Filing Instructions

Metropolitan Education Access Corp

Amended Short Form Exempt Organization Tax Return

Taxable Year Ended June 30, 2009

Date Due: AS SOON AS POSSIBLE

Remittance: Your amended Form 990-EZ for the tax year ended 6/30/09 shows no balance

due.

Mail To: Department of the Treasury

Internal Revenue Service Center

Ogden, UT 84201-0027

If a private delivery service is used, mail to:

OSPC

1973 N. Rulon White Blvd.

Ogden, UT 84404

Signature: The return should be signed and dated on page 4 by an officer representing the

organization.

Other: Initial and date the copy of the return, and retain it for your records.

Metropolitan Education Access Corp 120 White Bridge Road; Box 46 Nashville, TN 37209

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Form **990-EZ**

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public

OMB No. 1545-1150 2008

Department of the Treasury Internal Revenue Service

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calen<u>dar year, or tax year beginning 7/01/08</u>, and ending $6/30/\overline{09}$ Check if applicable: Please C Name of organization D Employer identification number use IRS Address change label or METROPOLITAN EDUCATION ACCESS CORP 27-0024733 Name change print or Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number type. See 120 WHITE BRIDGE ROAD; BOX 46 615-354-1273 Termination Specific Amended return City or town, state or country, and ZIP + 4 **Group Exemption** Instruc-TN 37209 NASHVILLE Number Application pending tions. G Accounting method: | Cash X Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check ► X if the organization is not Website: ▶ WWW.MEAC.TV required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Organization type (check only one) X 501(c) (**3**) **◄** (insert no.) 4947(a)(1) or 527 Check | if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 99,133 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 75,991 1 Program service revenue including government fees and contracts 23,142 2 Membership dues and assessments 3 3 4 5a Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) 5c C Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ↓ Gross revenue (not including\$ of contributions reported on line 1) Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) C Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold ______ b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) С 7c 8 8 Other revenue (describe **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 99,133 9 9 Grants and similar amounts paid (attach schedule) 10 10 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 63,686 12 12 Professional fees and other payments to independent contractors 20,479 13 13 Occupancy, rent, utilities, and maintenance $3,\overline{452}$ 14 3,821 15 15 Printing, publications, postage, and shipping Other expenses (describe \blacksquare SEE STATEMENT 1 5,389 16 16 Total expenses. Add lines 10 through 16 \triangleright 17 96,827 17 Assets Excess or (deficit) for the year (Subtract line 17 from line 9) **2,**306 -4,806Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's refurn 19 19 4,236 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 Š 1,736 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (B) End of year (A) Beginning of year (See the instructions for Part II.) 7,292 22 7,451 22 Cash, savings, and investments 23 Land and buildings 10,898 8,005 23 24 Other assets (describe ► <u>SEE S</u>TATEMENT 3 2,500 6,946 24 20,690 22,402 25 Total assets 25,496 26 Total liabilities (describe ► SEE STATEMENT 4 26 20,666 -4,806 1,736 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form 990-EZ (2008) METROPOLITAN EDUCATION ACCESS CORP 27-0024733 Page 2 Statement of Program Service Accomplishments (See the instructions for Part III.) **Expenses** What is the organization's primary exempt purpose? (Required for 501(c)(3) TO AID, PROMOTE, ENCOURAGE AND CONTRIBUTE TO CIVIC WELL BEING. and (4) organizations Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and 4947(a)(1) trusts; describe the services provided, the number of persons benefited, or other relevant information for each program title. optional for others.) SEE STATEMENT 5) If this amount includes foreign grants, check here 94,377 28a (Grants\$ 29 29a) If this amount includes foreign grants, check here (Grants\$ 30) If this amount includes foreign grants, check here 30a 31 Other program services (attach schedule) SEE STATEMENT 6 3,480) If this amount includes foreign grants, check here 31a 97,857**32 Total program service expenses** (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (c) Compensation (If not paid, enter -0-.) (d) Contributions to (e) Expense (b) Title and average employee benefit plans (a) Name and address hours per week account and devoted to position deferred compensation other allowances EXE DIRECTOR KIM MILLIGAN COLUMBIA 719 W 7TH ST TN 38401 40 22,500 0 0 JANE GRIMES BOARD CHAIR NASHVILLE 1425 ROBERTS AVE TN 37206 0 0 0 THOMAS WEBBER NASHVILLE VICE CHAIR 72 VALERIA ST TN 37210 0 0 RICHARD TENNENET NASHVILLE SECRETARY 0 1803 LILLIAN ST TN 37206 0 0 JOEL SULLIVAN TREASURER NASHVILLE TN 37205 817 NEARTOP DRIVE 0 0 0 TONY DANCY NASHVILLE DIRECTOR 2927 LOUISE DRIVE TN 37211 0 0 0 MATT LANGLEY NASHVILLE DIRECTOR 223 ROSA PARKS BLVD; SUITE 400 TN 37203 0 0 0 ANTONIO MEEKS NASHVILLE DIRECTOR 2479 NURFREESBORO RD; #328 TN 37217-3554 0 0 0

Form 990-EZ (2008) METROPOLITAN EDUCATION ACCESS CORP 27-0024733

Page 3

Pa	other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33	-	X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instr. 37a	36		X
37a				
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a				
	section 4911▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (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," complete Schedule			
	L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	_		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is file ▶ NONE		1	
42a	The books are in care of ► KIM MILLIGAN, EXEC DIR Telephone no. ► 63	15-35	4-1	273
	120 WHITE BRIDGE RD; BOX 46	77		
		7209		
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		Yes	No
	account)?	42b	1.00	X
	If "Yes," enter the name of the foreign country▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	_		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
·	If "Yes," enter the name of the foreign country	. 420		21
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	_		\Box
43				
	and enter the amount of tax-exempt interest received or accrued during the tax year 43			
			Vac	N-
44	Did the ergenization maintain any denor advised funds? If "Vee " Form 000 must be completed instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	4.4		v
15	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		X
45		AF		v
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	<u>X</u>

Form **990-EZ** (2008)

	rt VI Section 501(c)(3) organizations only. All section 5			t answer ques	stions		<u>age 4</u> -49
40	and complete the tables for lines 50 and 51.		:::			V	NI-
46	Did the organization engage in direct or indirect political campaign activities candidates for public office? If "Yes," complete Schedule C, Part I				46	Yes	No X
47	Did the organization engage in lobbying activities? If "Yes," complete Sche	dula C Dart II			46		X
47 40			Into Schodulo E		48		X
48 49a	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?						
b	11 (5) (1) (1) (1) (1) (1) (1) (1) (1) (1)				49a 49b		X
50	Complete this table for the five highest compensated employees (other that each received more than \$100,000 of compensation from the organization.		s, trustees and ke	y employees) who			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans a deferred compensation	acc	Expen count a r allowa	nd
NON	3						
Tota	number of other employees paid over \$100,000						
51	Complete this table for the five highest compensated independent contract compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000		Type of service		ompen	sation	
NO	NE						
•••							
Tota	number of other independent contractors each receiving over \$100,000 .	•					
Sig	Under penalties of perjury, I declare that I have examined this return, including and belief, it is true, correct, and complete. Declaration of preparer (other the structure)						ge
Her			Date				
	KIM MILLIGAN	EXE	CUTIVE DI	RECTOR			
	Type or print name and title.	T = :	1 0: :::	1.5	116.1		
	Preparer's	Date	Check if self-	Preparer's Ider	, ,	·	see instr.
Paid		3/17					
	parer's Firm's name (or yours VENTURE FINANCIAL GR	OUP		EIN ▶ 6	<u>2-1</u>	486	<u> 180</u>
Use	e Only if self-employed), 125 WEBB AVE STE 102	0.4.0.0		Phone			.000
	address, and ZIP + 4 HOHENWALD, TN 38462			no. ▶ 931			
May	the IRS discuss this return with the preparer shown above? See instruction	S		<u></u>	Y∈	es	No

Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-004 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

organization

METROPOLITAN EDUCATION ACCESS CORP

Employer identification number 27-0024733

			METHOLOHITM	OD CALLOI ACC	, uou					2 /	002	4 T / ~		
P	art I	Reas	on for Public Charity	y Status (All organization	ons mus	st comp	olete tl	nis pa	rt.) (s	ee ins	tructi	ons)		
The	orga	nization is no	t a private foundation beca	use it is: (Please check only c	ne organ	ization.)								
1		A church, co	nvention of churches, or as	ssociation of churches describ	ed in sec	tion 170((b)(1)(A))(i).						
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)	(A)(iii).	(Attach	Sched	ule H.)				
4	П	A medical re	search organization operat	ed in conjunction with a hospi	ital descril	oed in se	ction 1	70(b)(1)	(A)(iii).	. Enter t	the hos	spital's	name	,
	_	city, and stat	te:											
5		•		t of a college or university own	ned or ope			rnmenta	al unit d	escribe	d in			
		=	•)(1)(A)(iv). (Complete Part II.)										
6				governmental unit described	in sectio	170(b)(1)(Δ)(ν)							
7	x		· •	a substantial part of its suppor					n the as	neral n	uhlic			
•		-	section 170(b)(1)(A)(vi).		it iioiii a g	jovennine	intai aini	01 11011	r tric ge	onerai p	Jublic			
8				oomplete Fait II.) 1 170(b)(1)(A)(vi). (Complete F	Port II \									
9	Н	-				om contr	ibutiono	mamb	orobin f	food or	nd aron			
Э	Ш	=		(1) more than 33 1/3 % of its							_	5		
		-		empt functions—subject to cer	-									
			=	and unrelated business taxable				i lax) iii	om bus	messes	•			
40			-	30, 1975. See section 509(a				\/4\\ /=.		4:				
10	Н	=	=	d exclusively to test for public	-		-)			
11	Ш	_	=	d exclusively for the benefit of	-				-		4 !			
				orted organizations described							ection			
		— i		the type of supporting organi					_					
		a Type		c Type III–Functio		•	. d		e III–O					
е	Ш	-		rganization is not controlled di	-	-								
		-	-	s and other than one or more	publicly s	supported	l organiz	zations	describ	ed in se	ection			
			section 509(a)(2).											
f		_		termination from the IRS that	it is a Typ	e I, Type	II, or Ty	/pe III s	upporti	ng				
		•	, check this box											. Ш
g		Since Augus	st 17, 2006, has the organiz	ation accepted any gift or con	tribution f	rom any	of the							
		following pe	rsons?											
		(i) A perso	n who directly or indirectly (controls, either alone or togeth	ner with pe	ersons de	escribed	in (ii)					Yes	No
		and (iii)	below, the governing body	of the supported organization	?							11g(i)		
		(ii) A family	member of a person desci	ribed in (i) above?								11g(ii)		
		(iii) A 35% d	controlled entity of a person	described in (i) or (ii) above?								11g(iii)		
h		Provide the	following information about	t the organizations the organiz	zation sup	ports.								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Am	ount of	
` '		anization		(described on lines 1-9		sted in your		nization in			•	supp		
				above or IRC section	governing	document?		of your		zed in the				
				(see instructions))	Yes	No	Yes	oort?	Yes	No No				
					163	110	163	140	163	140				
					+									
Γota	ıl.													

Schedule A (Form 990 or 990-EZ) 2008 METROPOLITAN EDUCATION ACCESS CORP 27-0024733 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 60,763 85,712 92,500 100,479 72,384 411,838 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-3 60,763 85,712 92,500 100,479 72,384 411,838 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 411,838 Section R. Total Support

OC.	chon b. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	60,763	85,712	92,500	100,479	72,384	411,838
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						411,838
12	12 Gross receipts from related activities, etc. (see instructions)				12	175,615	

and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

Public support percentage from 2007 Schedule A, Part IV-A, line 26f

16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box

Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

14

15

100.0000

13

14

organization, check this box and stop here

Section C. Computation of Public Support Percentage

Schedule A (Form 990 or 990-EZ) 2008 METROPOLITAN EDUCATION ACCESS CORP 27-0024733 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total (e) 2008 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% o the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans,

	rents, royalties and income from similar sources			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			
С				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			
13	Total support. (Add lines 9, 10c, 11, and 12.)			

2	Pastion C. Commutation of Dublic Comment Descentage							
	organization, check this box and stop he	ere						<u>. [</u>
14	First five years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3)		г
	anu iz.)							

	• • • • • • • • • • • • • • • • • • • •		
Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a	33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line		
	17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	_	-

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

Schedule A (F	(Form 990 or 990-EZ) 2008 METROPOLIT Supplemental Information. Comple	AN EDUCATION And the this part to provide any of the thick provide any	ACCESS CORP 27-0024733 the explanation required by Part II, her additional information. (see instr	Page 4
	raitii, iiile 17a Oi 17b, Oi raitiii, ii	ne 12. Flovide ally of	ner additional information. (See insti	uctions)

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No. 1545-0172

2008

Name(s) shown on return

METROPOLITAN EDUCATION ACCESS CORP

Identifying number 27-0024733

I)	ess or activity to which this form relates						
	art I Election To Expe	nse Certain Pro	operty Under Sect		vou complet	o Port I	
1	Maximum amount. See the instru		erty, complete Par				250,000
2	Total cost of section 179 property						2507000
3	Threshold cost of section 179 pro	operty before reduct	tion in limitation (see ins	tructions)		3	800,000
4	Reduction in limitation. Subtract	line 3 from line 2. If	zero or less. enter -0-			4	
5	Dollar limitation for tax year. Subtract I						
	(a) Description			st (business us	_	lected cost	
6							
7	Listed property. Enter the amoun	nt from line 29			7		
8	Total elected cost of section 179	property. Add amou	unts in column (c), lines	6 and 7		8	
9	Tentative deduction. Enter the si					9	
10	Carryover of disallowed deduction						
11	Business income limitation. Ente		,	,	ine 5 (see instru	· ·	
12	Section 179 expense deduction.					12	
13 Nata	Carryover of disallowed deduction			<u></u>	13		
	: Do not use Part II or Part III belo			iction (Do	not include	listed prop	erty.) (See instructions.)
_ г с 14	art II Special Depreciate Special depreciation allowance for			•		listed prop	<u>erty.) (See instructio</u> ns.)
14	during the tax year (see instruction			• / •		14	
15	, ,						
16	Property subject to section 168(f Other depreciation (including AC	(1) election				15	<u> </u>
			clude listed proper				
		(2011001111	Section A	.,,,,			
17	MACRS deductions for assets pl	aced in service in ta	ax years beginning befo	e 2008		17	3,452
18							J, 134
	If you are electing to group any assets						
		placed in service durin	ng the tax year into one or n	ore general ass 'ear Using th	set accounts, check e General Depr	k here	
		placed in service durin	ng the tax year into one or n	ore general ass 'ear Using th	set accounts, check e General Depr	k here	
19a	Section B—As	s placed in service during sets Placed in Service (b) Month and year placed in	ng the tax year into one or n vice During 2008 Tax \ (c) Basis for depreciation (business/investment us	ore general ass 'ear Using the (d) Recovery	set accounts, check e General Depr	chee System	em
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MEAC Metropolitan Education Access Corp

Federal Statements

FYE: 6/30/2009

27-0024733

Amended Return Explanation

Description

AMENDED PER AUDITOR'S REPORT FOR PERIOD ENDING 6/30/2009.

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
INTERNET SERVICES	1,250
TRAVEL EXPENSES	618
INTEREST EXPENSE	1,348
BOARD LIABILITY INSURANCE	800
WORKERS COMP INSURANCE	761
MEALS & ENTERTAINMENT	85
AUTO/TRUCK EXPENSES	130
MISC EXPENSES	397
TOTAL	\$ 5,389

Statement 2 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
AUDIT ADJUSTMENTS FOR PERIOD ENDINGT 6/30/2009	\$ 5,327
BOOK / TAX DEPREC DIFFERENCE	 -1,091
TOTAL	\$ 4,236

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year	
GRANTS RECEIVABLE	\$ 2,500	\$	6,946	
	 2,500		6,946	

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES UNSECURED NOTES AND LOANS PAYABLE PAYROLL TAX LIABILITY	\$ 2,791 20,900 1,805	\$	2,030 17,354 1,282
	 25,496		20,666

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Federal Statements

27-0024733

FYE: 6/30/2009

Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

OVERSEEING PROGRAM PRODUCTION FOR AND MANAGEMENT OF THE EDUCATIONAL ACCESS CHANNELS; DAILY OPERATIONS OF THE EDUCATIONAL ACCESS CHANELS; ESTABLISHING ALL RULES, REGULATIONS AND PROCEDURES PERTAINING TO THEIR USE AND SCHEDULES; AND DEVELOPING THE USE OF THESE CHANNELS BY ALL SCHOOLS, COLLEGES, UNIVERSITIES AND OTHER ORGANIZATIONS WITH EDUCATIONAL MISSIONS WITHIN THE FRANCHISE AREA INCLUDING NASHVILLE TENNESSEE.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

OVERSEEING PROGRAM PRODUCTION FOR AND MANAGEMENT OF THE EDUCATIONAL ACCESS CHANNELS; DAILY OPERATIONS OF THE EDUCATIONAL ACCESS CHANELS; ESTABLISHING ALL RULES, REGULATIONS AND PROCEDURES PERTAINING TO THEIR USE AND SCHEDULES; AND DEVELOPING THE USE OF THESE CHANNELS BY ALL SCHOOLS, COLLEGES, UNIVERSITIES AND OTHER ORGANIZATIONS WITH EDUCATIONAL MISSIONS WITHIN THE FRANCHISE AREA INCLUDING NASHVILLE TENNESSEE.

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