Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

2005

OMB No 1545-0047

(except black lung benefit trust or private foundation) Open to Public Department of the Treasury Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 6/30 2006 7/01 , 2005, and ending For the 2005 calendar year, or tax year beginning Employer Identification Number Check if applicable Please use | Metropolitan Education Access Corp 27-0024733 Address change 120 White Bridge Road; Box 46 or print Telephone number Name change or type Nashville, TN 37209 615-269-7400 specific Initial return instruc-Accounting X Accrual Cash Final return anot Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to section 527 organizations Application pending charitable trusts must attach a completed Schedule A X No H (a) Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If Yes, enter number of affiliates. Web site: ► N/A H (C) Are all affiliates included? Yes No Organization type (If 'No,' attach a list. See instructions.) ► X 501(c) (check only one) 4947(a)(1) or 527 (insert no) **H (d)** Is this a separate return filed by an Check here 🏲 If the organization's gross receipts are normally not more than X No organization covered by a group ruling? Yes \$25,000 The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a Group Exemption Number complete return. Check | X | if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Gross receipts Add lines 6b, 8b, 9b, and 10b to line $12 \ge 97,701$. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) |Part I Contributions, gifts, grants, and similar amounts received 1,200. a Direct public support 1a **b** Indirect public support 39,064. **c** Government contributions (grants) 1 c d Total (add lines \$ 40,264. noncash \$ 40,264. 1 d Program service revenue including government fees and contracts (from Part VII, line 93) 57,437. Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities 6a Gross rents 6a **b** Less rental expenses 6b c Net rental income or (loss) (subtract line 6b from line 6a). 6c Other investment income (describe. (A) Securities **(B)** Other 8a Gross amount from sales of assets other than inventory 8a **b** Less cost or other basis and sales expenses 8b c Gain or (loss) (attach schedule) 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)). 8d 9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1a) 9a **b** Less direct expenses other than fundraising expenses 9b c Net income or (loss) from special events (subtract line 9b from line 9a) 2006 10a Gross sales of inventory, less returns and allowances 10a **b** Less cost of goods sold 10b c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 4 10c Other revenue (from Part VII, line 103) وسرا Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 97,701. E E RECEIVED Program services (from line 44, column (B)) 123,204. Management and general (from line 44, column((C)) 14 Fundraising (from line 44, column (D)). 400. Payments to affiliates (attach schedule) Total expenses (add lines 16 and 44, column (A)) 123,604. 17 Excess or (deficit) for the year (subtract line 17 from the 13) -25,903. Net assets or fund balances at beginning of year-(from line 73, column (A)) 53,536. Other changes in net assets or fund balances (attach explanation) 597.

Net assets or fund balances at end of year (combine lines 18, 19, and 20).

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

See Statement

TEEA0109L 02/03/06

28,230.

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

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Totai	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$)					
	If this amount includes foreign grants, check here ► □	22				
23	Specific assistance to individuals (att sch)	23	<u> </u>			
24	The state of the s	24				
25		25	53,154.	53,154.	0.	<u>0.</u>
26		26				
27		27	· · · · · · · · · · · · · · · · · · ·			
28	- y + + · · - · · - · · · · · · · · · ·	28		4 7 5 0		
	Payroll taxes	29	4,158.	4,158.		•
_	Professional fundraising fees	30				
31	3	31	2,478.	2,478.		·····
32		32			<u></u>	
33		33	5,414.	5,414.		
34	•	34	1,919.	1,919.		
35	·g	35	467.	467.		
36		36				
37		37	1,365.	1,365.		·····
38	5	38	57.	57.		
39	Travel	39	1,060.	1,060.		
40	Conferences, conventions, and meetings	40				
41	Interest	41	815.	815.	<u></u>	
42	Depreciation, depletion, etc (attach schedule)	42	10,803.	10,803.		
43	Other expenses not covered above (Itemize)					
	a <u>See_Statement_2</u>	43a	41,914.	41,514.		400.
	b	43Ь				
	c	43c				
	d	43d				
	e	43e				
	f	43f				
	9	43g				
44	Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	123,604.	123,204.	n	400.
Join	t Costs. Check If you are following					
Are	any joint costs from a combined education es, enter (i) the aggregate amount of these	al campaig	n and fundraising solici	, (ii) the am	nount allocated to Progra	Yes X No m services amount allocated
to F	undraising \$					· · · · · · · · · · · · · · · · · · ·

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Form **990** (2005)

Form 990 (2005) Metropolitan Education	Access Corp	27-00	24733 Pa	age 3
Part III Statement of Program Service Acc	omplishments			
Form 990 is available for public inspection and, for some organization. How the public perceives an organization in please make sure the return is complete and accurate and	such cases may be determined by the informa-	ition presented on	its return. Therefore	e,
What is the organization's primary exempt purpose? All organizations must describe their exempt purpose ach clients served, publications issued, etc. Discuss achievem izations and 4947(a)(1) nonexempt charitable trusts must	See Statement 3 nevements in a clear and concise manner Statents that are not measurable (Section 501(c) also enter the amount of grants and allocation	te the number of (3) and (4) organ-	Program Service Expenses (Required for 501(c)(3) (4) organizations and 4947(a)(1) trusts, be optional for others) and nd out
a See Statement 4				
(Grants and allocations \$) If this amount includes foreign grants, o	heck here	123,2	<u>04.</u>

) If this amount includes foreign grants, check here 🟲

) If this amount includes foreign grants, check here

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

e Other program services
Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 123, 204.

(Grants and allocations \$

(Grants and allocations \$

Balance Sheets (See Instructions) (B) End of year Where required, attached schedules and amounts within the description Beginning of year column should be for end-of-year amounts only 1,759. 33,651. Cash — non-interest-bearing Savings and temporary cash investments **47 a** Accounts receivable 47 a 47 b 47 c **b** Less allowance for doubtful accounts 48a **48a** Piedges receivable 48b 48c **b** Less allowance for doubtful accounts 49 Grants receivable 50 Receivables from officers, directors, trustees, and key 129. 129. **50** employees (attach schedule) 51 a 51 a Other notes & loans receivable (attach sch) 51 b **b** Less allowance for doubtful accounts 51 c 52 52 Inventories for sale or use 53 Prepaid expenses and deferred charges 53 Cost FMV 54 Investments — securities (attach schedule) 55 a Investments — land, buildings, & equipment basis 55 a **b** Less accumulated depreciation 55 b (attach schedule) 55c 56 Investments — other (attach schedule) 56 46,826. 57 a Land, buildings, and equipment basis 57 a b Less accumulated depreciation 22,243. 57,524. 24,583. Statement 5 (attach schedule) 57 b 57 c Other assets (describe 58 58,363. 59,412. Total assets (must equal line 74) Add lines 45 through 58 **59** Accounts payable and accrued expenses **60** Grants payable 61 Deferred revenue 62 Loans from officers, directors, trustees, and key employees (attach schedule) 64a 64a Tax-exempt bond liabilities (attach schedule) **b** Mortgages and other notes payable (attach schedule) 64b Other liabilities (describe - See Statement 6 5,876. 30,133. 65 Total liabilities. Add lines 60 through 65 5,876. 30,133. 66 |X| and complete lines 67 Organizations that follow SFAS 117, check here through 69 and lines 73 and 74 53,536. 28,230. Unrestricted **67 67** Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74 Capital stock, trust principal, or current funds. **70** Paid-in or capital surplus, or land, building, and equipment fund 71 Retained earnings, endowment, accumulated income, or other funds **72** Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)

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53,536.

59,412.

73

74

28,230.

58,363.

Total liabilities and net assets/fund balances. Add lines 66 and 73

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27-0024733

Form 990 (2005) Metropolitan Education	المرابع والمرابع		27-0024	733	T ·
Part V-A Current Officers, Directors, Tr	ustees, and Key E	mployees (continued,)		Yes
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	on business as board meetings	► <u>7</u>		ļ
b Are any officers, directors, trustees, or key emulisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other through	isated professional and	l other independent conti	ractors listed in Schedule	es	
identifies the individuals and explains the relat	tionship(s)	•		75 b	·
c Do any officers, directors, trustees, or key emplished in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from	nsated professional and	l other independent conti	ractors listed in Schedule	:	
to this organization through common supervisi	on or common control?		,	75c	ļ
Note. Related organizations include section 50	9(a)(3) supporting orga	anizations			
If 'Yes,' attach a statement that identifies the interpretation other organization (s), and describes the comprehated organization				ch	
d Does the organization have a written conflict of	of interest policy?			75 d	X
Part V-B Former Officers, Directors, Tre Benefits (If any former officer, direct during the year, list that person below a the instructions)	or, trustee, or key empl	loyee received compensa	ation or other benefits (de	escribed be	elow) See xpens
(A) Name and address	Advances		plans and deferred compensation plans		ances
	-				
· , · ·					
	-				
	-				
	-			_	
	-				
	-				
		- -		·	
	1				
	1				
					
Part VI Other Information (See the Instruc	ctions)			<u> </u>	Yes
76 Did the organization engage in any activity not	previously reported to	the IRS? If 'Yes,'		7.	
attach a detailed description of each activity 77 Were any changes made in the organizing or g	novernina documents hi	it not reported to the IPS	3.7	<u>76</u> 77	-
If 'Yes,' attach a conformed copy of the change		at not reported to the int		"	
78a Did the organization have unrelated business of		or more during the year	covered by this return?	78a	
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79	
80 a is the organization related (other than by assomembership, governing bodies, trustees, office	ciation with a statewide	or nationwide organizat	ion) through common	on_	
b If 'Yes,' enter the name of the organization	<u>N/A</u>	·			
	and of	heck whether it is 📗 e	xempt or I nonexem	not l	
01 a Contau alumat and madus at material 12		1	, ', <u> </u>	' \ \	ļ
81 a Enter direct and indirect political expenditures b Did the organization file Form 1120-POL for th	(See line 81 instruction	1	81 a	0. 81 b	

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	n 990 (2005) Metropolitan Education Access Corp	.4/3)		rage /
P	art VI Other Information (continued)			Yes	No
82	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	N/A			
	a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84	a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N,	'A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	Ī	85a	N,	'A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N,	/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received waiver for proxy tax owed for the prior year	а			
	c Dues, assessments, and similar amounts from members	N/A			
	d Section 162(e) lobbying and political expenditures	N/A			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A			
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N,	'A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on				
	line 12 86a	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 87 a	N/A			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b	N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Part IX	١,	88		X
89	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under				-
	section 4911 ►0.; section 4912 ►0., section 4955 ►	0.			
	b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	t	89Ь		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶				0.
ı	d Enter Amount of tax on line 89c, above, reimbursed by the organization				0.
90	a List the states with which a copy of this return is filed > None				
	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	[90b		0
91	a The books are in care of - Michael Catalano Telephone number - 615-269	-740	0		· — — -
	Located at > 120 White Bridge Road; Box 46,	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 account)?	[91 b	Yes	No 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 Statements				
(c At any time during the calendar year, did the organization maintain an office outside of the United States?		91 c		<u> </u>
	If 'Yes,' enter the name of the foreign country	. _			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		N/I	۱ ۱	►
	and enter the amount of tax-exempt interest received or accrued during the tax year 92		·		N/A
3AA			Form	990 (2005)

	Transity of the Control of the Contr	` <u> </u>		 -	540 540 544	
Note: Ente	er gross amounts unless indicated	Unrelated b (A) Business code	(B) Amount	(C) Excluded by sec	tion 512, 513, or 514 (D) Amount	(E) Related or exempt function income
	ogram service revenue coadcast Production					57,437.
d C						
	dicare/Medicaid payments					
94 Me	s & contracts from government agencies mbership dues and assessments rest on savings & temporary cash invents				•	
96 Div	rental income or (loss) from real estate		······································			
b not	ot-financed property debt-financed property					
99 Oth 100 Gas	rental income or (loss) from pers prop per investment income in or (loss) from sales of assets					
101 Net	er than inventory income or (loss) from special events ss profit or (loss) from sales of inventory					·
	ner revenue: a					
c d e			· · · · · · · · · · · · · · · · · · ·			
105 Tot	total (add columns (B), (D), and (E)) tal (add line 104, columns (B), (D), a	- • •				57,437. 57,437.
	105 plus line 1d, Part I, should equal Relationship of Activities t			xempt Purpose	PS (See the instruction	ns)
Line No.	Explain how each activity for which of the organization's exempt purpo	n income is repo	rted in column (E) o	of Part VII contribut	ted importantly to the a	•
93A	Income obtained from					r broadcast.
Part IX	Information Regarding Tax	cable Subsidi	aries and Disre	garded Entitie	S (See the instruction	s)
	(A) address, and EIN of corporation, tnership, or disregarded entity	Percentage of	Nature of	C) f activities	(D) Total	(E) End-of-year
N/A	thership, or disregarded entity	ownership intere	ક ક		income	assets
			₹ 8			
	Information Regarding Tra					
b Did th	e organization, during the year, receive any fur ne organization, during the year, pay f 'Yes' to (b), file Form 8870 and For	y premiums, dire	ctly or indirectly, on	•		Yes X No
Please	Under penalties of perjury. I declare that I have true, correct, and complete. Declaration of pre-			g schedules and stateme nation of which preparer	ents, and to the best of my knowledge	106
Sign Here	Signature of officer Michael Catalano, E	xecutive I	irector		Date	
Paid	Preparer's			Date /	, Check ii Ge	eparer's SSN or PTIN (See eneral Instruction W)
Pre- parer's Use	Firm's name (or pours if self-employed), Samuel R. Davis, Mille	r Financia			employed X N	/A
Only	employed), 1645 MUTITEE address, and ZIP + 4 Nashville, T		, ale. H		Phone no > (615	365-0290

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.) MUST be completed by the above organizations and attached to their Form 990 or 990-EZ. 2005

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	► MUST be complete	ed by the above organizations and	d attached to their Form	990 or 990-EZ.	
Name of the organization				Employer identification	number
	Education Access			27-0024733	
		e Highest Paid Employees	s Other Than Office	rs, Directors, a	nd Trustees
(See in	nstructions List each one	If there are none, enter None ')			-
emplo	nd address of each yee paid more an \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None					
	·				
Total number of other over \$50,000			0		
Part II — A Com	pensation of the Fivenstructions. List each one	e Highest Paid Independe (whether individuals or firms) If	nt Contractors for there are none, enter 'No	Professional Se	rvices
(a) Name and add	ress of each independent	contractor paid more than \$50,00	00 (b) Type	of service	(c) Compensation
None	·				
	·				
Total number of others \$50,000 for professions	receiving over		<u> </u>		
		e Highest Paid Independe	nt Contractors for	Other Services	······································
(List ea		med services other than profession			there are none,
(a) Name and add	ress of each independent	contractor paid more than \$50,00	(b) Type	of service	(c) Compensation
None					
	·				
Total number of other of over \$50,000 for other	contractors receiving services		0		

Pa	rt III	Statements About Activities (See Instructions)		res	No
1	Durino to infl	the year, has the organization attempted to influence national, state, or local legislation, including any attempt uence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
		urred in connection with the lobbying activities	,		¥
	•	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other	'		<u> </u>
	organ	izations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the ng activities			
2	substa	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any e organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal clary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
•	a Sale,	exchange, or leasing of property?	2a		<u>X</u>
ì	L endır	ng of money or other extension of credit?	2b		<u>X</u>
•	Furnis	hing of goods, services, or facilities?	2c		<u> </u>
•	d Paymo	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		<u>X</u>
•	Transi	fer of any part of its income or assets?	2e		X
3a	Do you	u make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an	3 -	ŀ	v
ŧ			3a 3b		·X
			3c		X
	Did yo	u maintain any separate account for participating donors where donors have the right to provide advice	_		v
ŧ	on the use or distribution of funds? b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b				
	t IV	Reason for Non-Private Foundation Status (See Instructions.)			
		· · · · · · · · · · · · · · · · · · ·			
ine		ation is not a private foundation because it is. (Please check only ONE applicable box.)			
6		church, convention of churches, or association of churches Section 170(b)(1)(A)(i) school Section 170(b)(1)(A)(ii) (Also complete Part V)			
7		hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
R		Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
9	, ,	medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nan	no ci	h,	
		id state > ,	ile, Ci	ıy,	
10	☐ Ar (A	organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(also complete the Support Schedule in Part IV-A)	(b)(1)	(A)(ı	 v)
11 a	X Ar Se	organization that normally receives a substantial part of its support from a governmental unit or from the general public ection 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	С		
11 b	• 🔲 A	community trust. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	fro	organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and groom activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its om gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by ganization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)	supp	ceipt ort	ts
13	ae	organization that is not controlled by any disqualified persons (other than foundation managers) and supports organiza scribed in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Clock that describes the type of supporting organization Type 1 Type 2 Type 3	tions heck	the	
		Provide the following information about the supported organizations (See instructions)			
			Line	num	 iher
			rom		
				_	
14	Ar	organization organized and operated to test for public safety Section 509(a)(4) (See instructions)			

Metropolitan Education Access Corp

Schedule A (Form 990 or 990-EZ) 2005

27-0024733

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Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27 g

27h

Par	rt V Private School Questionnaire (See Instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
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		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
32	_	27-		
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ı	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
(c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		ļ
33	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement) ———————————————————————————————————			
8	a Students' rights or privileges?	33a		
I	b Admissions policies?	33Ь		
	c Employment of faculty or administrative staff?	33c		
	d Scholarships or other financial assistance?	33d		
	e Educational policies?	33e		
1	f Use of facilities?	33f		
Ć	g Athletic programs?	33g		
•	h Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ŧ	b Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

To be complete	Expenditures by Elected ONLY by an eligible	organization that filed		 					N/A
heck - a If the organ	nization belongs to an af	filiated group Chec	ck • b	ıf you c	hecke	d 'a' and '	limited	contro	l' provisions apply
(The ter	Limits on Lobbying m 'expenditures' means	•	red)			Affiliate	a) ed grou tals	ıp	(b) To be completed for ALL electing organizations
6 Total lobbying expend	itures to influence public	opinion (grassroots lo	bbying)		36	-			
	itures to influence a legis	,	•	-	37	· <u>-</u>			
3 Total lobbying expend	itures (add lines 36 and	37)			38				
Other exempt purpose	expenditures				39	<u>-</u>			
Total exempt purpose	expenditures (add lines	38 and 39)			40				
Lobbying nontaxable a	amount Enter the amour	t from the following tal	ble –						
If the amount on line	40 is— The	e lobbying nontaxable	amount is-						
Not over \$500,000	209	6 of the amount on line	e 40	\neg \bot					
Over \$500,000 but not over \$	\$1,000,000 \$100	0,000 plus 15% of the excess	over \$500,000						
Over \$1,000,000 but not over	r \$1,500,000 \$175	,000 plus 10% of the excess	over \$1,000,000		41		. <u> </u>		
Over \$1,500,000 but not over	r \$17,000,000 \$225	,000 plus 5% of the excess	over \$1,500,000						
Over \$17,000,000	•	000,000		╛ ┃					
	amount (enter 25% of I	•		-	42	 			
	line 36 Enter -0- if line 4			<u> </u>	43				
	line 38 Enter -0- if line 4			_	44	·	<u>.</u>		
Caution: If there is an	amount on either line 4	3 or line 44, you must	file Form 4/2	10				<u></u>]	-
··	anizations that made a s	ee the instructions for	lines 45 throi	ugh 50)				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Lobbying Expe	enditures Dur	ring 4 -`	Year A	veraging	Period	 -	
Calendar year (or fiscal year beginning in) >	(a) 2005	(b) 2004		(c) 003			(d) 002		(e) Total
Lobbying nontaxable amount				_		_			
Lobbying ceiling amount (150% of line 45(e))						 -			
7 Total lobbying expenditures						•.· ·			
Grassroots non- taxable amount						,			
Grassroots ceiling amount (150% of line 48(e))							<u></u>		<u> </u>
O Grassroots lobbying expenditures						<u> </u>			
rt VI-B Lobbying / (For reporting	Activity by Nonelections only by organizations the	ting Public Charit at did not complete Pa	ties art VI-A) (See	ınstruc	tions))			N/A
ring the year, did the organic department to influence public of	anization attempt to influ opinion on a legislative m	ence national, state or natter or referendum, t	local legislat hrough the us	tion, inc	cluding	any	Yes	No	Amount
a Volunteers									
b Paid staff or managen	nent (Include compensati	on in expenses reporte	ed on lines c	through	h h.).				
c Media advertisements									
d Mailings to members,	•								
	hed or broadcast statem								
	zations for lobbying purp								<u> </u>
g Direct contact with leg	_	·	•	-					
h Rallies, demonstration		•	or any other r	means					
,	itures (add lines c throug	•							
If 'Yes' to any of the a	bove, also attach a state	ment giving a detailed	description of	of the lo	bbying			Δ (Form	

	(Form 990 or 990-EZ) 2		ropolitan Edu			7-0024733	Page 6
all VII	Exempt Organizati			nsacuons ar	nd Relationships With N	Tonchantable	
51 Did the	e reporting organization (Code (other than section	directly or in 501(c)(3) o	directly engage in any rganizations) or in sec	of the following otton 527, relation	g with any other organization on grant to political organizations?	described in section	501(c)
	fers from the reporting or						Yes No
(i)C	•	J		3		51 a (i)	X
•	ther assets					a (ii)	X
	transactions						
	ales or exchanges of ass	ets with a no	oncharitable exempt o	rganization		b (i)	X
_	urchases of assets from a		•	_		b (ii)	——————————————————————————————————————
•	ental of facilities, equipm		,	0. 2		b (iii)	$-\frac{\pi}{X}$
•	eimbursement arrangeme	•				b (iv)	X
	oans or loan guarantees					b (v)	X
	erformance of services of	r membershi	p or fundraising solici	tations		b (vi)	X
	ng of facilities, equipmen					c	X
d If the	answer to any of the abo	ve is 'Yes.'	complete the following	schedule Colu	ımn (b) should always show th rganization received less than ods, other assets, or services	ne fair market value of fair market value in received	of
(a) Line no	(b) Amount involved		(c) noncharitable exempt		Description of transfers, transa	(d)	
N/A							
				··-·-			
				-			•
				<u> </u>			
					 	-	
							· · · · · · · · · · · · · · · · · · ·
					 		
						······································	
					<u> </u>		
						· · · · · · · · · · · · · · · · · · ·	
					 		
			·····			· · · · · · · · · · · · · · · · · · ·	
······································					 		
					 		
	organization directly or in bed in section 501(c) of t s,' complete the following		nated with, or related her than section 501(d	to, one or more	tax-exempt organizations ion 527?	► Yes	X No
	(a) Name of organization		Type of organ	nization	Description	(c) of relationship	
N/A							
	•						
							•
						· · · · · · · · · · · · · · · · · · ·	
				 			
					-		
						<u> </u>	
			· · · · · · · · · · · · · · · · · · ·			·····································	
	· · · · · · · · · · · · · · · · · · ·				 		
. <u></u>		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		 		·

Form **4562**

(Rev January 2006)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions.
 Attach

► Attach to your tax return.

OMB No 1545-0172

2005

Attachment Sequence No 67

Identifying number 27-0024733

Met	ropolitan Educat:	ion Access (Corp		<u> </u>		27	-0024733
Busine	ess or activity to which this form rela	ites						
For			<u> </u>					
Par	Election To Exp Note: If you have a	pense Certain ny listed property,	Property Under Se complete Part V before	ction 179 you complete Pai	rt I			<u> </u>
1	Maximum amount See the	e instructions for a	higher limit for certain b	ousinesses.			1	\$105,000.
2	Total cost of section 179 p	roperty placed in s	service (see instructions))			2	
3	Threshold cost of section 1	179 property before	reduction in limitation				3	\$420,000.
4	Reduction in limitation Su	btract line 3 from l	ine 2 If zero or less, er	nter -0-			4	
5	Dollar limitation for tax yea separately, see instruction		from line 1 If zero or les	ss, enter -0- If m	arried filing		5	
6	(a)	Description of property		(b) Cost (business	use only)	(C) Elected cos	st	
7	Listed property Enter the	amount from line 2	29		7			
8	Total elected cost of section	on 179 property. Ad	dd amounts in column (d	c), lines 6 and 7			8	
	Tentative deduction Enter	• •					9	
10	Carryover of disallowed de	duction from line 1	13 of your 2004 Form 45	62			10	
	Business income limitation		-		or line 5 (see	ınstrs)	11	
_	Section 179 expense dedu		·	-	_	•	12	
	Carryover of disallowed de		•		▶ 13		1	
	: Do not use Part II or Part							• - • • •
Par		·· ···································	ce and Other Dep		ot include liste	d property) (See	instructions)
·	Special allowance for certa Liberty or GO Zone proper			•			14	
•	Property subject to section				,		15	
16	Other depreciation (includi						16	
Par			nclude listed property)	(See instructions)			1.0	<u>. </u>
1			Section	·*,,				
17	MACRS deductions for ass	ets placed in servi				·	17	10,688.
	If you are electing to group asset accounts, check here	p any assets place		•	or more genera	al ► 🗍		10,000.
	<u> </u>		in Service During 2005	Tax Year Using t	he General De	epreciation	Syster	77
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
_19a	3-year property					· · · · · · · · · · · · · · · · · · ·		·
b	5-year property			<u> </u>				
	7-year property		808.	7	MQ	S/L		115.
	l 10-year property							
e	15-year property							
f	20-year property					· ·		
g	25-year property			25 yrs		S/L	-	
ŀ	Residential rental			27.5 yrs	MM	S/L		
	property			27.5 yrs	MM	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property			<u> </u>	MM	S/L		
	Section C	- Assets Placed i	n Service During 2005 1	Tax Year Using th	e Alternative I	Depreciatio	n Syst	em
20 a	Class life					S/L		
	12-year	7		12 yrs		S/L		<u> </u>
	40-year			40 yrs	MM	S/L		<u> </u>
	t IV Summary (see in	nstructions)	<u>. </u>					<u> </u>
21	Listed property Enter amo		<u>. </u>				21	
22	Total Add amounts from line 12,		es 19 and 20 in column (a) a	nd line 21. Enter here	and on	-		
	the appropriate lines of your retuined for assets shown above a	rn Partnerships and S o	corporations — see instruction	s			22	10,803.
	the portion of the basis att	tributable to section	n 263A costs	,	23			

2005

Federal Statements

Page 1

Metropolitan Education Access Corp

27-0024733

Statement 1 Form 990, Part I, Line 20 Other Changes in Net Assets or Fund Balances

Corr Prior Net Assets Per Audit

\$ 597. Total \$ 597.

Statement 2 Form 990, Part II, Line 43 Other Expenses

	(A)	(B)	(C)	(D)
	<u>Total</u>	Program Services	Management & General	Fundraising
Bank Charges Commissions Contract Labor Craft Services Insurance - Business Insurance - Vehicles Internet Services/Fees Licenses & Fees	18. 3,781. 17,667. 62. 440. 1,162. 305. 681.	18. 3,781. 17,667. 62. 440. 1,162. 305. 681.		
Meals & Entertainment Misc Expense Production Fees Storage Utilities Vehicle Expense	1,031. 928. 11,751. 1,055. 300. 2,733. Total \$ 41,914.	1,031. 528. 11,751. 1,055. 300. 2,733.	\$ 0.	\$ 400.

Statement 3 Form 990, Part III Organization's Primary Exempt Purpose

To aid, promote, encourage and contribute to civic well being.

Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description

Grants and Allocations

Program Service Expenses

Overseeing program production for and management of the educational access channels, day to day operation of the educational access channels, establishing all rules, regulations and procedures pertaining to the use and schedules of the educational access channels, 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.

123,204.

005	Federal Statements	Page
	Metropolitan Education Access Corp	27-00247
Statement 4 (continued) Form 990, Part III, Line a Statement of Program Sen	vice Accomplishments	
	Grants <u>Description</u> Includes Foreign Grants: No	
	\$	0. \$ 123,204
Statement 5 Form 990, Part IV, Line 57 Land, Buildings, and Equip	pment Accum.	Book
Cate	egory Basis Deprec.	Value
Automobiles / Transpo Machinery and Equipme	ent 45,421. 21,40	
	Total \$ 46,826. \$ 22,24	24,000.
Statement 6 Form 990, Part IV, Line 65 Other Liabilities Accrued Expenses Amsouth Line of Credi Rounding Unearned Revenues		\$ 5,492. 14,640. 1. 10,000.
Form 990, Part IV, Line 65 Other Liabilities Accrued Expenses Amsouth Line of Credi Rounding Unearned Revenues Statement 7 Form 990, Part V-A List of Officers, Directors,	Trustees, and Key Employees Title and Compendate Compe	\$ 5,492. 14,640. 1. 10,000. 2al \$ 30,133.
Form 990, Part IV, Line 65 Other Liabilities Accrued Expenses Amsouth Line of Credi Rounding Unearned Revenues Statement 7 Form 990, Part V-A	Trustees, and Key Employees Title and Compenbut Average Hours Compenbut ress Per Week Devoted sation EBE	\$ 5,492. 14,640. 1. 10,000. al \$ 30,133.
Form 990, Part IV, Line 65 Other Liabilities Accrued Expenses Amsouth Line of Credi Rounding Unearned Revenues Statement 7 Form 990, Part V-A List of Officers, Directors, Name and Addr Edward F Jones, Dye V 209 Seventh Ave N	Trustees, and Key Employees Title and Compenbut Sess Per Week Devoted Sation EBE Van Mol Lw Director \$ 0.\$ Chair 0.	\$ 5,492. 14,640. 1. 10,000. 30,133. al \$ 30,133.

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Z	u	u	

Federal Statements

Page 3

Metropolitan Education Access Corp

27-0024733

Statement 7 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Cavit C. Cheshier 205 Belclaire Place Nashville, TN 37205	Vice Chair s	\$ 0.	\$ 0.	\$.
Elliot Mitchell 2110 Ashwood Avenue Nashville, TN 37212	Secretary 0	0.	0.	0.
Carole McDaniel 714 Rowan Drive Nashville, TN 37207	Director 0	0.	0.	0.
May Dean Eberling 4487 Post Place #124 Nashville, TN 37205	Director 0	0.	0.	0.
	Total	\$ 53,154.	\$ 0.	\$ 0.