Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

A	For the 2004 calendar year, or ta		, 200 7 , ar	dending Ju			004
В	Check if applicable Please use	Name of organization			1 '	•	cation Number
	Address change IRS label Me	troplitian Educati				7-00247	
	Traine change	Number and street (or P O box if ma		Room/suite	E Tele	ephone numb	er
	X Initial return See specific 12	O White Bridge Roa					
	Fınal return instruc-	City, town or country	State	ZIP code + 4	F Acc	ounting hod:	Cash X Accru
	Amended return Na	shville	TN	37209		Other (speci	fy) ►
	Application pending • Section 5	01(c)(3) organizations and 4	947(a)(1) nonexempt	H and I are not	t applicable to s	ection 527 org	
		e trusts must attach a compl D or 990-EZ).	eted Schedule A	H (a) Is this	a group return t	for affiliates?	Yes X
c	Web site: ► N/A	3 OI 330 LL).		H (b) If 'Yes,	' enter number	of affiliates	
G	vveb site N/A			H (C) Are all	affiliates includ	ded?	Yes
J	Organization type (check only one)	501(c) 3 ⋖ (insert no.)	4947(a)(1) or 52		' attach a list S	See instruction	ns)
<u>_</u>	(4114)	tion's gross receipts are norm		H (d) is this	a separate retu	rn filed by an	
n	\$25,000. The organization need			organia	zation covered t	by a group rul	ing? Yes I
	received a Form 990 Package in	the mail, it should file a retu	rn without financial data.	I Grou	p Exemption	Number	<u> </u>
	Some states require a complete	return.				•	n is not required
L	Gross receipts: Add lines 6b, 8b,	9b, and 10b to line 12 ► 14	17,201.	to atta	ch Schedule B	(Form 990, 9	90-EZ, or 990-PF)
Pa	t I Revenue, Expenses	s, and Changes in Net	Assets or Fund Bal	ances (See l	nstructions)		
	1 Contributions, gifts, grants,	and similar amounts receive	ed:				
	a Direct public support			1a	3,840.	_	
	b Indirect public support			1 Ь]	
	c Government contributions (grants)	,	1c	129,997.]	
	d Total (add lines la through 1c) (cash \$	noncash \$)		1d	133,837
		ncluding government fees and	d contracts (from Part VI	l, line 93)		2	13,364
	3 Membership dues and asse	essments	,			3	
	4 Interest on savings and ten	nporary cash investments				4	
	5 Dividends and interest from	securities				5	
	6a Gross rents			6a			
	b Less rental expenses			6Ь			
	c Net rental income or (loss)	(subtract line 6b from line 6a	a)			6c	
R	7 Other investment income (describe)	7	
REVENUE	8a Gross amount from sales o	f accets other	(A) Securities	(B)	Other		
Ė	than inventory	assets other		8a			
Ü	b Less: cost or other basis ai	nd sales expenses		8b			
_	c Gain or (loss) (attach schedule)			8c			
	d Net gain or (loss) (combine	e line 8c, columns (A) and (B))		-	8d	
	9 Special events and activitie	es (attach schedule). If any a	mount is from gaming, c	heck here	▶□		<u> </u>
	a Gross revenue (not includir	ng \$	of contributions				
-	RECEIVED 1a)			9a			
	b Loss: direct expenses other	r than fundraising expenses		9 b			
0	c Net income or (loss from s	special events (subtract line s	9b from line 9a)			9c	
560	104 PRost sale 2005 veryory, le	ess returns and allowances	1	10 a			
4,	b Less cost of good ຄຣັດd	•		10Ь		1	
l	OSPENIOFIUTIAN from sales o	f inventory (attach schedule) (subtra	ct line 10b from line 10a)			10 c	
	11 Other revenue (from Part V	/II, line 103)				11	
	·-	d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10	c, and 11)			12	147,201
	13 Program services (from line					13	93,207
X	14 Management and general (14	C
EXPENSES	15 Fundraising (from line 44,					15	. C
N S	16 Payments to affiliates (atta					16	
Š	17 Total expenses (add lines					17	93,207
_		rear (subtract line 17 from lin	e 12)			18	53,994
N S	19 Net assets or fund balance	s at beginning of year (from				19	C
N S E E	20 Other changes in net asset	s or fund balances (attach e				20	
S		s at end of year (combine lin				21	53,994
_	= 140t doocto or fund balance	S at one of your (combine in			 		33,334

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

TEEA0101 01/07/05

Page 2

Form 990 (2004) Metroplitian Education Access Corp 27-0024733

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 \$)	22				
Specific assistance to individuals (att sch)Benefits paid to or for members (att sch)	23			•	
25 Compensation of officers, directors, etc	25	26,315.	26,315.	0.	0.
26 Other salaries and wages .	26	20,310.	20,323.		
27 Pension plan contributions	27				· · · · · · · · · · · · · · · · · · ·
28 Other employee benefits	28				
29 Payroll taxes	. 29	2,503.	2,503.	0.	0.
30 Professional fundraising fees	30				
31 Accounting fees	31	760.	760.	0.	0.
32 Legal fees	32	50.	50.	0.	0.
33 Supplies	33	401.	401.	0.	0.
34 Telephone	34	914.	914.	0.	0.
35 Postage and shipping	35	321.	321.	0.	0.
36 Occupancy	36				
37 Equipment rental and maintenance	37	2,426.	2,426.	0.	0.
38 Printing and publications	38	56.	56.	0.	0.
39 Travel .	39	789.	789.	0.	0.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	3,348.	3,348.	0.	0.
43 Other expenses not covered above (itemize)					
a Playback	43a	43,000.	43,000.	0.	0.
b Contract labor	43b	5,745.	5,745.	0.	0.
c NCLB	43c	2,618.	2,618.	0.	0.
d Utilities	43d	1,168.	1,168.	0.	0.
e See Other Expenses Stmt	43e	2,793.	2,793.	0.	0.
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	93,207.	93,207.	0.	0.
Joint Costs. Check If you are follows	ng SOP 98-	2			
Are any joint costs from a combined educati	onal campa	ign and fundraising soli	citation reported in (B)	Program services?	► Yes X No
If 'Yes,' enter (i) the aggregate amount of the	ese joint cos	its \$, (ii) the an	nount allocated to Progr	am services
	allocated to	Management and gene	eral \$, and (iv) the	e amount allocated
to Fundraising \$					
Part III Statement of Program Se		complishments		·	
What is the organization's primary exempt p All organizations must describe their exemp clients served, publications issued, etc. Disc izations and 4947(a)(1) nonexempt charitable			ourage, and contribute and concise manner St surable. (Section 501(o t of grants & allocations		Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a Specifically, by, overseeing program pro	duction for	and management of the edu	cational access channels	, day-today operation	
establishing and administering all rules	_regulation	s, and procedures pertain	ning to the use and sched	ules of the education	
and developing the use of these channels	by all school	ols, colleges, universiti	es, and other organizati	ons with educational	
		(Grants and a	allocations \$	0.)	93,207.
b					
		(Grants and a	allocations \$)	
С					
		(Grants and a	allocations \$)	
d		• • • • • • • • • • • • • • • • • • • •			
				===========	
		(Grants and a	allocations \$		
e Other program services		(Grants and a		<u>-</u>	······································
f Total of Program Service Expenses (s	hould equal	 		<u> </u>	93,207.

Part IV Balance Sheets (See Instructions)

Not	e:		ere required, attached schedules and amounts within umn should be for end-of-year amounts only.	the de	scription	(A) Beginning of year		(B) End of year
		45	Cash – non-interest-bearing			0.	45	14,231.
		46	Savings and temporary cash investments				46	
							}	
		47 a	Accounts receivable	47 a	42,209.			
		b	Less: allowance for doubtful accounts	47 b		0.	47 c	42,209.
		48 a	Pledges receivable	48a				
		_	Less. allowance for doubtful accounts	48b			48c	·-
		49	Grants receivable		ļ		49	
ASSETS	 	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	ey			50	
Ē		51 a	Other notes & loans receivable (attach sch)	51 a				
s		b	Less. allowance for doubtful accounts	51 b			51 c	<u>-</u>
		52	Inventories for sale or use		[52	· · · - · <u>- · · · · · · · · · · · · · ·</u>
		53	Prepaid expenses and deferred charges				53	
	!		Investments - securities (attach schedule)		► Cost FMV	·	54	
		55 a	Investments - land, buildings, & equipment: basis	55 a	·		1 1	
		b	Less: accumulated depreciation (attach schedule)	55 b			55 c	
		56	Investments – other (attach schedule)				56	
ı		57 a	Land, buildings, and equipment basis	57 a	44,209.			
		b	Less: accumulated depreciation (attach schedule)	57 b	3,348.	0.	57 c	40,861.
		58	Other assets (describe >)		58	
		59	Total assets (add lines 45 through 58) (must equal li	ne 74)		0.	59	97,301.
		60	Accounts payable and accrued expenses			0.	60	42,083.
Ļ		61	Grants payable				61	· · · · · · · · · · · · · · · · · · ·
LIABILITIES		62	Deferred revenue		_		62	
Ĩ		63	Loans from officers, directors, trustees, and key employees (attach	schedul	le)		63	····
Ţ		64 a	Tax-exempt bond liabilities (attach schedule)		_		64 a	
E			Mortgages and other notes payable (attach schedule)		<u></u>		64b	····
S			Other liabilities (describe ► <u>Accrued expens</u>	es)	<u> </u>	65	1,224.
			Total liabilities (add lines 60 through 65)			<u> </u>	66	43,307.
N	Or	gani	-	nd com	nplete lines 67			
Ĕ		~~	through 69 and lines 73 and 74			^		F2 004
A S			Unrestricted			0.	67	53,994.
ANNUIT-0		68 69	Temporarily restricted		<u> </u>	0.	68	0.
,			Permanently restricted izations that do not follow SFAS 117, check here	\Box	and complete lines	0.	69	0.
R F.	OI,		70 through 74.	<u></u> ∟ '	and complete lines			
DZC-1			Capital stock, trust principal, or current funds			· · · · · · · · · · · · · · · · · · ·	70	···-
			Paid-in or capital surplus, or land, building, and equi	•			71	·····
֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		72	Retained earnings, endowment, accumulated income	e, or ot	her funds		72	
田々しく乏い山の		73	Total net assets or fund balances (add lines 67 thro 72; column (A) must equal line 19, column (B) must	ugh 69 t equal	or lines 70 through line 21)	0.	73	53,994.
٦	1	74	Total liabilities and net assets/fund balances (add li	nes 66	and 73)	0.	74	97,301.

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

	Reconciliation of Revenue Financial Statements wit per Return (See Instruction	h Revenue	Pai	t IV-B Reconcilia Financial S per Return	Statements with I	s per Audited Expenses
a	Total revenue, gains, and other support per audited financial statements	a 147,201.	а	Total expenses and I financial statements		a 93,207
b	Amounts included on line a but not on line 12, Form 990:		Ь	Amounts included on on line 17, Form 990		
(1)	Net unrealized gains on investments \$		(1) Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$		(2	Prior year adjust- ments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$		(3	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		(4	Other (specify):		
				\$		
	Add amounts on lines (1) through (4)	b	1	Add amounts on lines (1)	through (4)	b
С	Line a minus line b	c 147,201.	C	Line a minus line b	•	c 93,207
đ	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included on Form 990 but not on		
(1)	Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		(2) Other (specify).		
	s					
	Add amounts on lines (1) and (2)	d		Add amounts on line	s (1) and (2)	d
•	Total revenue per line 12, Form 990 (line c plus line d)	e 147,201.	е	Total expenses per li 990 (line c plus line o	ne 17, Form	93,207
Parl	V List of Officers, Directors,		mpl			ated; see instructions)
	(A) Name and address	(B) Title and average ho per week devoted to position		(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	
3 <u>e</u> t	h Fortune					
	lerbilt University 405 Kirkland Hall	-]			•	
	hville, TN 37240 it C. Cheshier	Chair	10	0.	0	. 0
	Belclaire Place	-	İ			
	hville, TN 37205	Vice Chair	1 h	0.	0	
	id Jones	-				
	4 Schrader Lane	_		_		
	hville, TN 37208	Treasure	1 h	0.	0	. 0
Vas						
Vas	iott Mitchell	-		1		
Vas Ell Peab	iott Mitchell oody Mail Stop 155 2210 Ashwood Ave	1	10	n	0	0
Vas Ell Peak Vas	iott Mitchell	Director	10	0.	0	. 0
Nas Ell Peak Nas	iott Mitchell ody Mail Stop 155 2210 Ashwood Ave hville, TN 37203	1	10	0.	0	. 0
Nas Ell Peak Nas Tan	iott Mitchell oody Mail Stop 155 2210 Ashwood Ave hville, TN 37203 dy C Rice, Jr	1	10	0.	0	
Nas Ell Peat Nas Tan 381 Nas	iott Mitchell oodyMailStop1552210AshwoodAve hville, TN 37203 dy C Rice, Jr 8 West End Ave	Director		0.	0	. 0
Nas Ell Peat Nas Tan 381 Nas	iott Mitchell pody Mail Stop 155 2210 Ashwood Ave hville, TN 37203 dy C Rice, Jr 8 West End Ave hville, TN 37205	Director				. 0
Nas Peak Nas Pan 381	iott Mitchell pody Mail Stop 155 2210 Ashwood Ave hville, TN 37203 dy C Rice, Jr 8 West End Ave hville, TN 37205 List of Officers, Etc. Statement Did any officer, director, trustee, or ke	Director Director v employee receive aggree	1 h	0. 26,315.	0	. 0
Veak Nas Nas Nas	iott Mitchell pody Mail Stop 155 2210 Ashwood Ave hville, TN 37203 dy C Rice, Jr 8 West End Ave hville, TN 37205 List of Officers, Etc. Statement	Director Director y employee receive aggree and all related organization	1 h	0. 26,315.	0	. 0

Form	990 (2004) Metroplitian Education Access Corp 27-0024733	3	F	age 5
	Other Information (See instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If 'Yes,' attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.	78 a	N/Z	<u> </u>
ŀ	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the			A A
	year? If 'Yes,' attach a statement	79	200	X
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a		X
	If 'Yes,' enter the name of the organization ▶			
01.	and check whether it is exempt or nonexempt or entertain in the contract and indirect political expenditures. See line 81 instructions 81a 0.		ile.	
	Did the organization file Form 1120-POL for this year?	81 b	10 A / 10 A / 1	D. Adolesis :
	·	010		
82	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?	82 a		X
	olf '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.)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		<u> </u>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b		1
84	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	-	X
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	15.568 n
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	 	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	<u> </u>	
·	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.			
	Dues, assessments, and similar amounts from members 85c			
	Section 162(e) lobbying and political expenditures . 85d			
(Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
1	Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f			
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g		
	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?	85 h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
	line 12			
- 1	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a		ju	
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)			
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	88		X
89	is 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:		1	
	section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A			
	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	89 b		x
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	I Enter Amount of tax on line 89c, above, reimbursed by the organization			<u>~</u>
	List the states with which a copy of this return is filed Tennessee			
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90 b]	1
91	The books are in care of ► Michael Catalano, Executive Director Telephone number ► (615) 579-	<u></u>	+	
	Located at ► Metropolitan Educational Access Corporation 120 White Bridge Rd, #46, Nashville, TN ZIP + 4 ► 3720			
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			

		Unrelated	d business income	Excluded by se	ection 512, 513, or 514	! (-)
Note: Enter gross amounts unless otherwise indicated		Business code (B) Amount		(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pro	ogram service revenue.					
a P1	rogram revenue					13,364
b						<u> </u>
c	· · · · · · · · · · · · · · · · · · ·					
d			· 			
е		L	L			
	edicare/Medicaid payments					_ _
-	es & contracts from government agencies	ļ	<u> </u>			<u> </u>
	embership dues and assessments		· · · · · · · · · · · · · · · · · · ·			
	erest on savings & temporary cash invmnts					
	vidends & interest from securities					
	rental income or (loss) from real estate					<u> </u>
	bt-financed property	ļ				
	t debt-financed property	ļ			<u> </u>	ļ
	rental income or (loss) from pers prop					
	her investment income					
	nin or (loss) from sales of assets ner than inventory					
	income or (loss) from special events	——			<u> </u>	
	ass profit or (loss) from sales of inventory					
	her revenue: a					T
b						
						
ď			· · · · · · · · · · · · · · · · · · ·			
e_						
	ototal (add columns (B), (D), and (E))					13,364
	tal (add line 104, columns (B), (D),	and (E))			<u> </u>	13,364
	105 plus line 1d, Part I, should equ		on line 12 Part I		_	13,304
	Relationship of Activities			Evernt Purnos	OS (See instructions)	
Line No.						
Tille Mo.	Explain how each activity for which of the organization's exempt purp	:h income is rej oses (other tha	oorted in column (n by providing fun	E) of Part VII contrib ds for such purposes	uted importantly to the).	accomplishment
0.1	3 Income obtained from					or broadcast
	Sincome obtained from	productio	n rees to d	erray cost or	production i	or broadcast
	 					
	<u> </u>					
Part IX	Information Regarding Tax	xable Subsi	diaries and Dis		S (See instructions)	N/A
	(A)	(B)		(C)	(D)	(E)
Name	, address, and EIN of corporation,	Percentage	of Natur	re of activities	Total	End-of-year
pa	rtnership, or disregarded entity	ownership in	terest		income	assets
			8			<u> </u>
· · · · · · · · · · · · · · · · · · ·			9			<u> </u>
			8		······································	
			- 8		<u></u>	<u> </u>
Part X	Information Regarding Tra	ansfers Ass	ociated with P	ersonal Benefit	Contracts (See inst	ructions.)
a Did th	ne organization, during the year, receive any f	unds, directly or in	directly, to pay premiu	ms on a personal benefit o	ontract?	Yes X No
b Did t	the organization, during the year, pa	y premiums, d	rectly or indirectly	, on a personal bene	fit contract?	Yes X No
	If 'Yes' to (b), file Form 8870 and Fo	orm 4720 (see i	nstructions).			
Note:				anying schedules and state	ments, and to the best of my	knowledge and belief, it is
Note:	Under penalues of perjury, I declare that I ha		oπicer) is baséd on all'i	niformation of which prepare	er nas any knowledge	1
	Under penalties of perjury, I declare that I hat true, correct, and complete Declaration of p	reparer (outer train				/
lease	true, correct, and complete Declaration of p				4/5	105
lease	true, correct, and complete Declaration of p	neparer (durer diam		. .	Date 7/5	105
Note:	true, correct, and complete Declaration of p	reparer (outer train	CUTI	A DIRECTO		105
lease	true, correct, and complete Declaration of p	reparer (uner utan	CUT10	M DIRECTO		105

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2004

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** 27-0024733 Metroplitian Education Access Corp 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 (d) Contributions (b) Title and average (c) Compensation (e) Expense to employee benefit plans and deferred hours per week devoted to position employee paid more than \$50,000 account and other allowances compensation Total number of other employees paid over \$50,000 None Part II 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 None

Schedu	Metroplitian Education Access Corp 27-00.	24733	F	Page 2
Part I	Statements About Activities (See Instructions.)		Yes	No
to	uring the year, has the organization attempted to influence national, state, or local legislation, including any attempt of influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities	it		
	Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
0	organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other reganizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the obbying activities.			
sı ta	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ubstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with a exable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principeneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	ny pal		
a S	ale, exchange, or leasing of property? .	2a		Х
b L	ending of money or other extension of credit?	2 b		Х
c F	urnishing of goods, services, or facilities?	2c		X
d P	ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e T	ransfer of any part of its income or assets?			Х
3a D	o you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an			.,,
	xplanation of how you determine that recipients qualify to receive payments)	3a 3b		X
	o you have a section 403(b) annuity plan for your employees? id you maintain any separate account for participating donors where donors have the right to provide advice n the use or distribution of funds?	4a		X
	o you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
			·	
Part I	Reason for Non-Private Foundation Status (See instructions.) Januarion 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 hosp and state >	oital's name,	city,	
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit Sec (Also complete the Support Schedule in Part IV-A.)	otion 170(b)((1)(A)(IV)
11 a 🛭	An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	eral public.		
11 b [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 feet from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/2 from gross investment income and unrelated business taxable income (less section 511 tax) from businesses accorganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	3% of its sui	pport	ots
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 505 section 509(a)(3).)	organizatioi ∂(a)(2) (See	ns :	
	Provide the following information about the supported organizations (See instructions)		
	(a) Name(s) of supported organization(s)		ne nur n abo	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions)			
BAA	TEEA0402 07/27/04 Schedule A (Form 99	O or Form 9	90-EZ	2004

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 (e) Total **(b)** 2002 (a) 2003 beginning in) Gifts, grants, and contributions received (Do not include unusual grants. See line 28) Membership fees received 16 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 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 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 Line 23 minus line 17 25 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your 26 b return. Enter the total of all these excess amounts c Total support for section 509(a)(1) test: Enter line 24, column (e) 26 c d Add Amounts from column (e) for lines: 18 19 22 26b 26 d 26 e e Public support (line 26c minus line 26d total) f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f 27 Organizations described on line 12: 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 (2002) (2001) (2000) bFor 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 11, 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: (2003) _ _ _ _ (2002) _ _ _ c Add: Amounts from column (e) for lines 15 16 20 27 c 17 27 d 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)) 27 g • 27 h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/AYes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 29 other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 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 31 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) 32 Does the organization maintain the following 32 a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32 b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32 c 32 d d Copies of all material used by the organization or on its behalf to solicit contributions? 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? 33 a **b** Admissions policies? 33 b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance? 33 d e Educational policies? 33 e f Use of facilities? 33 f g Athletic programs? 33 g h Other extracurricular activities? 33 h 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? 34 a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement 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.

Part V

27-0024733 Schedule A (Form 990 or 990-EZ) 2004 Metroplitian Education Access Corp Page 5 Lobbying Expenditures by Electing Public Charities (See instructions) (To be completed ONLY by an eligible organization that filed Form 5768) N/A Check ► **b** Check ► a if the organization belongs to an affiliated group if you checked 'a' and 'limited control' provisions apply (b)
To be completed for ALL electing (a) Affiliated group **Limits on Lobbying Expenditures** totals (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 Total exempt purpose expenditures (add lines 38 and 39) 40 Lobbying nontaxable amount Enter the amount from the following table -The lobbying nontaxable amount is -If the amount on line 40 is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (a) (b) (c) (d) (e) (or fiscal year 2002 2004 2003 2001 Total beginning in) ► Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures 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 Yes No **Amount** 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

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

i Total lobbying expenditures (add lines c through h.)

Schedule A (Form 990 or 990-EZ) 2004

	Exempt Organization									
Did the	e reporting organization o Code (other than section	directly or in 501(c)(3) o	directly engage rganizations) o	e in any of the followir or in section 527, relat	ng with an ting to pol	ıy other organı: ıtıcal organızat	zation described lions?	d in section	501(c)
a Transf	fers from the reporting or	ganızatıon to	o a noncharitat	ole exempt organization	on of:				Yes	No
(1) Ca	ash							51 a (i)		X
(ii) Ot	ther assets							a (ii)		X
	transactions:									
• • •	ales or exchanges of asso							b (i)		X
` '	urchases of assets from a			anızatıon	٠			b (ii)		X
• •	ental of facilities, equipm	•	assets					b (iii)		<u>X</u>
• •	eimbursement arrangeme	ents						b (iv)		X
	oans or loan guarantees			!				b (v)		X
• •	erformance of services or		-	~				b (vi)		X
d If the a	ng of facilities, equipment answer to any of the abounds, other assets, or servansaction or sharing arra	ve is 'Yes,' o vices given t ngement, sh	complete the fo by the reporting low in column	s, or paid employees Illowing schedule. Coli g organization If the o (d) the value of the go	umn (b) s organizatio oods, othe	hould always s on received leser assets, or se	show the fair man ss than fair mar ervices received	carket value ket value ir :	of 1	Λ.
(a) line no	(b) Amount involved		(c)	exempt organization			(d) rs, transactions, and			s
					 	<u> </u>				
					+	· <u> </u>				
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	organization directly or in bed in section 501(c) of t ,' complete the following				e tax-exer tion 527?		····	► ☐ Ye	s X	No
 	(a) Name of organization		Туре	(b) of organization		Desc	(c) ription of relatio	nship		
										
						·				
			<u></u>	- 	7		shadula A (Far			

Form 990, Page 2, Part II, Line 43 **Other Expenses Stmt**

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Office	1,140.	1,140.	0.	0.
Insurance-vehicles	805.	805.	0.	0.
Professional fees	90.	90.	0.	0.
Auto & truck	202.	202.	0.	0.
Internet safety	175.	175.	0.	0.
Production fees	168.	168.	0.	0.
Entertainment	120.	120.	0.	0.
Miscellaneous	93.	93.	0.	0.
Total	2,793.	2,793.	0.	0.

Form 990, Page 4, Part V List of Officers, Etc. Statement

(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	(E) Expense account and other allowances
Edward F Jones Dye Van Mol & Lawrence 209 Seventh Nashville, TN 37219 Christina Oakeley Allen Callente Consulting 909 Brancaster	Director 1 hr Director	0.	0.	0.
Mashville, TN 37211 Michael Catalano Metropolitan Educational Access Cor Nashville, TN 37209	Executive Director 40 hrs	0. 	0.	0.

Total			
	<u>26,315.</u>	0.	0.