## Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	Fort	the 2007 calen	dar year,	or tax year begii	nning 7/01	, 200	7, and e	ending	6/3	0	, 20	80	
В	Check	if applicable:		С						D Empl	loyer identifical	ion Number	
	Па	ddress change		CURREY INC		MY				62	-129632	6	
	N	lame change	ι οι τγρυ.	6544 MURRA						E Teles	hone number		
		nitial return	See specific	BRENTWOOD,	TN 37027					(6	15) 507·	-3167	
	<b>—</b>	ermination	Instruc- tions.								unting od:		Accrual
	H	mended return	40000								Other (specify)		JACGE
	$\vdash$	pplication pending	- Soction	on 501(c)(3) oraș	anizatione and	1917/aV1\ nonovem		H and I	are not annli		ction 527 organ		
	ш.	pproducti portaring	charit	table trusts mus	t attach a comp	4947(a)(1) nonexemp pleted Schedule A	A				r affiliates?		X No
			•	1 990 or 990-EZ).				H (b)	If 'Yes,' ente	r number o	f affiliates	ш	ш
<u>G</u>	Web	site: ► WWW.	CURREY	INGRAM.ORG				H (c)	Are all affilia	ites include	:d?	Yes	No
J	Orga	nization type		<b></b>			_		(If 'No,' attac	ch a fist. Se	ee instructions.)		_
		ck only one)			3 ◀ (însert no.)		527	H (d)	Is this a sepa				r===
K						rting organization an					a group ruling?	1,40	X No
	gros	s receipts are i inization choos	normally i es to file :	not more than \$2 a return, be sure	25,000. A return e to file a comol	is not required, but	if the	l			Number		
			<del></del>		<del></del>			M			organization is Form 990, 990-		
				b, 9b, and 10b to			<b>D</b> -1				· · · · · · · · · · · · · · · · · · ·	EZ, UI 33U-P	r).
	T					Assets or Fund	Balar	ices	(See the	: INSTru	ICTIONS.)		
				ants, and similar		/ea: 	1 4-	i					
								_	E 100	222			
					•				5,188	, 223.			
	e					e 1a)435,21					1	г 100	202
											1 e	$\frac{5,188}{0.227}$	~
	3					nd contracts (from P			•	The state of the s	3	8,337,	340.
	4	-											
	5										5	204	400
	_					· · · · · · · · · · · · · · · · · · ·	1	t	• • • • • • • • •		3	304,	498.
	t e					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<del></del>				
						 ба					6c		
_				ne (describe						````	7		
REVENU					1	(A) Securities	1		(B) Othe	r			
Ě	88	Gross amoun than inventor	iross amount from sales of assets other nan inventory	er  -		. 8a		(-) +					
Ü	b			is and sales exp				<del> </del>					
-				le)STAT			8c	-					
	1				_	B)					8d		
						amount is from gami				7			
						of contributions				-			
		reported on li	ne 1b)				. 9a			613.			
	b	Less: direct e	xpenses o	other than fundra	aising expenses		. 9b			868.			
						9b from line 9a		STA	TEMENT.	.2	9с	24,	<u>745.</u>
								<del>                                     </del>					
			•										
	C				•	act line 10b from line 10a.				<b>-</b>	10 c		
	11		•	•							11		819.
	12					0c, and 11						3,908,	
E	13											<u>7,732,</u>	
X P	14											2,820,	
MACMENAC	15										15	594,	<u>247.</u>
S	16										16		
\$	17											1,147,	
A	18					ne 12						2,761,	
ASSET	19					line 73, column (A))					19 2	0,373,	
		-			•	explanation)	SEES	TAT	EMENT3	3 [	20	-842,	
S	21	Net assets or	fund hala	neas at and of w	ear Combine li	nec 18 19 and 20					21 2	2 291	122

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 See instruct)

	Oo 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 paid from donor advised							
	funds (attach sch) (cash \$							
	non-cash \$							
	If this amount includes							
	foreign grants, check here	22a						
221	Other grants and allocations (att sch) SEE STY	4 4						
	(cash \$ 798,714. non-cash \$ )							
	If this amount includes							
	foreign grants, check here.	22b	798,714.	798,714.				
23	Specific assistance to individuals							
0.4	(attach schedule)	23						
24	Benefits paid to or for members (attach schedule)	24						
25 a	Compensation of current officers,				-			
	directors, key employees, etc. listed in Part V-A	25 a	875,137.	622,890.	196,018.	56,229.		
ŀ	Compensation of former officers,							
	directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.		
(	Compensation and other distributions, not	200	· ·	· ·	· · · · · · · · · · · · · · · · · · ·			
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons							
	described in section	25.	0.	0.	0.	٥		
	4958(c)(3)(B)	25 c	U.	U.	V.	0.		
26	Salaries and wages of employees not included on lines 25a, b, and c	26	4,982,888.	3,546,636.	1,116,094.	320,158.		
27	Pension plan contributions not							
	included on lines 25a, b, and c	27						
28	Employee benefits not included on	20	422 027	201 664	04 021	27 222		
29	lines 25a - 27 Payroll taxes	28 29	423,827. 414,583.	301,664. 295,085.	94,931. 92,861.	27,232. 26,637.		
30	Professional fundraising fees	30	414,505.	293,003.	92,001.	20,037.		
31	Accounting fees	31	20,632.		20,632.			
32	Legal fees	32	13,480.		13,480.			
33	Supplies	33	147,882.	78,237.	66,289.	3,356.		
34	Telephone	34	39,629.	38,837.	396.	396.		
	Postage and shipping	35	17,941.	4,943.	6,676.	6,322.		
	Occupancy	36	74,292.	72,806.	743.	743.		
	Equipment rental and maintenance	37	10,784.	22.016	10,784.	22 550		
	Printing and publications	38	78,608.	33,216.	11,842.	33,550.		
39 40	Travel	39 40	65,142.	48,904.	11,577.	4,661.		
41	Interest	41	242,289.	40,304.	242,289.	4,001.		
42	Depreciation, depletion, etc (attach schedule)	42	849,221.	832,237.	8,492.	8,492.		
	Other expenses not covered above (itemize):		5 10 , 11 11					
a	SEE STATEMENT 5	43a	2,092,434.	1,058,329.	927,634.	106,471.		
Ŀ		43 b			W 0			
		43 c				<del>,</del>		
		43 d						
e		43e						
Ī		43 f 43 g						
		<del></del>				<u> </u>		
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)		11,147,483.	7,732,498.	2,820,738.	594,247.		
	t Costs. Check . Lif you are following			tr. tr. 12	N. D	⊾ਾਂ∨ ਰਾ∴		
	any joint costs from a combined education							
\$	es,' enter(i) the aggregate amount of thes : (iii) the amount al	locate locate	i cosis ⇒ d to Management and o	; (II) the al	gory of Dejaconia involu Pdt <b>(vi)</b> has	gram services amount allocated		
	f 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; and (iv) the amount allocated to Fundraising \$; and (iv) the amount allocated to Fundraising \$;							

## Form 990 (2007) CURREY INGRAM ACADEMY Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of	of information about a particular
organization. How the public perceives an organization in such cases may be determined by the information	ation 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.

rease make sure the return is	s complete and accurate and it	uny describes, in Fart III, the organization's programs and a	CCOMPRISHMENTS.
Vhat is the organization's prin	nary exempt purpose?  SE	E STATEMENT 6	Program Service Expenses
ll organizations must describ lients served, publications issue rations and 4947(a)(1) nonex	e their exempt purpose achieved, etc. Discuss achievements the empt charitable trusts must als	rements in a clear and concise manner. State the number of at are not measurable. (Section 501(c)(3) and (4) organ- so enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a CONDUCTED EDUCA		RADES K-12 WITH LEARNING	
DIFFERENCES.			
4		) If this amount includes foreign grants, check here	7,732,498.
n			
(Grants and allocations	 \$	) If this amount includes foreign grants, check here	
_			
(Grants and allocations	\$	) If this amount includes foreign grants, check here	
(Overla and allegations	·		
(Grants and allocations e Other program services.		) If this amount includes foreign grants, check here	
(Grants and allocations		) If this amount includes foreign grants, check here	
f Total of Program Service	e Expenses (should equal line	44. column (B). Program services)	7,732,498.

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Form 990 (2007)

		Bulance oncers (Occ the motifications)						
Not	e: V	Where required, attached schedules and amounts withir column should be for end-of-year amounts only.		(A) Beginning of year		<b>(B)</b> End of year		
	45	Cash — non-interest-bearing		3,419,532.	45	5,968,672.		
	46	Savings and temporary cash investments					46	
	1	Accounts receivable			988.	135,536.	47 c	195,295.
	"	Less, anowalice for doubtful accounts	4/ 0	220,	, 055.	133,330.	4/0	1,0,2,0,
	40.	Dladana rannivahla	40.0	2,643,	722			
		Pledges receivable				2 007 204	40 -	1 005 202
		Less: allowance for doubtful accounts			531.	2,907,394.	1	1,985,202.
		Grants receivable			•••••		49	<del></del>
		Receivables from current and former officers, director employees (attach schedule)	• • • • • •		Γ		50 a	
A	b	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attac	ed und h sche I	er section 4958 dule)	3(f)(1))		50 b	
<u>s</u>	51 a	Other notes and loans receivable (attach schedule)	E1 a		İ			
ASSETS		Less: allowance for doubtful accounts					51 c	
S				51 C				
		Inventories for sale or use	141,327.	53	117,258.			
		Prepaid expenses and deferred charges						
	54 a	Investments publicly-traded securitiesSTMT.7.		HCOST A		3,597,165.		3,539,009.
		Investments — other securities (attach sch)		Cost	FMV		54 b	
	55 a	Investments – land, buildings, & equipment: basis	55 a					
		Less: accumulated depreciation (attach schedule)					55 c	
		Investments other (attach schedule)					56	
	57 a	Land, buildings, and equipment: basis	57 a	26,046,	333.			
		Less: accumulated depreciation (attach schedule)	57b	5,653 <u>,</u>	626.	18,861,920.	57 c	20,392,707.
	58	Other assets, including program-related investments						
						110,671.	58	104,751.
	59	Total assets (must equal line 74). Add lines 45 throug				29,173,545.	59	32,302,894.
	60	Accounts payable and accrued expenses			r	142,135.	60	705,135.
	61	Grants payable			T T		61	· · · · · · · · · · · · · · · · · · ·
L	62	Deferred revenue				1,262,844.	62	2,034,773.
L A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63				
Ŀ	64 a	Tax-exempt bond liabilities (attach schedule)SE				6,660,000.	64 a	6,360,000.
Ť-ES		Mortgages and other notes payable (attach schedule)					64 b	
S	65	Other liabilities (describe SEE STATEMENT				735,306.	65	911,564.
	66	Total liabilities. Add lines 60 through 65				8,800,285.	66	10,011,472.
	Oraz	nnizations that follow SFAS 117, check here 🕨 🗓 ar						
Ē		through 69 and lines 73 and 74.			ľ			
	67	Unrestricted				14,338,245.	67	15,985,331.
<b>⊄</b> ⇔MH-⇔	68	Temporarily restricted			-	3,484,604.	68	3,672,085.
Ē		Permanently restricted				2,550,411.	69	2,634,006.
		anizations that do not follow SFAS 117, check here	_		F			
R R	. 5	70 through 74.	٠ ـــ	,	1			
F U N D	70	Capital stock, trust principal, or current funds					70	
	71	Paid-in or capital surplus, or land, building, and equip			-		71	
B	72	Retained earnings, endowment, accumulated income,			-		72	
Ä					ſ		72	
BALANCES	73	Total net assets or fund balances. Add lines 67 through 72. (Column (A) must equal line 19 and column (B) m	gn 69 (	o <b>r</b> lines 70 thro	ugn	20,373,260.	73	22,291,422.
Ī	74	Total liabilities and net assets/fund balances. Add lin	29,173,545.	74	32,302,894.			

P	Art IV-A Reconciliation of Revenu instructions.)	e per Audited Financia	l Statements with	Revenue per Retur	n (See the
а	Total revenue, gains, and other support	ner audited financial stateme	ante	a	13,928,188.
b	Amounts included on line a but not on F		яна	<b>u</b>	13,520,100.
-	1Net unrealized gains on investments		b1	-184,455.	
	2Donated services and use of facilities		·	172,144.	
	3Recoveries of prior year grants				
	4011				
	000 cmv 10		ام د ا	31,868.	
	Add lines b1 through b4			b	
C	Subtract line <b>b</b> from line <b>a</b>			<u>c</u>	13,908,631.
d	Amounts included on Part I, line 12, but		1 1		
	1 Investment expenses not included on Pa				
	2Other (specify):				
_	Add lines d1 and d2				13,908,631.
e	Total revenue (Part I, line 12). Add lines art IV-B Reconciliation of Expens	oc nor Audited Financis	al Statements with	Fynenses ner Ret	
<b>建基</b>	analogo Neconcination of Expens	es per Addited i manoi	ai Statements with	LAPONSOS POI NOC	u111
а	Total expenses and losses per audited f	inancial statements		a	12,010,026.
ь	Amounts included on line a but not on F				
	1Donated services and use of facilities	•	b1	172,144.	
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20		b3		
	4Other (specify):				
	ann anum 10			690,399.	
	Add lines b1 through b4			<del>1</del> 1	862,543.
С	Subtract line b from line a				11,147,483.
d	Amounts included on Part I, line 17, but		11		
	1 Investment expenses not included on Pa		7-1-		•
	2Other (specify):				
	Add lines d1 and d2				11,147,483.
P	Current Officers, Director or key employee at any time du				
	or key employee at any time du	ring the year even if they wer	e not compensated.)	(See the instructions.)	
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter-0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
_				componication plane	
<u>SE</u>	E STATEMENT 14		732,937.	73,406.	68,794.
	. <b></b>				
	1.00				
BA	Α	TEEA0105L 0	8/02/07		Form 990 (2007)

Form 990 (2007) CURREY INGRAM ACADEMY		•	62-1296	326 Page <b>6</b>						
Part V-A Current Officers, Directors, Tru	stees, and Key En	ıployees (continue	d)	Yes No						
75 a Enter the total number of officers, directors, and trustees p										
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the related	nsated professional and igh family or business i	d other independent cor	stractors listed in Sched	yees state and the state of the						
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'.										
If 'Yes,' attach a statement that includes the in				7F.1 V						
d Does the organization have a written conflict of										
Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)										
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances						
NONE										
<del></del>										
-										
·										
		:								
Part VI Other Information (See the instr	ructions.)			Yes No						
76 Did the organization make a change in its actiff 'Yes,' attach a detailed statement of each ch	vities or methods of con	nducting activities?		76 X						
77 Were any changes made in the organizing or o	-			<del>                                     </del>						
If 'Yes,' attach a conformed copy of the chang		·								
78a Did the organization have unrelated business of	gross income of \$1,000	or more during the year	r covered by this return	n? <b>78a</b> X						
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78Ь N/А						
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement	n, or substantial contra	ction during the		79 X						
80 a Is the organization related (other than by asso membership, governing bodies, trustees, office	ciation with a statewide ers, etc, to any other ex	e or nationwide organiza cempt or nonexempt org	ation) through common panization?	80a X						
b if 'Yes,' enter the name of the organization	N/A									
	and ch	eck whether it is 🔲 ex	empt <b>or</b> nonexer	npt.						
81 a Enter direct and indirect political expenditures.	. (See line 81 instructio	ns.)	81a	0.						
b Did the organization file Form 1120-POL for th	is year?	1								
3AA				Form <b>990</b> (2007)						

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Form 990 (	2007) CURREY INGRAM ACAI	EMY				62-1296	326	ſ	Page 8	
Part VI	Other Information (continu	ed)						Yes	No	
c At an	y time during the calendar year, di	d the organiza	tion r	naintain an office	outside of the	United States?	91	С	X	
	s,' enter the name of the foreign coun						\$			
	on 4947(a)(1) nonexempt charitable		 orm	990 in lieu of <b>Fo</b>	<i>rm 1041</i> – Chec	k here	N	[/A	<b>-</b> [	
	enter the amount of tax-exempt into	-				1 1	ì		N/A	
	Analysis of Income-Produc						****	· ·		
	<u>,                                    </u>			ness income		ection 512, 513, or 514				
Note: Ente	r gross amounts unless	(A)		(B)	(C)	(D)	Related	(E)	nmnt	
otherwise i	ndicated.	Business code		Amount	Exclusion code	Amount	functi	on inco	me	
93 Pro	gram service revenue:									
	E STATEMENT 15						8,	337,	346.	
							·			
					1					
e	•			<del></del>						
	dicare/Medicaid payments									
	& contracts from government agencies									
-	mbership dues and assessments.									
	est on savings & temporary cash invmnts.									
	dends & interest from securities .				14	304,498.				
	rental income or (loss) from real estate:		N. Francisco							
	t-financed property		-Consentations					21-23-32-32-32-32-32-32-32-32-32-32-32-32-	Comments.	
	debt-financed property									
	rental income or (loss) from pers prop									
	er investment income									
100 Gair othe	n or (loss) from sales of assets er than inventory									
	ncome or (loss) from special events				3	24,745.				
	s profit or (loss) from sales of inventory					,				
	er revenue: a									
b MI	SCELLANEOUS		•					53,1	819.	
c										
d										
е										
104 Subt	otal (add columns (B), (D), and (E))					329,243.	8,	391,3	<del>165.</del>	
105 Tota	al (add line 104, columns (B), (D),	and (E))					8,	720,4	408.	
Note: Line	105 plus line 1e, Part I, should equ	ial the amoun	t on li	ne 12, Part I.		<del></del>				
Part VIII	Relationship of Activities to	o the Acco	nplis	shment of Exc	empt Purpos	es (See the instruc	tions.)			
Line No.	Explain how each activity for which	h income is re	porte	d in column (E)	of Part VII contri	buted importantly to the	accomp	lishmer	nt	
<b>Y</b>	Explain how each activity for whice of the organization's exempt purp	oses (other th	an by	providing funds	for such purpose	es).				
	SEE STATEMENT 16									
					1 1 5 121	· · · · · ·	<del> </del>			
Panux	Information Regarding Tax		giari							
	(A)	(B)		(0	•)	(D)		(E)		
Name,	address, and EIN of corporation,	Percentage	of	Nature of	activities	Total		-of-year	r	
<del> </del>	nership, or disregarded entity	ownership in				income	a	ssets		
N/A		1	ુ જ	·						
			8							
Deav	Information Describes To-	nofous A = -	웅	ad with the	and Day 40	Contracts (Con Hor	inclose	liana 1		
	Information Regarding Tra									
	organization, during the year, receive any fu	•					_			
	e organization, during the year, pa	- •		•	a personal ber	etit contract?	Yes	X	МО	
Note: //	Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).									

Par	Information Regarding Transfers To a organization is a controlling organization	nd From Controlled En	n <mark>tities.</mark> Complete only if t n 512(b)(13).	he
				Yes No
106 	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controlle	a controlled entity as defined entity	ed in section 512(b)(13) of the	Code? If
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
107	Did the reporting organization <b>receive</b> any transfers to 'Yes,' complete the schedule below for each controlled	from a controlled entity as d	efined in section 512(b)(13) of	the Code? If
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
108	Did the organization have a binding written contract i annuities described in question 107 above?	n effect on August 17, 2006,	, covering the interest, rents, ro	yes No yealties, and X
Pleas Sign	Under penalties of perjury, I declare that I have examined this returne, correct, and complete. Declaration of preparer (other than of Signature of officer	turn, including accompanying scheduld flicer) is based on all information of w	es and statements, and to the best of my hich preparer has any knowledge.	knowledge and belief, it is
Here		ourn, Head	of School	
Paid Pre-	Preparer's signature	Date &	Check if self-employed	Preparer's SSN or PTIN (See General Instruction X) N/A
pare Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4  FRASIER, DEAN & HOWAR 3310 WEST END AVENUE, NASHVILLE, TN 37203	<del></del>	EIN ► N/A Phone no. ► (6	15) 383-6592
BAA	PAR+4 MADIIVILLE, IN 3/203		Phone no. ► (6	15) 383-6592 Form <b>990</b> (2007)