Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

_		T	b	enetit trust or private touni	lation)				Open to Pu	htir
Inter	artment of mal Reven	the Treasury ue Service	The organization may have to	use a copy of this return t	o satisfy	state reporting requi	rements.		Inspection	
A	For the 2	.004 calendar y	year, or tax year beginning JU	L 1, 2004	and en	ding JUN 30	, 20	05		
В	Check if applicable	Please C N	ame of organization			***	D Emplo	yer ident	ification numbe	er
Г	Addres	s label or 7\ D	INTRA MONTESSORI SC	ноот			58	-141	6330	
12	change Name	type	umber and street (or P.O. box if mail is not		·	Room/suite	+			
늗	change Initial		4 DAVIDSON DRIVE	denversa to street dataress,	ł	1100111/30165			2-4317	
F	return Final	instruc-	ity or town, state or country, and ZIP + 4				 	ing method:	Cash X	Accrual
F	retum Amend		SHVILLE, TN 37205					ner ecify)		
F	return Applica pending	tion • Section	on 501(c)(3) organizations and 4947(a)(1)		sts	H and I are not app			527 organiza	tions.
ъ-	pending	must :	attach a completed Schedule A (Form 990	or 990-EZ).		H(a) Is this a group				X No
G	Website	:►N/A				H(b) If "Yes," enter n				
			only one) ► X 501(c) (3) ◀ (insert n	o.) 4947(a)(1) or	527	H(c) Are all affiliates				□ No
			the organization's gross receipts are norma		The	(If "No," attach H(d) Is this a separa		مديدة أمدان		
			le a return with the IRS; but if the organizati	-		ganization cov	ered by a g	roup rulir	ng? Tyes	X No
			a return without financial data. Some state			I Group Exempti				
						M Check ►	if the org	anization	is not required	to attach
L	Gross re	ceipts: Add line	s 6b, 8b, 9b, and 10b to line 12 ▶	1,675,89	9.	Sch. B (Form 9	90, 990 - E	Z, or 990-	-PF).	
P	art I	Revenue,	Expenses, and Changes in N	et Assets or Fund	Bala	nces				
	1	Contributions	, gifts, grants, and similar amounts received	1:						
	a	Direct public :	support		1a	104,5	69.			
	b		support		1 [
	C	Government of	contributions (grants)		1 c					
	d	Total (add lin	es 1a through 1c) (cash \$10	_)	1d	104,	569.			
	2	Program serv	ice revenue including government fees and	contracts (from Part VII, lin	ne 93)			2	1,335,	358.
	3	Membership	dues and assessments				L	3		
	4		vings and temporary cash investments					4	9,	320.
	5	Dividends and	interest from securities					5	11,	274.
	6 a	Gross rents			6a					
	Ь		xpenses							
	C		ome or (loss) (subtract line 6b from line 6a)					6c		
41	7		nent income (describe)	7		
Revenue	8 a		t from sales of assets other	(A) Securities		(B) Other				
eve	ļ	than inventor	y	136,235.	8a	10,0	041.			
ď	b	Less: cost or	other basis and sales expenses	117,817.	8b	7,5	541.			
	5	Gain or (loss)	(attach schedule)	18,418.	8c		500.			
	d	Net gain or (Id	oss) (combine line 8c, columns (A) and (B)	STMT 1		STMT	2	8d	20,	918.
	9	Special events	s and activities (attach schedule). If any am	ount is from gaming, check	chere 🕨					
	a	Gross revenu	e (not including \$	of contributions						
			ne 1a)		9a					
	b	Less: direct e	xpenses other than fundraising expenses		9b					
	C	Net income o	r (loss) from special events (subtract line 9	o from line 9a)				9c		
	10 a	Gross sales o	f inventory, less returns and allowances	••••	10a					
	b	Less: cost of	goods sold		10b					
	C	Gross profit o	r (loss) from sales of inventory (attach sch	edule) (subtract line 10b fro	om line	10a)		10c		
	11	Other revenue	e (from Part VII, line 103)					11		102.
	12	Total revenue	e (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	, and 11)		\		12	1,550,	
'n	13	Program serv	ices (from line 44, column (B)) and general (from line 44, column (C))	TAYDAYE	K.Z	CURY		13	1,273,	
Ses	14	Management	and general (from line 44, column (C))	INVIVIE	W 2 4	,		14		668.
Expenses	15	Fundraising (1	from line 44, column (D))	••••				15	47,	<u>152.</u>
Щ	16	Payments to a	affiliates (attach schedule)					16	1 501	= 5 =
	17		es (add lines 16 and 44, column (A))					17	1,531,	
<u></u>	18		ficit) for the year (subtract line 17 from line					18		$\frac{811.}{1.21}$
∓سد	10	Not accete or	fund balances at beginning of year (from lit	ne 73. column (All			- 1	10	2.060.	121.

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

Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3

7 [/ 1

<35,499.> 2,043,433.

			n (A). Columns (B), (C), and (a)(1) nonexempt charitable		
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 \$noncash \$	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	51,106.	0.	51,106.	0.
26 Other salaries and wages	26	750,842.	679,523.	71,319.	· · · · · · · · · · · · · · · · · · ·
27 Pension plan contributions	27				
28 Other employee benefits	28	017 061	170 475	44 706	
29 Payroll taxes	29	217,261.	172,475.	44,786.	
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	171,707.	167,539.	4,168.	
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) \dots	42	137,041.	133,711.	3,330.	
43 Other expenses not covered above (itemize): a DIRECT PROGRAM EXPENSE	43a	70,498.	49,549.	:	20,949.
DPROGRAM SUPPORT	43b				
c EXPENSE	43c	91,527.	71,113.	·	20,414.
d ADMINISTRATIVE EXPENSE	43d	41,748.		35,959.	5,789.
Total functional expenses (add lines 22 through 42)	43e	1 501 500	1 050 010		15 150
Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15		1,531,730.	1,273,910.	210,668.	47,152.
Joint Costs. Check ▶ if you are following SOP 9					
Are any joint costs from a combined educational campa	ign and f	undraising solicitation rep	ported in (B) Program servi	ces?▶L	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co	sts \$;	(ii) the amount allocated to	Program services \$;
(iii) the amount allocated to Management and general \$			(iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Servi	ce Ac	complishments			
What is the organization's primary exempt purpose?					
MONTESSORI BASED EDUCATION					Program Service Expenses
All organizations must describe their exempt purpose achievemen achievements that are not measurable. (Section 501(c)(3) and (4) o					(Required for 501(c)(3) and (4) orgs., and 4947(a)(1)
allocations to others.)			· · · · · · · · · · · · · · · · · · ·		trusts; but optional for others.)
a MONTESSORI PRE-SCHOOL A					
130 STUDENTS IN ATTENDA	NCE	DURING THE	2004/2005 S	CHOOL YEAR.	
		((Grants and allocations \$	_)	1,273,910.
b					
				· · · · · · · · · · · · · · · · · · ·	
		(0	Grants and allocations \$)	
c			· · · · · · · · · · · · · · · · · · ·		
<u> </u>		((Grants and allocations \$)	
d			 		
			Cranto and allocations &		
O Other program consists (attach achadula)			Grants and allocations \$ Grants and allocations \$		
e Other program services (attach schedule)			ALIDHOUNID MID CHILD ID	i i	i
f Total of Drogram Carries Evenness Ishauld agual	line 44			<u> </u>	1.273 910
f Total of Program Service Expenses (should equal 423011 01-13-05	line 44, c			>	1,273,910. Form 990 (2004)

Part IV Balance Sheets

	ere required, attached schedules and amou uld be for end-of-year amounts only.	nts within the description column	(A) Beginning of year	(B) End of year
45	Cash - non-interest-bearing		325,191. 45	383,745.
46	Savings and temporary cash investments		46	
10	Cavings and temporary cash invocations			
47 a	Accounts receivable	47a 71,561.		
- 1	Less: allowance for doubtful accounts		70,858. 470	71,561
48 a	a Pledges receivable	48a 450.		
	Less: allowance for doubtful accounts		3,950. 480	450
49	Grants receivable		49	
50	Receivables from officers, directors, trustees,			
	and key employees		50	
51 2	Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		1,585. 53	191
54	Investments - securities	Cost FMV	54	
55 a				
"	equipment: basis	55a		
	oquipment outle			
	b Less: accumulated depreciation	55b	55c	
56	Investments - other	SEE STATEMENT 4	540,754. 56	512,730
57 a				
	b Less: accumulated depreciation		2,433,450.570	2,326,508
58	Other assets (describe		58	
"				
59	Total assets (add lines 45 through 58) (must e	equal line 74)	3,375,788. 59	3,295,185
60	Accounts payable and accrued expenses		3,247. 60	1,030
61	Grants payable		61	
62	Deferred revenue	i	92,187. 62	85,222
	Loans from officers, directors, trustees, and ke	ľ	63	
64	a Tax-exempt bond liabilities		64a	
63 64	b Mortgages and other notes payable		1,220,233.646	1,165,500
65	Other liabilities (describe)	65	
66	Total liabilities (add lines 60 through 65)		1,315,667. 66	1,251,752
Orga	anizations that follow SFAS 117, check here	X and complete lines 67 through		
	69 and lines 73 and 74.			
67	Unrestricted		1,489,365.67	1,505,866 537,567
68	Temporarily restricted		570,756. 68	537,567
69	Permanently restricted		69	
67 68 69 0rg; 70 71 72 73	anizations that do not follow SFAS 117, check h	ere 🕨 🔲 and complete lines		
	70 through 74.			
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, an		71	
72	Retained earnings, endowment, accumulated i		72	
73	Total net assets or fund balances (add lines 6		0 060 101	2 042 422
	column (A) must equal line 19; column (B) mu		2,060,121. 73 3,375,788. 74	2,043,433
74	Total liabilities and net assets / fund balance	es (add lines 66 and 73)	3,375,788. 74	3,295,185

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.

1 Total revenue, gains, and officer support per acided financial statements in the company of th		Reconciliation of Revenue Financial Statements wit Return	le per Audited h Revenue per		t IV-B Recond Financi Return	iliation of Exp al Statements	enses with	Expen	udited
A Amounts included on line a but not on line 17. Form 990. (1) Net unrealized gales on investments \$ (2) Densited services and use of facilities \$ (3) Recoverée of prinor year grants \$ (4) Other (specify): (5) College a minus line b \$ (6) College a minus line b \$ (7) Investment can lines (1) Intrough (4) \$ (8) The services and use of facilities \$ (8) Add amounts on lines (1) Intrough (4) \$ (9) Dut not on line a: (1) Investment expenses not included on line 12. Form 990 \$ (1) Investment expenses not included on line 12. Form 990 \$ (1) Investment expenses not included on line 12. Form 990 \$ (1) Investment expenses not included on lines (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not line (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses not line (1) Investment expenses not included on line 15. Form 990 \$ (1) Investment expenses (1) Investment	a	Total revenue gains and other support	a N/A	а	Total expenses and lo	sses per	•	a	
(1) Net unealized gains on investments (2) Denated services and use of facilities (3) Recoveries of prior year argistments (4) Other (seedly): Add amounts on lines (1) through (4)	b	Amounts included on line a but not on		b	Amounts included on	line a but not on			-
on investments \$ (2) Prior year adjustments reparted on line 20, and use of teclifles \$ (3) Recoveries of prior \$ (3) Loses reported on line 20, form 990 \$ (4) Other (speechy):	(1)	•		(1)	Donated services	\$			
(2) Donated services reported on fine 20,	(- /			(2)					
(3) Recoveries of prior year grants	(2)				•				
year grants \$ 4(1) Other (specify): \$ Add amounts on lines (1) through (4)						\$			
(4) Other (specify): Add amounts on lines (1) through (4) Add amounts on lines (1) through (4) Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 12, Form 990 but not on line a: (2) Other (specify): Add amounts on line (1) Investment expenses not included on line (6), Form 990 (2) Other (specify): Add amounts on line (1) Investment expenses not included on line (6), Form 990 (2) Other (specify): Add amounts on line (1) Investment expenses not included on line (6), Form 990 (a) Add amounts on lines (1) and (2) (b) Total revenue per line 12, Form 990 (ine c plus line d) (A) Mame and address (A) Mame and address (A) Mame and address (A) Mame and address (B) Title and average locurs (In long pid, enter expenses address decreased in line (1) Investment expenses per line (1) Investme	(3)	·		(3)	•				
Add amounts on lines (1) through (4)	(4)			(4)		.\$			
c Line a minus line b.	(4)	<u> </u>		(4)	Other (specify).	\$			
d Amounts included on line 17, Form 900 to that on line 2 (1) Investment expenses not included on line 61, Form 900 . \$				-					
990 but not on line a: (1) investment expenses not included on line 6b, Form 990 \$ (2) Other (specify): Add amounts on lines (1) and (2)	C		C	1			▶	C	
not included on ine 60, Form 990 \$ \$ (2) Other (specify): \$ Add amounts on lines (1) and (2) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	a			d					
iline 6b, Form 990\$ (2) Other (specify): S Add amounts on lines (1) and (2)	(1)	Investment expenses		(1)	Investment expenses				
(2) Other (specify): Add amounts on lines (1) and (2)									
Add amounts on lines (1) and (2)	(2)			(2)		\$			
e Total revenue per line 12, Form 990 (line c plus line d) Part V List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensate) Compensation Co	_	<u> </u>		(2)					
(line c plus line d) Part V List of Officers, Directors, Trustees, and Key Employees (List aach one even if not compensated.) (A) Name and address (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours per week devoted to position (B) Title and average hours (II) of the position of more than \$100,000 from your organization and all related			d	-			▶	d	
Pair V List of Officers, Directors, Trustees, and Key Employees (List aach one even if not compensated.)	е			е				_	
(A) Name and address (B) Title and average hours of the term position (B) Compensation (If not paid, enter propose bearing the position of t	Pa			Empl	ovees (List each on	e even if not compen	sated.)	еј	
SEE STATEMENT 5 51,106. 0. 0	<u> </u>					(C) Compensation		ibutions to	(E) Expense
SEE STATEMENT 5 51,106. 0. 0		(A) Name and address		P6	position	-0)	plans &	deferred ensation	other allowances
SEE STATEMENT 5 51,106. O. O				1					
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related	ĒĒ.	E STATEMENT 5				51,106.		0.	0.
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related						31/1001		:	
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related					i				
75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related				<u> </u>					
				1					
					!				
								-,	
							_		
				<u> </u>	!				
organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. 🕨 🌉 Yes 🔣 No								elated	<u> </u>

423031 01-13-05

Form	990 (2004) ABINTRA MONTESSORI SCHOOL	8–1416	330		Page
	T VI Other Information			Yes	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each	ch activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?		77		X
•	If "Yes," attach a conformed copy of the changes.				
78 a			78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?		79	<u> </u>	X
	If "Yes," attach a statement				
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common men	bership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization				
	and check whether it is exempt of	· · · · · · · · · · · · · · · · · · ·			
	Enter direct or indirect political expenditures. See line 81 instructions	0.	-∤‱		l
b	Did the organization file Form 1120-POL for this year?		81 b		X
82 a	•	ally 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	NT / 7\			
	expense in Part II. (See instructions in Part III.)		-	v	
83 a			83a	X	
b			83b	<u> </u>	X
84 a			84 a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		84b	********	
0.5	tax deductible?	M/A	85a	 	_
85		N/A	85b	ļ	
Ь	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a w	aiver for proxy tax			
	owed for the prior year.	arror for proxy tax			
С	Dues, assessments, and similar amounts from members 85c	N/A			
d		N/A	7		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A	7		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A			
q	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 reasonal	ble estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		<u> </u>
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on 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	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	/-			
	against amounts due or received from them.)	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?				V
	If "Yes," complete Part IX		88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	0.			
	section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ►				!
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?		89b		X
_	If "Yes," attach a statement explaining each transaction		โดลท์	1	1 21
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•			0
н	Enter: Amount of tax on line 89c, above, reimbursed by the organization				0
	List the states with which a copy of this return is filed NONE				
	Number of employees employed in the pay period that includes March 12, 2004	. 90b			2.
		× (15 3)	- 2	1217	,

The books are in care of ► GLORIA MASON Telephone no. $\triangleright 615-352-4317$ ZIP+4 ► 37205 Located at ▶ 914 DAVIDSON DR., NASHVILLE, TN Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year 423041 01-13-05 Form 990 (2004) 5 4410830 781156 7541 2004.05060 ARTNTRA MONTESSORT SCHOOT

Page (

	II Analysis of Income-I	Producing A	ctivities	(See page 33 of the inetru	etions \		111000
			Unrela	ted business income		ided by section 512, 513, or 514	<u> </u>
Note: En indicated	ter gross amounts unless otherwid.	vise	(A) Business	(B)	(C) Exclu-	(D)	(E) Related or exempt
93 Prog	ram service revenue:		code	Amount	sion	Amount	function income
	JITION AND FEES						1,335,358.
b							·
					1		
. —					1		
"					- 		
e	and Marking in a company				 		
	care/Medicaid payments						
-	and contracts from government age				 		
	bership dues and assessments			_	1	0 200	
	est on savings and temporary cash i				14		
96 Divid	ends and interest from securities .		000000000000000000000000000000000000000		14	11,274.	
97 Net r	ental income or (loss) from real esta	te:					
a debt-	financed property						
	ebt-financed property						
	ental income or (loss) from persona	- 1					
	r investment income	i i					
	or (loss) from sales of assets				1		
	than inventory	1					20,918.
				-	- 		20/310.
	ncome or (loss) from special events				-		-
	s profit or (loss) from sales of inven	tory			+		
103 Other					101	60 102	
a <u>M I</u>	SCELLANEOUS				01	69,102.	
b							
c					-		
d							
е							
104 Subte	otal (add columns (B), (D), and (E))			0	•	89,696.	
105 Total	(add line 104, columns (B), (D), an	d (E))				>	1,445,972.
Note: Line	e 105 plus line 1d, Part I, should	equal the amou	unt on line 1	2, Part I.			
Part V	Relationship of Activ	ities to the	Accomp	lishment of Exem	pt Pu	rposes (See page 34 of the	instructions.)
Line No.	Explain how each activity for which						
▼	exempt purposes (other than by				•	•	·
93A	TUITION AND FEES	S ARE AM	OUNTS	PAID BY PAR	TICI	PANTS IN THE	VARIOUS
	ACTIVITIES AND O						
				122 21 112			
ne saiv	Information Regardi	ng Tayabla S	Subcidia	rice and Disregar	lod E	ntitios (See name 34 of the	instructions)
Part IX	(A)	(B)	Jubsidiai	(C)	ieu L	(D)	(E)
Name, a	ddress, and EIN of corporation,	Percentage of		Nature of activities		Total income	End-of-year
	nership, or disregarded entity	ownership interes					assets
N/A_			%				
			%				
			%				
			%				
Part X	Information Regarding	ng Transfers	s Associa	ted with Persona	l Ben	efit Contracts (See pag	e 34 of the instructions.)
	the organization, during the year, re						Yes X No
	the organization, during the year, pa	•	•				Yes X No
	"Yes" to (b), file Form 8870 and i						
Please	Under penalties of perjury, I declare that correct, and complete. Declaration of pre	I have examined this	return, includir	ng accompanying schedules ar	d statem	ents, and to the best of my knowled	lge and belief, it is true,
Sign	correct, and complete. Declaration of pre	eparer (otner than offi	cer) is based or				ECTOR
Siyii Here	Signature of officer			<u> </u>		print name and title.	
	· · · · · · · · · · · · · · · · · · ·	7	1		ate	Check if	Preparer's SSN or PTIN
Paid	Preparer's		ton	-9 1	7 _ 0	self-	
Preparer's	signature V) <u>(س</u>	1010		1-1	- US employed ►	L
Use Only			PC			EIN >	
•	self-employed), 209 SIX	XTH AVEN		TH			615,050 560
423161 01-13-05	ZIP + 4 NASHVII	LLE, TN	37219			Phone no. > (615)259-7600

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2004

Employer identification number

ABINTRA MONTESSORI SCHOOL	<u> </u>		58; 14163	30
Part I Compensation of the Five Highest Paid Employ		ficers, Directo	rs, and Trust	tees
(See page 1 of the instructions. List each one. If there are none, enter "	None.")			
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
			l	
Total number of other employees paid			l	1
over \$50,000	0			
Part II Compensation of the Five Highest Paid Indepe (See page 2 of the instructions. List each one (whether individuals or f			al Services	
(a) Name and address of each independent contractor paid more th	an \$50,000	(b) Type of s	service	(c) Compensation
NONE				
NONE				
				•
		-		
Total number of others receiving over				
\$50,000 for professional services	0			

30.10		The state of the s		` 	-902
Pε	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	No
	public op lobbying or line i o	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities \$ (Must equal amounts on line 38, Part VI-A, f Part VI-B.)	1		Х
2	"Yes," mu During th trustees,	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"			
	•	detailed statement explaining the transactions.)			
a	Sale, excl	nange, or leasing of property?	. <u>2a</u>		X
b	Lending (of money or other extension of credit?	2b		X
C	Fumishin	g of goods, services, or facilities?	2c		Х
đ	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	_ 2d_		Х
е	Transfer	of any part of its income or assets?	. 2e		X
3 a	Do you n	ake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	3a	Х	
h	you deter Do vou h:	mine that recipients qualify to receive payments.) ave a section 403(b) annuity plan for your employees?	3b	X	
4 a	Did you n	naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?			Х
		ovide credit counseling, debt management, credit repair, or debt negotiation services?	4		Х
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organizati	оп 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 9	H	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
9		and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv	<i>r</i>).		
11a		(Also complete the Support Schedule in Part IV-A.) 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.)			
12		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.)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc (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). (See section 509(a)(3).)	cribed in:		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)		ie num om abo	
•					
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)			
4231 ¹	-04	Schedule A (Form	n 990 or 9	990-EZ	2004 (

Pa	rt IV-A Support Schedule (C	complete only if you che worksheet in the inst	ecked a box on line 10), 11, or 12.) Use cash g from the accrual to th	method of accounti	ng. N/A
	ndar year (or fiscal year	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	(4) 2000	(5) 2002	(6) 2001	(4) 2000	(o) rotur
16	Membership fees received					
17	Gross receipts from admissions.					
	merchandise sold or services					
	performed, or furnishing of					
	facilities in any activity that is related to the organization's					
	charitable, etc., purpose					
18	Gross income from interest,					
	dividends, amounts received from payments on securities loans (sec-					
	tion 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less section 511 taxes) from					
	businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business					
13	activities not included in line 18			!		
20	Tax revenues levied for the					
	organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities					
	furnished to the organization by a governmental unit without charge.					
	Do not include the value of services					
	or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule.					
	Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	0.	0.	0.	0.	0.
24	Line 23 minus line 17					
25	Enter 1% of line 23					27/2
26	Organizations described on lines 10		, ,		000000000000000000000000000000000000000	N/A
D	Prepare a list for your records to sho unit or publicly supported organization		•	,	E00000000	
	Do not file this list with your return.					N/A
c	Total support for section 509(a)(1) to					N/A
	Add: Amounts from column (e) for li		19	••••••		
	(,,,,,				▶ 26d	N/A
е	Public support (line 26c minus line 2	26d total)			▶ 26e	N/A
<u>f</u>	Public support percentage (line 26e					
27	Organizations described on line 12:					
	records to show the name of, and to	tal amounts received in e	ach year from, each "disq	ualified person." Do not fi	le this list with your retu	rn. Enter the sum of
	such amounts for each year:	(0000)	40	0041	(0000)	
b	(2003) For any amount included in line 17 th					
n	and amount received for each year, t		•	• • • •	•	
	described in lines 5 through 11, as w				·	
	the larger amount described in (1) or	•	•			
	(2003)	(2002)		001)	(2000)	
C	Add: Amounts from column (e) for li 17 Add: Line 27a total	nes: 15		16		1 /-
	17	20		21	▶ 27c	N/A
	Add: Line 27a total	an	d line 27b total		27d	N/A N/A
e f	Public support (line 27c total minus total support for section 509(a)(2) to	nne 270 (O(d))	23 column (a)	▶ 27f	N/A	N/A
q	Public support percentage (line					
-	Investment income percentage					N/A %
	Inusual Grants: For an organization oshow, for each year, the name of the					·
t (o show, for each year, the name of the our return. Do not include these grant	e contributor, the date and ts in line 15.	amount of the grant, and	d a brief description of the	e nature of the grant. Do	not tile this list with
	12-03-04				Sched	ule A (Form 990 or 990-EZ) 2004

1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

Part V

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

9	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
9	instrument, or in a resolution of its governing body?	29	Х	
0	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	Х	
	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	X	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) NEWSPAPER ADVERTISEMENTS	-		
		- -		
	Does the organization maintain the following:	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	. 32a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	320	x	
d			Х	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	-		
	Does the organization discriminate by race in any way with respect to:	-		
а	Students' rights or privileges?	33a		Х
b	Admissions policies?			X
C	Employment of faculty or administrative staff?	1		_ X
d	Scholarships or other financial assistance?	33d		Х
е	Educational policies?	. 33e	ļ	X
f	Use of facilities?	331	<u> </u>	Х
g	Athletic programs?	33g		X
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
a	Does the organization receive any financial aid or assistance from a governmental agency?	. 34a	Х	
	Has the organization's right to such aid ever been revoked or suspended?	- 1		Χ
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

AL

	(10 be completed UNLY by an	eligible organization that t	lied Form 5/68)			
Che	eck 🕨 a 🔲 if the organization belongs t	o an affiliated group.	Check ▶ b	if you che	cked "a" and "limited control	provisions apply.
		obbying Expendito s" means amounts paid or			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 37 38		gislative body (direct lobb	ying)	37	N/A	
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add line	es 38 and 39)		40		
41	Lobbying nontaxable amount. Enter the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000	The labbying nontaxabl	e amount is -	1 (2000)		
	Over \$1,000,000 but not over \$1,500,000	\$225,000 plus 5% of the exc	ess over \$1,500,000			
42	Grassroots nontaxable amount (enter 25% of	of line 41)		42		
43	Subtract line 42 from line 36. Enter -0- if line	e 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0- if line	e 41 is more than line 38		44		

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total		
45 Lobbying nontaxable amount					0.		
46 Lobbying ceiling amount (150% of line 45(e))					0.		
47 Total lobbying expenditures	·				0.		
48 Grassroots nontaxable amount					0.		
49 Grassroots ceiling amount (150% of line 48(e))					0.		
50 Grassroots lobbying expenditures					0.		

Part VI-B Lobbying Activity by Nonelecting Public Charities

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

	(i or reporting on	iy by organizations tha	t did not complete i i	art vi Ay (occ page	i i oi ilic matidottona.j
uring the year	did the organization	n attempt to influence	national state or loca	I lagislation includi	ng any attempt to

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to		Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	163	NU	Amount
a	Volunteers			
	Paid staff or management (Include compensation in expenses reported on lines c through h.)	L		
C	Media advertisements			
	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes	<u></u>		
	Direct contact with legislators, their staffs, government officials, or a legislative body	<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

423141 11-24-04

Schedule A (Form 990 or 990-EZ) 2004

	14102
Part VII Information Regarding Transfers To and Transactions and Relationships With Nonch	aritable
Exempt Organizations (See page 11 of the instructions.)	

		Exempt Organiz	zations (See page 11 of the instr	uctions.)				
51	Dio	I the reporting organization di	irectly or indirectly engage in any of	the following with any other	organization described in section			
		· ·	ection 501(c)(3) organizations) or in		litical organizations?		· · · · ·	
a			janization to a noncharitable exempt	•			Yes	No
								_X
	(ii) Other assets				a(ii)		X
b	Otl	ner transactions:						
	(i) Sales or exchanges of asset	ts with a noncharitable exempt organ	nization	•••••	b(i)		X
	(ii	Purchases of assets from a	noncharitable exempt organization		······	b(ii)		_X_
	iii)	Rental of facilities, equipme	nt, or other assets		•••••	b(iii)		X
								X
								X
					•••••			X
								X
					lways show the fair market value of the			
			given by the reporting organization.	• •	· · · · · · · · · · · · · · · · · · ·			
	-		ent, show in column (d) the value of	-			N/A	
(a)	Ť	(b)	(c)		(d)			
Line n	0.	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and s	haring ar	rangerr	ents
	+							
	7							
	\dashv							
	7							
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	4							
	4							
52 a	ls t	he organization directly or inc	directly affiliated with, or related to, o	one or more tax-exempt orga	anizations described in section 501(c) of the	_		_
		de (other than section 501(c)	(3)) or in section 527?		▶ ∟	Yes	X	No
b	lf "\	es," complete the following s	schedule: N/A					
		(a)		(b) Type of organization	(c)			
		Name of org	janization	Type of organization	Description of relationshi	p		
			-					
23151	_		· · · · · · · · · · · · · · · · · · ·	*	· · · · · · · · · · · · · · · · · · ·			

423151 11-24-04

FORM 990 GAIN (LOSS) H	OM PUBLICLY TRADED SECURITIES			STATEMENT 1		
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)		
SALE OF STOCKS	136,235.	117,817.	0.	18,418.		
TO FORM 990, PART I, LINE 8	136.235.	117.817.	0.	18.418		

FORM 990 GAIN	(LOSS) FROI	M SALE	OF OTH	IER ASSETS	;	STA	TEMENT	2
DESCRIPTION			DATE ACQUIF		TE LD	METH ACQUI		
DISPOSITION OF EQUIPMEN	T		VARIOUS VARIOUS		OUS	PURCHASEI		
NAME OF BUYER	GROSS SALES PRICE	COST OTHER		EXPENSE OF SALE	DEPI	REC	NET GAR	
	10,041.	7	,541.	0.		0.	2,50	00.
TO FM 990, PART I, LN 8	10,041.	7	,541.	0.		0.	2,50	00.
UNREALIZED GAIN ON INVE		RIED AT	' MARKE	ET VALUE			<35,49	
FORM 990	ОТНЕ	R INVES	STMENTS	S	·	STA	TEMENT	4
DESCRIPTION				VALUATI METHC			TNUOMA	
FIRST TENNESSEE - COMMO FIRST TENNESSEE - BONDS FIRST TENNESSEE - CASH				MARKET MARKET MARKET	VALUE		354,86 130,36 27,50	54.
IOTAL TO FORM 990, PART	IV, LINE 56	6, COLU	JMN B				512,73	30.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

STATEMENT

5

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	_
PAULA JOYNER 4121 LONE OAK ROAD NASHVILLE, TN 37215	PAST PRESIDENT 5/MONTH	0.	0.	0.
TOM LEE 2532 BLAIR BLVD. NASHVILLE, TN 37212	SECRETARY 4/MONTH	0.	0.	0.
KARL KRAUSE 114 LAKEWOOD ROAD LEBANON, TN 37087	TREASURER 2/MONTH	0.	0.	0.
LAURA STEWART 3200 WEST END AVENUE, SUITE 500 NASHVILLE, TN 37203	5/MONTH	0.	0.	0.
TINA CORKUM 5021 TRACEWAY DRIVE NASHVILLE, TN 37211	15/MONTH	0.	0.	0.
RAMONA FOX 105 CONTINENTAL PLACE, SUITE 200 BRENTWOOD, TN 37024	15/MONTH	0.	0.	0.
CINDY GAUSE-VEGA 505 PLOUGHMANS BEND DRIVE FRANKLIN, TN 37064	10/MONTH	0.	0.	0.
MIKE KOPP 512 OLD HICKORY BLVD., #2014 NASHVILLE, TN 37209	VICE PRESIDENT 5/MONTH	0.	0.	0.
LOUANNE WOLFSON 4012 COPELAND DRIVE NASHVILLE, TN 37215	PRESIDENT 20/MONTH	0.	0.	0.
SHERRY L. KNOTT 5204 TIDWELL HOLLOW ROAD NASHVILLE, TN 37218	EXEC. DIR. OF T 40 PER WEEK	THE SCHOOL 51,106.	0.	0.
DAVID PLUMMER 2507 FAIRFAX AVENUE NASHVILLE, TN 37205	15/MONTH	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART	V =	51,106.	0.	0.

17

FOOTNOTES

STATEMENT

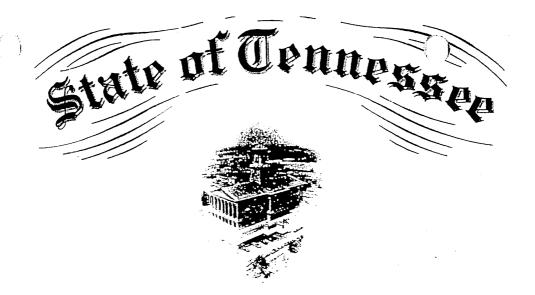
6

SCHEDULE A, PART V TO FORM 990, QUESTION 34A THE SCHOOL RECEIVED \$371 FROM METROPOLITAN NASHVILLE PUBLIC SCHOOLS FOR SCIENCE AND MATH STAFF DEVELOPMENT ACTIVITIES AND APPROXIMATELY \$940 FOR BOOKS AND OTHER MATERIALS. THE SCHOOL ALSO RECEIVED \$420 FROM SAFE AND DRUG-FREE SCHOOLS FOR CONTRACTUAL SERVICES AND RELATED MATERIALS.

ABINTRA MONTESSORI SCHOOL DEPRECIATION SUMMARY JUNE 30, 2005

		Depreciation		Depre	ciation	Accum	nulated
	Cost	<u>Method</u>	<u>Life</u>	Ex	pense	<u>Dep</u>	reciation
Land	\$ 340,000	Not applicable	Not applicable	Not a	oplicable	Not ap	plicable
Grounds	98,969	SL	3 to 27.5 yrs	\$	6,242	\$	62,617
Buildings	2,529,737	SL	5 to 27.5 yrs		93,167		688,600
Vehicles	64,084	SL	5 yrs		7,627		61,096
Equipment/Fixtures	81,610	SL	5 to 7 yrs		11,945		29,874
Furnishings	73,841	SL	3 to 7 yrs		7,446		39,176
Educational materials	119,096	SL	3 to 5 yrs		6,032		107,524
Computer hardware/software	 27,594	. SL	5 yrs		4,582		19,536

\$ 3,334,931 Form 990 Page 3, Part IV, Line 57a \$ 137,041 \$ 1,008,423 Form 990 Form 990 Page 2, Part II, Page 3, Part IV, Column (A), Line 57b Line 42



Department of State Chi

CERTIFICATE

The undersigned, as Secretary of State of the State of Tennessee, hereby certifies that the attached document was received for filing on behalf

of ABINTRA ELEMENTARY SCHOOL NAME CHANGED TO ABINTRA MONTESSORI SCHOOL

(Name of Corporation)

was duly executed in accordance with the Tennessee General Corporation Act, was found to conform to law and was filed by the undersigned, as Secretary of State, on the date noted on the document.

THEREFORE, the undersigned, as Secretary of State, and by virtue of the authority vested in him by law, hereby issues this certificate and attaches hereto the document which was duly filed on ____August__third_____, 19_84_.



Secretary of State

SECRETARY U. 1984 AUG -3 AM 9: 49

ARTICLES OF AMENDMENT TO THE CHARTER

of

ABINTRA ELEMENTARY SCHOOL

Pursuant to the provisions of Section 48-303 of the Tennessee General Corporation Act, the undersigned corporation adopts the following articles of amendment to its charter:

- 1. The name of the corporation is Abintra Elementary School.
- 2. The amendment adopted is: Paragraph 1 of the charter is amended to read, "The name of the corporation
 - 3. The amendment was duly adopted at a meeting

Dated <u>Qnil</u> /3 , 1984.

ABINTRA ELEMENTARY SCHOOL

By: <u>Iran Mora</u> Title: <u>Aresident Board of Airectors</u>