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

Reserve the 2006 estimater year, or tax year tegy mining JUL 1, 2005 and ending JUN 30, 2006		ment of the		► The organization may			py of this return	,	y state	reporting require	ements		Open to P Inspect	
				<u> </u>										
Management Section S	B Ch	eck if	Please C !	<u> </u>							D Emp	loyer i	dentification numb	er
Market Stephane number S		Address		TNTDA MONTESSOD	r cch	OOT.					5	Ω_1/	416330	
Section 501 (2) PAYEDSON DRIVE Section 501 (2) Group demands and 4947(a)(1) anaexampt charitable trust must afficial a complete schedule (2) or flown, state or country, and 2P + 4 Payed payed (2) or flown, state or country, and 2P + 4 Payed (2) or flown, state or flown, state or country, and 2P + 4 Payed (2) or flown, state or flown, sta	=	Name				-				December 180				
	누	Ilnitial	See	•		iverea	to street address	S)		Room/suite				
NASHVILLE, TN 37205 Repellation Section 5912 (3) equalizations and 9472(3)(1) nonexempt thankable trusts must attach a completed Schedule A (Form 999 or 990-EZ). Hand I are not applicable in section 527 organizations must attach a completed Schedule A (Form 999 or 990-EZ). Hand I are not applicable in section 527 organizations must attach a completed Schedule A (Form 999 or 990-EZ). Hand I are not applicable in section 527 organizations must attach a completed Schedule A (Form 999 or 990-EZ). Hand I are not applicable in section 527 organizations must attach a complete return. Some states require a complete return. Some state	\vdash		Instruc-											71
Section 5511((3) organizations and 4947(a)(1) nonexempt charaftable trust Hard I are not applicable to section 527 organizations Website: ►N/A Hard I are not applicable to section 527 organizations Website: ►N/A Hard I are not applicable to section 527 organizations Hard I are not applicable to section 527 organizations N/A Hard I are not applicable to section 527 organizations N/A Hard I are not applicable to section 527 organizations N/A Hard I are not applicable to section 527 organizations N/A Hard I are not applicable to section 527 organization N/A Hard I are not applicable to section 527 organization N/A Hard I are not applicable to section 527 organization N/A No. N/A	\vdash	return		-										Accrual
Section Sec	 	Applicatio				nexem	not charitable tr	usts	ا م	d l ara not ann				otions.
Metallities M / A Organization type grows way way M Soffic) (3	L	Ipending							1					
Togranization type Discovery Togranization type Discovery Togranization type Discovery Togranization Discovery Discover	C 14	ahaita.	N/2										,	<u>23</u> NO
Check here ► If the organization's pross neceipts are normally not more than \$55,000. The organization need not file a return, with the IRS; but if the organization chooses to file a return, but the IRS; but if the organization chooses to file a return, but the IRS; but if the organization chooses to file a return, but the IRS; but if the organization chooses to file a return, but the IRS; but if the organization chooses to file a return, but the IRS; but if the organization chooses to file a return, but the IRS; but if the organization is not required to attach \$1.00 to file the IRS; but if the organization is not required to attach \$1.00 to file the organizatio				conty one) X 501(c) (3)	(insert no.)		4947(a)(1) or [527	1 ''					No
Cross receipts: Add lines 6b, 26, 9b, and 10b to line 12			$\overline{}$						1 ' '	(If "No," attach a	list.)			
Cross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,716,521. M Check 1 the organization is not required to attach control to the control to				•	-				H(a)	nanization cove	te returi red by a	a drouo a drouo	y an or-	XNo
Point Provided P							00 10 1110 0 1010111	, 50						
Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances	-		•	<u> </u>					М					d to attach
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances	L G	ross rece	iots: Add lin	es 6b. 8b. 9b. and 10b to line 12			1,716,5	21.	"					a 10 anaon
1 Contributions, gifts, grants, and similar amounts received: 2	F144444				s in Ne				ince	s				
a Direct public support														
b Indirect public support 1b 1c 2c 3c 3c 3c 3c 3c 3c 3								1 a		88,4	14.			
C Government contributions (grants) 1c 1 1 1 1 1 1 1 1	ļ													
Total (add lines 1a through 1c) (cash \$ 88 \(\) 414 \cdot \) noncash \$ \\ 2 \\ Program service revenue including operament fees and contracts (from Part VII, line 93) \\ 3 \\ Membership dues and assessments \\ 4 \\ Interest on savings and temporary cash investments \\ 5 \ Gross rents \\ 6 \ East: rental expenses \\ C \ Net rental income or (loss) (subtract line 6b) from line 6a) \\ 7 \ C \ Other investment income (describe \) \\ 8 \ A \ Gross samount from sales of assets other than inventory \\ 9 \ A \ Gross amount from sales of assets other than inventory \\ 9 \ C \ Secial events and activities (attach schedule) \\ 1 \ A \ Sequential (attach schedule) \\ 10 \ A \ Gross profits of (cost) (combine line 8c), columns (A) and (B)) \\ 9 \ Special events and activities (attach schedule) \\ 10 \ A \ Gross profits of (cost) (from the flant fundraising expenses \\ 10 \ A \ Gross sales of inventory, less returns and allowances \\ 10 \ A \ Gross profits of (cost) from special events (subtract line 9b from line 9a) \\ 10 \ A \ Gross profits of (cost) from special events (subtract line 9b from line 9a) \\ 10 \ A \ Gross profits of (cost) from special events (subtract line 9b from line 10a) \\ 11 \ Other revenue (from Part VII, line 103) \\ 12 \ Total revenue (from Part VII, line 103) \\ 14 \ Management and general (from line 44, column (B)) \\ 15 \ Fundraising (from line 44, column (B)) \\ 16 \ Payments to a filliates (attach schedule) \\ 17 \ Total revenue (dd lines 16 and 44, column (B)) \\ 18 \ Excess or (deficit) for the year (subtract line 17 from line 12) \\ 18 \ Excess or (deficit) for the year (subtract line 17 from line 12) \\ 19 \ Net assets or fund balances at beginning of year (from line 72) \\ 19 \ Net assets or fund balances at beginning of year (from line 72) \\ 19 \ Net assets or fund balances at beginning of year (from line 72) \\ 19 \ Net assets or fund balances at beginning of year (from line 72								1						
2	ļ	d -	Total (add li	nes 1a through 1c) (cash \$	88	,41	4. noncash	\$			_)	1 d	88	,414.
Interest on savings and temporary cash investments 4 7,757. 5 Dividends and interest from securities 5 6,117. 6 a Gross rents 6 b												2	1,468	,449.
5 Dividends and interest from securities 5 6 , 117.											3_			
Section Sec		4 Interest on savings and temporary cash investments									4			
D Less: rental expenses		5 Dividends and interest from securities								5	6	<u>, 117.</u>		
C Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ► 8 a Gross amount from sales of assets other than inventory		6 a	Gross rents					<u>6a</u>	<u> </u>					
7 Other investment income (describe		þ	Less: rental	expenses	· • • • • • • • • • • • • • • • • • • •			. 6b						
8 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) (attach schedule) d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 a Gross revenue (not including \$ c Reported on line 1a) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 10 ther revenue (from Part VII, line 103) 11 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)) 19 Q Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12, 039.		C	Net rental in	come or (loss) (subtract line 6b fror	ı line 6a)							6c		
b Less: cost of other basis and sales expenses	<u>o</u>			•					т—-			7		
b Less: cost of other basis and sales expenses	ent				<u> </u>	(A)			ļ	(B) Other				
b Less: cost of other basis and sales expenses	Š								 					
d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 8d 12,931. 9 Special events and activities (attach schedule). If any amount is from gaming, check here □ 3d Gross revenue (not including \$	-			•					-					
9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$	ļ	C	Gain or (los:	s) (attach schedule)					<u> </u>				10	0.21
a Gross revenue (not including \$		a	Net gain or i	loss) (combine line 8c, columns (A)	and (B))		OTMT T					80	12	, 931.
reported on line 1a)								ск пеге						
b Less: direct expenses other than fundraising expenses 9b								ا ا	1					
C Net income or (loss) from special events (subtract line 9b from line 9a) 9c	ļ			•					\neg					
10 a Gross sales of inventory, less returns and allowances 10 a 10 b 10 b 10 c 10 c 10 c 10 c 10 c 10 c 11 11												ar	/	
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20											• • • • • • • •	30		
C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12, 039.												1		
11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20	ļ											7	3	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 1, 635, 447. 13 Program services (from line 44, column (B)) 13 1, 273, 858. 14 Management and general (from line 44, column (C)) 14 223, 223. 15 Fundraising (from line 44, column (D)) 15 21, 756. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 1, 518, 837. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 116, 610. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 2, 043, 433. 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12, 039. 10 STATEMENT 2 20 <12, 039. 11 1, 635, 447. 12 1, 635, 447. 13 1, 273, 858. 14 223, 223. 15 Fundraising (from line 44, column (C)) 15 21, 756. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 1, 518, 837. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 116, 610. 19 2, 043, 433. 20 Column (A) 19 2, 043, 433. 21 Column (B) 10 10 10 10 22 Column (B) 11 10 10 23 Column (B) 11 10 10 24 Column (B) 11 10 10 25 Column (B) 11 10 10 27 Column (B) 10 10 28 Column (B) 10 10 10 29 Column (B) 10 10 10 20 Column (B) 10 10 10 21 Column (B) 10 10 10 22 Column (B) 10 10 10 23 Column (B) 10 10 24 Column (B) 10 10 25 Column (B) 10 10 27 Column (B) 10 28 Column (B) 10 10 20 Column (B) 10 10 21 Column (B) 10 22 Column (B) 10 23 Column (B) 10 24 Column (B) 10 25 Column (B) 10 26 Column (B) 10 27 Column (B) 10 28 Column (B) 10 29 Column (B) 10 20 Column (B) 10 20 Column														,779.
13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.														
Management and general (from line 44, column (C)) 14 223, 223.												13		
Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.	ses											14		
Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.	Sen											15	21	,756.
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.	EX											16		
18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.		17	Total exper	ses (add lines 16 and 44, column (A	<u> </u>						,	17		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.	υ _ν .	18	Excess or (leficit) for the year (subtract line 17	from line 1:	2)								
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2 20 <12,039.	set:	19										_		
	Ass	20												
700004	5230											21		,004.

For	m 990 (2005) ABINTRA M	CNO	TESSORI SCHOO)L	58-14	16330 Page 2
P			ions must complete column			
	Functional Expenses and (4) orga	nizations and section 4947(a)(1) nonexempt charitable	trusts but optional for othe	rs.
	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 (attach schedule) (cash \$ 0 0 .					
	If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc. * *	25	54,172.	0.	54,172.	0.
26	Other salaries and wages	26	733,573.	659,401.	74,172.	
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29	224,169.	176,431.	47,738.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36	176,605.	172,313.	4,292.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				·
42	Depreciation, depletion, etc. (attach schedule)	42	133,020.	129,788.	3,232.	
	Other expenses not covered above (itemize): DIRECT PROGRAM EXPENSE	43a	58,468.	50,303.		8,165.
	PROGRAM SUPPORT	43b				
-	EXPENSE	43c	93,830.	85,622.		8,208.
	ADMINISTRATIVE EXPENSE	43d	45,000.		39,617.	8,208. 5,383.
Ì		43e				
,	· · · · · · · · · · · · · · · · · · ·	43f				
	1	43g				
44	Total functional expenses. Add lines 22					
77	through 43. (Organizations completing columns (B)-(D), carry these totals to lines					
	13-15)	44	1,518,837.	1,273,858.	223,223.	21,756.
Jo	int Costs. Check Diffusion if you are following	SOF	98-2.			

SEE STATEMENT 3

N/A

N/A

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ _

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

_ ; (ii) the amount allocated to Program services \$ _

; and (iv) the amount allocated to Fundraising \$

N/A

N/A

Form 990 (2005)

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 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.

	at is the organization's po NTESSORI BAS			Program Service Expenses
All o	organizations must descr	ibe the	ir exempt purpose achievements in a clear and concise manner. State the number of etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) empt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а			SCHOOL AND ELEMENTARY SCHOOL. BETWEEN 120 AND	
	130 STUDENTS	IN	ATTENDANCE DURING THE 2005/2006 SCHOOL YEAR.	
	(Grants and allocations	\$) If this amount includes foreign grants, check here	1,273,858.
		-		
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
	(Grants and allocations	\$) If this amount includes foreign grants, check here	
d				
	(Grants and allocations	\$	\ If this amount includes foreign grants, shock here	
	Other program services) If this amount includes foreign grants, check here	
J	(Grants and allocations	\$) If this amount includes foreign grants, check here	
f		<u>-</u>	penses (should equal line 44, column (B), Program services)	1,273,858.
				Form 990 (2005)

Par	t IV	Balance Sheets (See the instructions.)		· · · · · · · · · · · · · · · · · · ·			
Note	: Whe	re required, attached schedules and amounts wit uld be for end-of-year amounts only.	hin the	description column	(A) Beginning of year		(B) End of year
					202 715	4.5	440,867.
	45	Cash - non-interest-bearing			383,745.		440,007.
	46	Savings and temporary cash investments				46	
			ا سما	00 204			
		Accounts receivable	-	90,204.	71,561.	47c	90,204.
	b	Less: allowance for doubtful accounts	47b		71,501.	476	30,204.
		Pledges receivable	48a				
		Less: allowance for doubtful accounts			450.	48c	
	1	Grants receivable				49	
	49 50	Receivables from officers, directors, trustees,				"	
	อบ	and key employees				50	
ş	E1 0	Other notes and loans receivable	1 '				
Assets		Less: allowance for doubtful accounts				51c	
∢	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			191.		
	54	Investments - securities		Cost FMV		54	
		Investments - land, buildings, and					
	""	equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments · other SI	EES	TATEMENT 4	512,730	56	533,155.
	57 a	Land, buildings, and equipment: basis	57a	3,391,060. 1,141,036.			
	b	Less: accumulated depreciation	57b	1,141,036.	2,326,508	57c	2,250,024.
	58	Other assets (describe 🕨		58			
					2 205 105	1	2 214 250
	59	Total assets (must equal line 74). Add lines 45		•	3,295,185	59	3,314,250.
	60	Accounts payable and accrued expenses			1,030		120.
	61	Grants payable			05 222	61	55,014.
w	62	Deferred revenue			85,222		33,014.
iŧie	63	Loans from officers, directors, trustees, and ke		1		63	
Liabilities	1 -	a Tax-exempt bond liabilities		1	1,165,500	64a 64b	1,111,104.
ت	1	b Mortgages and other notes payable			1,103,300	65	1,111,101.
	65	Other liabilities (describe		'		-03	
	ee.	Tatal liabilities Add lines 60 through 65)			1,251,752	- 66	1,166,246.
	66	Total liabilities. Add lines 60 through 65) panizations that follow SFAS 117, check here	• X	and complete lines			
	Org	67 through 69 and lines 73 and 74.	ريتي	und complete inte			
es	67	Unrestricted			1,505,866	• 67	1,580,377.
anc	68	Temporarily restricted		1 ·	537,567	• 68	1,580,377. 567,627.
Bai	69	Permanently restricted			69		
2		ganizations that do not follow SFAS 117, check					
Net Assets or Fund Balances		complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70			
	71	Paid-in or capital surplus, or land, building, and		71			
As	72	Retained earnings, endowment, accumulated				72	
Net	73	Total net assets or fund balances (add lines 67 thro					0 140 001
		column (A) must equal line 19; column (B) must equ	ıal line 2	:1)	2,043,433	• 73	2,148,004.
	74	Total liabilities and net assets/fund balance	s. Add I	ines 66 and 73	3,295,185	• 74	3,314,250.

Form **990** (2005)

1

16320803 781156 7541

Part IV A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

a	Total revenue, gains, and other support per audited financial statemen	ts		а	N/A
b	Amounts included on line a but not on Part I, line 12:		•		
1	Net unrealized gains on investments				
2	Donated services and use of facilities	<u>b</u>	2		
3	Recoveries of prior year grants	<u>b</u>	3		
4	- · · · · · · · · · · · · · · · · · · ·	L .	4		
	Add lines b1 through b4			b	
C	Subtract line b from line a				
đ	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	a	1		
,	Other (specify):	1.2	2		
_	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12). Add lines c and d			▶ e	
Ď.	art IV-B Reconciliation of Expenses per Audited Fina	ncial Statements W	ith Expenses	per Return	
a	Total expenses and losses per audited financial statements				N/A
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	1	1		
2					
3			13		
_		l i	14		
4			 	b	
	Add lines b1 through b4			1 1	
C	Subtract line b from line a			C	
đ	Amounts included on Part I, line 17, but not on line a:	1.			
1	Investment expenses not included on Part I, line 6b	į į	11		
2	Other (specify):		12		
	Add lines d1 and d2				
e	Total expenses (Part I, line 17). Add lines c and d			. ▶ e	
P	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea			ctor, trustee,
P	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List eare not compensated.) (Se	e the instructions.)	(D) Contributions to	·
<u>P</u>	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ea re not compensated.) (Se (B) Title and average hours	e the instructions.) (C) Compensation	(D) Contributions to	(E) Expense account and
	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
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	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances
	Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address EE STATEMENT 5	y Employees (List ea re not compensated.) (Se (B) Title and average hours per week devoted to	e the instructions.) (C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & ceferred compensation plans	(E) Expense account and other allowances

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orm 99		MONTESSORI S			58-1416	
	/-A Current Officers, Director					Yes
	ter the total number of officers, directors eetings				0	
b Ar lis Pa	e any officers, directors, trustees, or key ted in Schedule A, Part I, or highest comp art II-A or II-B, related to each other throug e individuals and explains the relationship	employees listed in For pensated professional a ph family or business re	m 990, Part V-A, or highest o	compensated emp actors listed in Sci a statement that i	hedule A,	75b
lis Pa	o any officers, directors, trustees, or key e ted in Schedule A, Part I, or highest comp art II-A or II-B, receive compensation from ganization through common supervision	pensated professional a any other organization	and other independent contr	ractors listed in Sc kable, that are relat	hedule A,	75c
lf ' de	ote. Related organizations include section 'Yes," attach a statement that identifies the indi- scribes the compensation arrangements, inclu	viduals, explains the relation ding amounts paid to each	onship between this organization n individual by each related orga	nization.		
	bes the organization have a written confliction. B Former Officers, Directors	Trustees and	You Employees That E	Pacaivad Com	neneation (75d
Part '	Benefits (If any former officer, of					
	the year, list that person below an	d enter the amount of o	compensation or other bene	fits in the appropri	ate column. Se	e the instruction
	(A) Name and address	NONE	(B) Loans and Advances	(C) Compensation	(D) Contributions employee benefit plans & deferred	account a
		NONE			compensation pla	ns other anowa
- - - -			-			
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Part	VI Other Information (See the in	structions.)		1		Yes
	id the organization engage in any activity		d to the IRS? If "Yes," attacl	n a detailed		
	escription of each activity					76
77 V	Vere any changes made in the organizing	or governing documen	ts but not reported to the IR	s?		77
	"Yes," attach a conformed copy of the c	_				
	id the organization have unrelated busine				NT / 70	78a
	"Yes," has it filed a tax return on Form 9 Vas there a liquidation, dissolution, termin		untraction during the year? If			78b 79
	vas there a liquidation, dissolution, termir s the organization related (other than by a					/3
	s the organization related (other than by a nembership, governing bodies, trustees, (80a
	"Yes," enter the name of the organizatio		or evenible of Houseverlihe Of	garrication		553
N 11	, 25, 5, 10, 110 Hamb of the organizatio	<u></u>	and check whether it is	exempt or	nonexempt	
81 a E	nter direct or indirect political expenditur	es. (See line 81 instruct			0.	ا ا
	oid the organization file Form 1120-POL f					81b
E0016170						Form 990 (

		<u>58-14163</u>			ge 7	
Par	t VI Other Information (continued)			Yes	No	
32 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at s	ubstantially		ŀ		
	less than fair rental value?		82a		<u>X</u>	
b	If "Yes," you may indicate the value of these items here. Do not include this					
	amount as revenue in Part I or as an expense in Part II.	/.				
	(See money and the control of the co	N/A		.,		
B3 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X		
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	II.	83b	X		
84 a		b.	84a		<u>X</u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts tax deductible?		84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	85b			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization rec	eived a				
	waiver for proxy tax owed for the prior year.					
C	Dues, assessments, and similar amounts from members	N/A				
d	Section 162(e) lobbying and political expenditures	N/A				
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A				
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f					
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	/_				
	following tax year?	N/A	85h	**********	**********	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	27/2				
	line 12	N/A				
b	Gross receipts, included on line 12, for public use of club facilities	N/A				
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	N/A				
	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 partners.	t.				
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.770	l'	88		X	
80 2	If "Yes," complete Part IX		00			
09 a	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ►	0.				
þ	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?				١,,	
	If "Yes," attach a statement explaining each transaction		89b		X	
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			0.	
d					0.	
90 a	NONE					
b		0b			27	
91 a		▶ 615–35	2 - 4	317		
	Located at ▶ 914 DAVIDSON DR., NASHVILLE, TN	ZIP + 4 ► 3				
b						
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,		Yes	No	
	account)?		91b		X	
	If "Yes," enter the name of the foreign country ▶ N/A					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank					
	and Financial Accounts.					
C	, , , , , , , , , , , , , , , , , , , ,		91c		X	
	If "Yes," enter the name of the foreign country ► N/A					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			. ▶ L		
	and enter the amount of tax-exempt interest received or accrued during the tax year	2	N/	_	(2005)	

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Part VII	Analysis of Income-Producing A	Activities	(See the instructions.)			
Note: Ent	ter gross amounts unless otherwise		ted business income		ded by section 512, 513, or 514	(E)
indicated.		(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Progr	ram service revenue:	code	Amount	sion code	Amount	function income
a TU	ITION AND FEES					1,468,449.
b						
C						
d						
е						
	care/Medicaid payments					
	and contracts from government agencies			Ì		
_	bership dues and assessments			1		
	st on savings and temporary cash investments			14	7,757.	
	ends and interest from securities			14		
	ental income or (loss) from real estate:					
	financed property					
	lebt-financed property			<u> </u>		
	ental income or (loss) from personal property			-		
				+		
	r investment income			+		
	or (loss) from sales of assets					12,931.
	r than inventory			-		12,751.
	ncome or (loss) from special events	<u> </u>		+		
	s profit or (loss) from sales of inventory			+	 	
	r revenue:			01	51,779.	
. —	SCELLANEOUS			0.1	J1,119.	
b						
C						
d		-		+		
e			_	•	65 652	1,481,380.
	otal (add columns (B), (D), and (E))				" 	
	I (add line 104, columns (B), (D), and (E))					1,547,033.
	e 105 plus line 1d, Part I, should equal the amo			-+ D.	2 M 2 2 2 2 10 - 11 - 1 - 1 - 1 - 1	2 V
	Relationship of Activities to the					
Line No.	Explain how each activity for which income is rep			ed impo	rtantly to the accomplishment	of the organization's
0.27	exempt purposes (other than by providing funds			m T O 1	CDANIMO TAL MILLO	TADTOUG
	TUITION AND FEES ARE AN					
	ACTIVITIES AND CLASSES	CONDUC	TED BY THE	ORGE	ANIZATION FOR	THE STUDENTS.
		<u> </u>				
Part IX	WW			ded E		1
Name, a	(A) Iddress, and EIN of corporation, Percentage of	f	(C) Nature of activities		(D) Total income	(E) End-of-year
partr	nership, or disregarded entity ownership intere	est				assets
N/A		%				
		%				
	<u> </u>	%				
According to the continuous front		%			<u> </u>	
Part X	Information Regarding Transfer	rs Associ	ated with Persona	I Ber	netit Contracts (See th	
(a) Did 1	the organization, during the year, receive any funds,	, directly or inc	directly, to pay premiums o	n a pers	sonal benefit contract?	Yes X No
(b) Did i	the organization, during the year, pay premiums, dir	rectly or indire	ctly, on a personal benefit (contract	t?	Yes X No
Note: If	"Yes" to (b) , file Form 8870 and Form 4720 (s					
Please	Under penalties of penury, I declare that I have examined the correct, and obmiglete. Declaration of preparer other than of	his return, includ afficer, is based o	ing accompanying schedules ar on all information of which prepa	nd staten arer has a	nents, and to the best of my knowled iny knowledge.	dge and belief, it is true,
Sign	Thin X Ino	24		SHE	RRY KNOTT, DIF	RECTOR
Here	Signature of officer		Date	Type or	print name and title.	
D 11	Preparer's	1	0	ate	Check if self-	Preparer's SSN or PTIN
Paid	signature when he had	to220	It 8	2-29	7-06 employed >	
Preparer's	Trimishame for WORK & GREEKR.	PC	~v	•	EIN ▶	-
Use Only	yours if self-employed), 209 SIXTH AVE	NUE NOI	RTH			
523163 02-03-06	addman and	37219			Phone no D	(615)259-7600

7511

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.)

■ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Name of the organization Employer identification number ABINTRA MONTESSORI SCHOOL 58 1416330 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Title and average hours per week devoted to d) Contributions to (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation (c) Compensation account and other more than \$50,000 position allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over

\$50,000 for other services

0

During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		
lobbying activities \$\$ (Must equal amounts on line 38, Part VI-A, or	1		
	1		
	1		
			Х
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2 b		х
c Furnishing of goods, services, or facilities?	2c		Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		Х
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
you determine that recipients qualify to receive payments.)	3 <u>a</u>	X	
b Do you have a section 403(b) annuity plan for your employees?	3b	Х	
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice			١,,
on the use or distribution of funds?	<u>4a</u>		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	l	<u> </u>
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6 X A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).			
(Also complete the Support Schedule in Part IV-A.)			
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public.			
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations describe			
(1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describe the type of supporting organization: Type 1 Type 2 Type 3	5		
Provide the following information about the supported organizations. (See page 6 of the instructions.)			
		ne num	
(a) Harrio(5) or Supported Organization(5)	11	om ab	ove
14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)			

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ar year (or fiscal year ng in) Sifts, grants, and contributions eceived. (Do not include unusual grants. See line 28.)	(a) 2004	(b) 2003				
Gifts, grants, and contributions eceived. (Do not include unusual	(-/	(0) 2003	(c) 2002	(d) 2001	1 (e) Total
taints. See line 20.		(1) 2000	(0) 2002	(1) -00		7
Membership fees received	_					
Gross receipts from admissions, nerchandise sold or services performed, or furnishing of acilities in any activity that is elated to the organization's charitable, etc., purpose						
Gross income from interest, lividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and income less section 511 taxes) from payments are section 511 taxes or the payments are section 511 taxes.						
let income from unrelated business						
ctivities not included in line 18	-					
ax revenues levied for the organization's benefit and either oald to it or expended on its behalf						
The value of services or facilities urnished to the organization by a governmental unit without charge. On not include the value of services or facilities generally furnished to he public without charge						
Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						
Fotal of lines 15 through 22	0.	0.	0.		0.	0
						/-
_				······································	?6a	N/A
•			•	1800		
• • • •		•			och .	N/A
•						N/A
					.00	
taa: runoanto nom osianii (o, ioi n		· · · · · · · · · · · · · · · · · · ·		— ▶ 2	26d	N/A
Public support (line 26c minus line 2				- 1		N/A
					26f	N/A
records to show the name of, and to such amounts for each year:	tal amounts received in e	ach year from, each "disc	jualified person." Do not fi	le this list with your	return. Enter t	he sum of
•		• •		•		•
described in lines 5 through 11b, as	well as individuals.) Do n	ot file this list with your	return. After computing t	he difference betwee	in the amount i	eceived and
)	
					/	
17	20		21	▶ 2	27c	N/A
Add: Line 27a total	ar	nd line 27b total			27d	N/A
Public support (line 27c total minus	line 27d total)			▶[3	27e	N/A
						/-
						N/A
	_					N/A
	Gross income from interest, fividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and inrelated business taxable income less section 511 taxes) from pusinesses acquired by the organization after June 30, 1975. The income from unrelated business activities not included in line 18. The value of services or facilities or included in line 18. The value of services or facilities or included the value of services or facilities or include the value of services or facilities or facilities generally furnished to the organization by a povernmental unit without charge. On ont include the value of services or facilities generally furnished to the public without charge. Other income. Attach a schedule. On not include gain or (loss) from tall of capital assets. The properties of the public without charge. Other income. Attach a schedule. On not include gain or (loss) from tall of lines 15 through 22. The propert of lines 15 through 22. The properties of the public support of section 509(a)(1) to the public support for section 509(a)(1) to the public support for section 509(a)(1) to the larger amount for each year; the larger amount included in line 17 to such amounts for each year; the larger amount described on line 12 properties of the larger amount described in (1) or any amount included in line 17 to the larger amount for section 509(a)(2) to the larger amount described in (1) or any amount included in line 17 to any amount included in line 17 to any amount received for each year; the larger amount described in (1) or any amount from column (e) for line and amounts for section 509(a)(2) to the larger amount for section 509(a)(2) to the larger amount for section 509(a)(2) to the larger amount from column (e) for larger amount from column (e)	ividends, amounts received from layments on securities loans (section 512(3/5)), rents, royalties, and inrelated business taxable income less section 511 taxes) from lusinesses acquired by the larganization after June 30, 1975. Idet income from unrelated business ctivities not included in line 18. Fax revenues levided for the roganization's benefit and either laid to it or expended on its behalf. The value of services or facilities unrished to the organization by a povernmental unit without charge. On not include the value of services or facilities generally furnished to the public without charge. On not include gain or (loss) from late of capital assets. For acilities generally furnished to the public without charge and the roganization of capital assets. For acilities generally furnished to he public without charge and the roganizations described on lines 10 or 11: a Enter 2% of Prepare a list for your records to show the name of and amount in or publicly supported organization) whose total gifts for 20 on of file this list with your return. Enter the total of all these for the first of the support for section 509(a)(1) test: Enter line 24, column and add: Amounts from column (e) for lines: 18 For amounts included the cords to show the name of, and total amounts received in estance and amount received for each year; 2004) (2003) For any amount included in line 17 that was received from each and amount received for each year, that was more than the latescribed in lines 5 through 11b, as well as individuals.) Do not he larger amount described in (1) or (2), enter the sum of the larger amount described in (1) or (2), enter the sum of the larger amount from column (e) for lines: 15 For an organization described in line 17 (2003) For any amount included in line 27c (1) enter the sum of the larger amount described in (1) or (2), enter the sum of the larger amount for percentage (line 27e (numerator) divided by contain the support for section 509(a)(2) test: Enter amount on line prublic support for section 509(a)(Gross income from interest, invidends, amounts received from ayments on securities loans (secono 512(a)(5)), rents, royatlies, and increlated business taxable income less section 511 taxes) from usinesses acquired by the riganization after June 30, 1975. Let income from unrelated business citivities not included in line 18. Lax revenues levied for the organization's benefit and either hadid to it or expended on its behalf the value of services or facilities urnished to the organization by a povernmental unit without charge. Do not include the value of services or facilities generally furnished to he public without charge. Do not include gain or floss) from alle of capital assets on the right of the public without charge. Dither income. Altach a schedule. Do not include gain or floss) from alle of capital assets. Total of lines 15 through 22	Stross income from interest, invidends, amounts received from ayaments on securities loans (secon 512(a)(5)), rents, royathes, and unrelated business taxable income less section 511 taxes) from usinesses acquired by the riganization after June 30, 1975 less citivities not included in line 18 ax revenues levied for the riganization after June 30, 1975 less citivities not included in line 18 ax revenues levied for the riganization after June 30, 1975 less citivities not included in line 18 ax revenues levied for the reganization by a povermental unit without charge. Do not include the value of services or facilities urnished to the organization by a povermental unit without charge. Do not include the value of services or facilities urnished to the public without charge. Do not include gain or (floss) from alle of capital assets on a control of the services of the public without charge. The right of the r	incost income from interest, widents, amounts received from con-512(a)(5), rents, royallies, and minelated business taxable income less section 511 taxes) from usinesses acquired by the regalantation after June 30, 1975. Let income from unrelated business taxable income less section 511 taxes) from usinesses acquired by the regalantation after June 30, 1975. Let income from unrelated business citivities not included in line 18 ax revenues levided for the ax revenues levided for the regalantation of the value of services or facilities unrelated to it or expended on its behalf he value of services or facilities generally furnished to the organization by a covernmental unit without charge. On ont include the value of services or facilities generally furnished to the public without charge. Their income, Attach a schedule of the value of services or facilities generally furnished to the public without charge. Their risk of line of this intrough 22	ities income from interest. Invitation of securities loans (Second Form of 12(A)S), Prints, royalties, and metalted business taxable income less section 511 taxes) from usinesses acquired by the sess section 511 taxes) from usinesses acquired by the granization after June 90, 1975 let income from unrelated business taxable income less section 511 taxes) from usinesses acquired by the granization after June 90, 1975 let income from unrelated business citylines of the control of the granization of the property of the programation of the pro

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Private School Questionnaire (See page 7 of the instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	1	.,	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	00	Yes	No
30	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,	29		
•	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	Х	00000000000
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31	Х	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) NEWSPAPER ADVERTISEMENTS			
	NEWSFAFER ADVERTISEMENTS	— ····		
		-		
		-		
32	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		Х	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
33	Does the organization discriminate by race in any way with respect to:			
а	• • •			X
þ	Admissions policies?		ļ	X
C	Employment of faculty or administrative staff?		ļ	X
d	Scholarships or other financial assistance?			X
е				X
f	Use of facilities?			X
g	•		<u> </u>	X
h	Other extracurricular activities?	33h		<u>^</u>
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		—		
21 -	Does the organization receive any financial aid or assistance from a governmental agency?	— 34a	X	********
34 a	Has the organization's right to such aid ever been revoked or suspended?		 **	X
n	If you answered "Yes" to either 34a or b, please explain using an attached statement.	345		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,	600000000	4206000000000	cp00-00000000
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	Х	

Schedule A (Form 990 or 990-EZ) 2005

		expenditures by Ele d ONLY by an eligible organ	ecting Public Char	ities (See page 9 of	the instructions.))		N/A
Che	ck 🕨 a 🔲 if the organiza	tion belongs to an affiliated	group. Check	▶ b if you che	cked "a" and "lim	ited co	ntroi*	provisions apply.
		nits on Lobbying E	-		(a) Affiliated g			(b) To be completed for ALL
	(The tern	n "expenditures" means amo	unts paid or incurred.)		totals			electing organizations
37 38 39 40 41 41	Total lobbying expenditures to Total lobbying expenditures to Total lobbying expenditures (a Other exempt purpose expend Lobbying nontaxable amount. If the amount on line 40 is - Not over \$500,000 but not over \$1,000,000 but not over \$1,500,000 but not over \$1,500,000 but not over \$17,000,000 cyer \$1,500,000 but not over \$17,000,000 grassroots nontaxable amount Subtract line 42 from line 36. Subtract line 41 from line 38.	influence a legislative body idd lines 36 and 37) iitures iitures (add lines 38 and 39) Enter the amount from the The lobbyin 20% of the am 000 \$100,000 plus 00,000 \$225,000 plus 100,000 \$25,000 plus 11,000,000 at (enter 25% of line 41) Enter -0- if line 42 is more to	following table - g nontaxable amount is - nount on line 40 15% of the excess over \$500,0 10% of the excess over \$1,500,0 5% of the excess over \$1,500,0 han line 36 han line 38	37 38 39 40 000 ,000 41 000 42 43 44	N/A			
_	(Some organizations that ma	structions for lines 45 throu	n do not have to comp	elete all of the five ne instructions.)		ns	N/A
	endar year (or eal year beginning in)	(a) 2005	(b) 2004	(d) 2002			(e)	
_	Lobbying nontaxable		2007	2003				
-10	amount							0.
46	Lobbying ceiling amount (150% of line 45(e))							0.
47	Total lobbying							
_	expenditures		· · · · · · · · · · · · · · · · · · ·					0.
48	Grassroots nontaxable							0.
49	amount							•
.,	(150% of line 48(e))							0.
50	Grass roots lobbying							
_	expenditures							0.
P	art VI-B Lobbying / (For reporting of	Activity by Nonelectury by organizations that die			ructions.)			N/A
Du	ring the year, did the organizati	on attempt to influence nati	onal, state or local legislatio	on, including any attem	pt to	Yes	No	Amount
	uence public opinion on a legis		. •			103		Amount
	Volunteers				i i			
p	,	,	·	•	i			
c d					1			
u e								
ı								
g		* * * * * * * * * * * * * * * * * * * *						
h								
i	Total lobbying expenditures (Add lines c through h.)						0.

Pai		garding Transters To and zations (See page 12 of the insti		i Relationships with Noncharit	able		
51				organization described in section			
٠.	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) organizations) or in section 527, relating to political organizations?						
а	Transfers from the reporting organization to a noncharitable exempt organization of:					Yes	No
	(i) Cash				51a(i)		Х
							Х
b							
	(i) Sales or exchanges of assets with a noncharitable exempt organization				_ b(i)		Х
	(ii) Purchases of assets from a noncharitable exempt organization						Х
	(iii) Rental of facilities, equipment, or other assets						Х
							Х
							Х
			fundraising solicitations				Х
C	Sharing of facilities, equipment,	, mailing lists, other assets, or paid e	mployees		. <u> </u>		X
d	If the answer to any of the abov	e is "Yes," complete the following sc	hedule. Column (b) should a	always show the fair market value of the			
	goods, other assets, or services	s given by the reporting organization	. If the organization received	l less than fair market value in any			
	transaction or sharing arranger	ment, show in column (d) the value of	of the goods, other assets, o	r services received:		N/A	
(a	(b) (c) (d)						
Line	no. Amount involved	Name of noncharitable ex	cempt organization	Description of transfers, transactions, and	sharing ar	rangen	nents
			 				
	. 						
	_ 						
		<u> </u>			-		
		<u> </u>					
		 					
				·			
		<u> </u>		<u> </u>			
52 a	-	-		ganizations described in section 501(c) of the	_		7
	Code (other than section 501(c	c)(3)) or in section 527?		▶ ∟	_ Yes	LX	∏ No
b	If "Yes," complete the following			T			-
(a) Name of organization			(b) Type of organization	(c) Description of relationsl	nin		
	Trainic of or	guinzation	Type of organization	Description of relationsh			
							-
				+			
	·					_	
			- 				
			 				
				 			
				 			
			1		-		
			<u> </u>	<u> </u>			