWOOD, TN 37027	TRUSTEE 2	0.	0.	0.
CAROLYN SCHMIDT 3712 CENTRAL AVENUE NASHVILLE, TN 37205	TREASURER 2	0.	0.	0.
NANCY EISENBRANDT 412 LOUDON PLACE BRENTWOOD, TN 37027	TRUSTEE 2	0.	0.	0.
CHERYL BRADY 1208 ELKADER COURT N. ANTIOCH, TN 37013	TRUSTEE 2	0.	0.	0.
SAM CROCKER 3713 WIMBLEDON ROAD NASHVILLE, TN 37215	TREASURER 2	0.	0.	0.
SUSAN GRADY 1343 BURTON VALLEY RD. NASHVILLE, TN 37215	TRUSTEE 2	0.	0.	0.

## CURREY INGRAM ACADEMY

62-1296326

## STATEMENT 7 (CONTINUED)

## FORM 990, PART V-A

## LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JANE HANNAH 612 GEORGETOWN DRIVE NASHVILLE, TN 37205	DIVISION HEAD 40	\$ 74,360.	\$ 3,718.	\$ 0.
KRISTI HARRIS 6016 SEDBERRY ROAD NASHVILLE, TN 37205	DIVISION HEAD 40	96,408.	4,800.	0.
JAN JACOBSON 836 GLEN LEVEN DR. NASHVILLE, TN 37204	TRUSTEE 2	0.	0.	0.
JEFF GREENE 420 SUNNYSIDE DRIVE NASHVILLE, TN 37205	SECRETARY 2	0.	0.	0.
ALLISON BENDER 114 ARLINGTON PLACE FRANKLIN, TN 37064	CLINICAL DIR. 40	67,979.	3,242.	0.
TAMMY GIBBS 715 SPLITRAIL DRIVE BRENTWOOD, TN 37027	DIVISION HEAD 40	75,000.	1,120.	0.
KATHY RAYBURN 3013 FLAGSTONE DRIVE FRANKLIN, TN 37067	HEAD OF SCHOOL 40	216,594.	10,830.	0.
KARL E HAURY 307 JACKSON BLVD NASHVILLE, TN 37205	VICE PRESIDENT 2	0.	0.	0.
	TOTAL	\$ 530,341.	\$ 23,710.	\$ 0.

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## FEDERAL STATEMENTS

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CURREY INGRAM ACADEMY

62-1296326

STATEMENT 8  
FORM 990, PART VII, LINE 93  
PROGRAM SERVICE REVENUE

	(A) BUSI- NESS CODE	(B) UNRELATED BUSINESS AMOUNT	(C) EXCLU- SION CODE	(D) EXCLUDED AMOUNT	(E) RELATED OR EXEMPT FUNCTION
PROGRAM SERVICE REVENUE					
AFTERCARE INCOME					\$ 92,858.
APPLICATION / ENROL. FEES					111,750.
CHILD DEVELOPMENT CENTER					81,482.
DEWAR'S TUITION REFUND					86,529.
DIAGNOSTIC CENTER					97,286.
FINANCE CHARGE INCOME					18,756.
STUDENT ACTIVITIES					125,740.
STUDENT FEES					53,190.
TUITION FEES					5,918,952.
TOTAL		\$ 0.		\$ 0.	\$ 6,586,543.

STATEMENT 9  
FORM 990, PART VIII  
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93A	TUITION AND FEES ARE AMOUNTS PAID BY STUDENTS IN THE VARIOUS CLASSES THAT ARE CONDUCTED BY THE ORGANIZATION TO PROVIDE EXTRA GUIDANCE FOR THE CHILDREN WITH LEARNING DIFFERENCES.
103B	MISCELLANEOUS REVENUE INCLUDING STUDENT PUBLICATIONS, TECHNOLOGY FEES, AND SPECIAL EVENTS, WHICH CONTRIBUTE TO THE EDUCATION AND DEVELOPMENT OF STUDENTS.

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FEDERAL SUPPLEMENTAL INFORMATION

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CURREY INGRAM ACADEMY

62-1296326

SCHEDULE A - PART III - GRANTS FOR SCHOLARSHIPS - LINE 3A.

NO DIRECT DISBURSEMENTS ARE MADE TO ANY INDIVIDUAL OR ORGANIZATION. THE SCHOOL DOES PROVIDE SCHOLARSHIPS (REDUCES OR WAIVES TUITION) TO CHILDREN WHOSE FAMILIES CANNOT AFFORD THE SCHOOL'S TUITION. THE CHILDREN MUST MEET THE SCHOOL'S REQUIREMENT IN TERMS OF HAVING LEARNING DIFFERENCES AND THE PARENTS MUST SUBMIT FINANCIAL INFORMATION SO THE SCHOOL CAN DETERMINE THEIR ABILITY TO PAY TUITION.