** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2022 A For the 2021 calendar year, or tax year beginning JUI, 1 2021 and ending JUN 30

Open to Public

B c	heck if	C Name of organization			D Employer identif	ication number				
_	¬Addre									
H	_chano ¬Name	e LEARNING MATTERS			FC 25042	0.7				
H	_chano ⊓Initial	Doing business as		5 / 11	56-25843					
	_returr ∃Final	· · · · · · · · · · · · · · · · · · ·	vered to street address)	Room/suite	E Telephone number					
	returr terminated				615-739-					
	ated	, , , , , , , , , , , , , , , , , , , ,			G Gross receipts \$	783,579.				
	returr Appli	MASHVILLE, IN STAIS-UI			H(a) Is this a group					
	_tion pendi	F Name and address of principal officer: Chik.	ISTINE ANDREWS		for subordinate					
		SAME AS C ABOVE	4 //		H(b) Are all subordinates					
		empt status: X 501(c)(3) 501(c) ((insert no.)	or 527	1 '	a list. See instructions				
		te: NWW. LEARNINGMATTERSINC.		T	H(c) Group exemption					
	orm o I rt I	forganization: X Corporation Trust Ass	sociation	L Year	of formation: 2006	M State of legal domicile: TN				
	1	Briefly describe the organization's mission or most	significant activities: PROV	IDES O	NE ON ONE T	UTORING,				
Governance		DIAGNOSTIC ASSESSMENTS AND								
rna	2	neck this box F if the organization discontinued its operations or disposed of more than 25% of its net assets.								
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)		4	8				
S S	5	Total number of individuals employed in calendar ye	ear 2021 (Part V, line 2a)		5	46				
ŢĖ.	6	Total number of volunteers (estimate if necessary)			6	0				
Activities &	7 a	Total unrelated business revenue from Part VIII, colo	/=: =		7a					
	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11		7b	0.				
					Prior Year	Current Year				
Ф	8	Contributions and grants (Part VIII, line 1h)		203,127.	97,072.					
Revenue	9	Program service revenue (Part VIII, line 2g)			692,330.	686,193.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)		0.	314.				
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		895,457.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		107,872.	104,383.				
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	0.				
ပ္	15	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5-10)		508,111.	514,693.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	ne 11e)		0.	0.				
cpe	b	Professional fundraising fees (Part IX, column (A), lin Total fundraising expenses (Part IX, column (D), line	25) > <u>54,9</u>	20.						
û		Other expenses (Part IX, column (A), lines 11a-11d,			76,696.	86,998.				
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		692,679.	706,074.				
	19	Revenue less expenses. Subtract line 18 from line 1	2		202,778.	77,505.				
or				Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			298,378.	390,849.				
t As d B	21	Total liabilities (Part X, line 26)			54,525.	69,491.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from l	ine 20		243,853.	321,358.				
Pa	rt II	Signature Block								
		alties of perjury, I declare that I have examined this return,				y knowledge and belief, it is				
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	has any knowledge.					
		<u> </u>								
Sigr	1	Signature of officer			Date					
Here	е	CHRISTINE ANDREWS, EXEC	UTIVE DIRECTOR							
		,	Duanamania ai	Ti	Date Check	PTIN				
Deia		Print/Type preparer's name	Preparer's signature		if					
Paid		Firmle some			self-emplo	yed				
Prep Use		Firm's name			Firm's EIN ▶					
USE	Unity	Firm's address			Phone no.					
May	the I	L RS discuss this return with the preparer shown above	e2 See instructions		į FIIVIIE IIV.	Yes No				

Form **990** (2021)

Form 990 (2021) LEARNING MATTERS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		₩
	Part VI	11a		X
р	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
u		114		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TIE		122
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ' '''		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			T -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

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Form **990** (2021)

Form 990 (2021) LEARNING MATTERS Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30 31		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	•	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fal				
	Check if Schedule O contains a response or note to any line in this Part V			NI-
4	Enter the number reported in box 3 of Form 1006. Enter 0, if not applicable.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
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Page **5** Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a 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)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

If "Yes," complete Form 6069.

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ightharpoonupTN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request X Another's website __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTINE ANDREWS - 615-739-0546

PO BOX 150175, NASHVILLE, TN 37215-0175

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

hours for related organizations organization (W-2/1099-MISC/ from the later organizations) organization (W-2/1099-MISC/ organizations) organizations organizations organizations organizations organizations organizations organizations organization (W-2/1099-MISC/ organizations) organizat	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss per	more rson i	than of s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
EXECUTIVE DIRECTOR - VOTIN		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	compensation from the organization and related organizations
1.00		30.00							60 60 7		_
PRESIDENT - END 9/21		1 00	Х		X				69,637.	0.	0
1.00 X		1.00	. ,		37					0	0
X		1 00	Λ		A				0.	0.	0
1.00		1.00	v		v					0	0
X		1 00	Λ		^				0.	0.	0
(5) KERRY PRICE PRESIDENT - BEGIN 9/21 (6) STEPHANIE DURMAN DIRECTOR (7) LEONORA ZILKHA WILLIAMSON DIRECTOR (8) BRYCE DAVIS DIRECTOR - BEGIN MAY 22 (9) ALEXANDER LINDROTH O.50 X X X O.		1.00	x		x				0.	0.	0
PRESIDENT - BEGIN 9/21		0.50	25						•	•	•
(6) STEPHANIE DURMAN DIRECTOR (7) LEONORA ZILKHA WILLIAMSON DIRECTOR (8) BRYCE DAVIS DIRECTOR - BEGIN MAY 22 (9) ALEXANDER LINDROTH O.50 X 0.0. 0.0. 0.0. 0.0.		0130	x		x				0.	0.	0
X	(6) STEPHANIE DURMAN	0.50									
DIRECTOR X 0. 0.	DIRECTOR		Х						0.	0.	0
(8) BRYCE DAVIS DIRECTOR - BEGIN MAY 22 (9) ALEXANDER LINDROTH 0.50 0.50	(7) LEONORA ZILKHA WILLIAMSON	0.50									
DIRECTOR - BEGIN MAY 22 X 0. 0. (9) ALEXANDER LINDROTH 0.50	DIRECTOR		Х						0.	0.	0
(9) ALEXANDER LINDROTH 0.50	(8) BRYCE DAVIS	0.50									
	DIRECTOR - BEGIN MAY 22		Х						0.	0.	0
DIRECTOR - BEGIN MAY 22 X 0. 0.	(9) ALEXANDER LINDROTH	0.50								_	_
	DIRECTOR - BEGIN MAY 22		Х						0.	0.	0
			-								
			1								

Form **990** (2021)

Par	Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	<u>l Hi</u>	ghes	st C	ompensated Employee	s (continued)		
	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average	(do		Pos		1 than c	200	Reportable	Reportable		imated
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation	am	ount of
		week		cer ar	nd a di	irecto	or/trus	tee)	from	from related	1	other
		(list any hours for	recto						the	organizations		ensation
		related	or di	9.0			sated		organization	(W-2/1099-MISC/		om the
		organizations	ruste	l trusi		ee	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	1	nization related
		below	dual t	rtiona	L	nploy	st cor	-	10001420)			nizations
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
							_					
							_				-	
							-				-	
	<u> </u>								69,637.	0.		0
	Subtotal								09,637.	0.	-	0.
	Total from continuation sheets to Part VII								69,637.	0.	-	0.
	Total (add lines 1b and 1c)								•		1	0.
2	Total number of individuals (including but no	ot limited to th	ose	liste	a ac	ove	e) wn	o re	eceived more than \$100,	000 of reportable		O
	compensation from the organization											Yes No
3	Did the organization list any former officer,	director trust	ا مد	(0)/ (mnl	OVA	Δ Or	hia	hest compensated emp	lovee on		100 110
3	line 1a? If "Yes," complete Schedule J for so	,	,	,		,	,	_		•	3	Х
4	For any individual listed on line 1a, is the su											
•	and related organizations greater than \$150	•							•	•	4	х
5	Did any person listed on line 1a receive or a	ccrue comper	co Isati	ກາ <i>ວ</i> ເເ ດກ fi	om:	anv	unre	elate	ed organization or individ	dual for services	-	
_	rendered to the organization? If "Yes." com										5	Х
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest cor	npensated inc	lepe	nde	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of compensa	ation fro	m
	the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.		
	(A)								(B)		(C))
	Name and business	address	NC	INC	3				Description of s	ervices	Compen	sation
								_				
								\dashv				
								-				
	Total number of independent contractors (in	oludina but =	o+ 11	nita	4 + ^ ·	thar	20 110	+0~	abova) who received a	are then		
2	Total number of independent contractors (in		טנ וור	intec	ו נט ו	tnos (_	rea	above) who received mo	DIE HIAH		
	\$100,000 of compensation from the organiz	.aliUii 📂										990 (0001

Form **990** (2021)

Ра	IL VI			=			
		Check if Schedule O contains a respor	ise or note to any lin	ne in this Part VIII (A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
S S	1 :	a Federated campaigns 1a					000110110 0 12 0 11
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c					
ifts,		d Related organizations 1d					
nila		e Government grants (contributions) 1e					
Sir	f						
her Her		similar amounts not included above 1f	97,072.				
Ę	ç	Noncash contributions included in lines 1a-1f	•	-			
Sor	_	Total. Add lines 1a-1f	>	97,072.			
			Business Code				
Ð	2 8	TEACHING FEES - GROSS	611710	526,698.	526,698.		
Program Service Revenue	k	ASSESSMENT FEES	611710	159,495.	159,495.		
Ser		•					
am		d					
og. B	6	•					
Pr	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		686,193.			
	3	Investment income (including dividends, in					
		other similar amounts)	>	314.			314.
	4	Income from investment of tax-exempt bor	d proceeds				
	5	Royalties)				
		(i) Real	(ii) Personal				
	6 a	a Gross rents6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	d Net rental income or (loss))				
	7 a	a Gross amount from sales of (i) Securities	es (ii) Other	_			
		assets other than inventory 7a		-			
	k	Less: cost or other basis					
ne		and sales expenses		-			
Revenue		Gain or (loss) 7c					
		d Net gain or (loss)					
Other	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	8a	-			
		Less: direct expenses	8b				
		Net income or (loss) from fundraising event	s				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19	9a	_			
		Less: direct expenses	9b				
		Net income or (loss) from gaming activities	D				
	10 a	Gross sales of inventory, less returns					
		***************************************	10a	-			
		•	10b				
\dashv		Net income or (loss) from sales of inventory	Business Code				
sn	44	_	business Code				
Je on	11 a		_				
scellaneo Revenue	k		_				
Miscellaneous Revenue		All other revenue	_				
Ξ		d All other revenue					
	12	Total revenue. See instructions		783,579.	686,193.	0.	314.
	14	i orai i o voliuo. Otto ilioti uttitillo			1 000,100		

Form 990 (2021) LEARNING MATTERS Part IX Statement of Functional Expenses

Secu	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	104,383.	104,383.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	72,981.	51,087.	7,298.	14,596.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	405 006	222 224	50.000	05.004
7	Other salaries and wages	407,036.	330,304.	50,908.	25,824.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24 676	07 741	4 1 6 1	0.774
10	Payroll taxes	34,676.	27,741.	4,161.	2,774.
11	Fees for services (nonemployees):				
а	Management				
b	•	0 000		0 000	
_	Accounting	8,800.		8,800.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	, F				
f	Investment management fees				
g	, ,	3,183.		3,183.	
40	column (A), amount, list line 11g expenses on Sch O.)	4,067.		3,103.	4,067.
12	Advertising and promotion	16,257.	13,197.	1,962.	1,098.
13 14	Office expenses	12,930.	10,344.	1,552.	1,034.
15	Information technology	12,550.	10,544.	1,332.	1,054.
16	Royalties	10,250.	3,998.	3,690.	2,562.
17	Occupancy	10,2301	3,330.	3,0301	2,302.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,858.	4,858.		
20	Interest	1,0000	2,0001		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,919.	5,078.	1,098.	743.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	,	·		
•	BANK CHARGES	9,939.	9,939.		
a b	BAD DEBT	4,955.	4,955.		
C	OTHER MISCELLANEOUS EXP	4,840.	141.	2,477.	2,222.
d		1,010.		= , = , , •	2,222
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	706,074.	566,025.	85,129.	54,920.
26	Joint costs. Complete this line only if the organization	,	,	,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	1 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part	X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	203,462.	1	316,320.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	20,000.		
	4	Accounts receivable, net		4	68,159
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35	%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
S.		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1 1 10 5	9	6,370
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	298,378 .		390,849.
	17	Accounts payable and accrued expenses	8,914.	17	19,076
	18	Grants payable		18	
	19	Deferred revenue	45,611.	19	50,415
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
န	22	Loans and other payables to any current or former officer, director,			
ijij		trustee, key employee, creator or founder, substantial contributor, or 35	%		
Liabilities		controlled entity or family member of any of these persons		22	
-	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part	X		
		of Schedule D		25	60 101
	26	Total liabilities. Add lines 17 through 25	54,525.	26	69,491.
,		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.	042.052		201 250
lan	27	Net assets without donor restrictions			321,358.
Ä	28	Net assets with donor restrictions	<u></u>	28	
Ĕ		Organizations that do not follow FASB ASC 958, check here			
ᅩ		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	201 250
ž	32	Total net assets or fund balances		32	321,358.
	33	Total liabilities and net assets/fund balances	298,378.	33	390,849.

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3, <u>5</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,0			
3	Revenue less expenses. Subtract line 2 from line 1	3			05.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24	3,8	<u>53.</u>		
5	Net unrealized gains (losses) on investments	5					
6	6 Donated services and use of facilities 6						
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
review, or compilation of its financial statements and selection of an independent accountant?							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		За		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2021)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LEARNING MATTERS 56-2584397 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in 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 described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
Sec	ction B. Total Support		_	_	_	_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)				
_	organization, check this box and stop						>			
	ction C. Computation of Publi									
	Public support percentage for 2021 (li		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>			
	Public support percentage from 2020					15	<u>%</u>			
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or n	nore, check this bo	x and			
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual									
17a	7a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te					47	100/			
b	10% -facts-and-circumstances test	_				•	10% or			
	more, and if the organization meets the						▶ □			
10	organization meets the facts-and-circu						~			
ΙŐ	Private foundation. If the organization	n did flot check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this dox a		/Form 000) 0001			

Schedule A (Form 990) 2021

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				_		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	Gifts, grants, contributions, and	,	,	, ,	, ,	, ,			
	membership fees received. (Do not								
	include any "unusual grants.")	52,357.	34,051.	50,901.	203,127.	97,072.	437,508.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	554,165.	578,438.	503,188.	692,330.	686,193.	3014314.		
3	Gross receipts from activities that	,	, , , , , , , , , , , , , , , , , , ,	,	,	,			
ŭ	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	606,522.	612,489.	554,089.	895,457.	783,265.	3451822.		
	Amounts included on lines 1, 2, and	,	,	,	,	,			
	3 received from disqualified persons	2,346.	3,650.	980.	11,834.	17,462.	36,272.		
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					_			
	amount on line 13 for the year	47,069.	47,933.		115,822.		281,772.		
(Add lines 7a and 7b	49,415.	51,583.	50,627.	127,656.	38,763.	318,044.		
8	Public support. (Subtract line 7c from line 6.)						3133778.		
Se	ction B. Total Support	1							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
9	Amounts from line 6	606,522.	612,489.	554,089.	895,457.	783,265.	3451822.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					314.	314.		
ŀ	Unrelated business taxable income					-	-		
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
(Add lines 10a and 10b					314.	314.		
	Net income from unrelated business activities not included on line 10b, whether or not the business is								
	regularly carried on		4,204.				4,204.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	606 500	61.6.602	554.000	005 455	E00 EE0	2456240		
	Total support. (Add lines 9, 10c, 11, and 12.)	606,522.		554,089.		783,579.	3456340.		
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,		
0-		- O					>		
	ction C. Computation of Publi						00 67		
	Public support percentage for 2021 (I			olumn (f))		15	90.67 %		
	Public support percentage from 2020					16	89.77 %		
	ction D. Computation of Inves					1	01 ~		
	Investment income percentage for 20					17	.01 %		
	Investment income percentage from					18	<u>%</u>		
198	19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the		-	•	•				
•	line 18 is not more than 33 1/3%, che	· ·			•	•			
20	Private foundation. If the organization						. —		

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	•		
	6		
	7		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
_		- 000	

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Bb		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Employer identification number

LEARNING MATTERS 56-2584397 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Page 2 Schedule B (Form 990) (2021)

Name of organization	Employer identification number
LEARNING MATTERS	56-2584397

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$\$	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$\$	Person X Payroll				
(a)	(b)	(c)	(d)				
No4_	Name, address, and ZIP + 4	Total contributions - \$ 11,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		- \$\$5,000.	Person X Payroll				

Schedule B (Form 990) (2021) Name of organization

Employer identification number

LEARNING MATTERS

56-2584397

	Name of Description	·	0-2564397
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-11	-21	 ,	Schedule B (Form 990) (2021

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** LEARNING MATTERS 56-2584397 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021) 123454 11-11-21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

LEARNING MATTERS

Employer identification number 56-2584397

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the
	Organization answered Tes On Form 990, Fait IV, link	(a) Donor advised fu	unds ((b) Funds and other accounts
1	Total number at end of year	(,)	,	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v		n donor advised fund	1e
Ū	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	,		
Par				
1	Purpose(s) of conservation easements held by the organization		,	
•	Preservation of land for public use (for example, recreat		reservation of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space	ш.		ned meterie diractare
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contributio	n in the form of a co	nservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year >	, ,	,	Ç
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	<u></u>	, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforce	cing conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements o	f section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fina	ancial statements tha	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenu	e statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or	research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue sta	atement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
				> \$
2	If the organization received or held works of art, historical treatments	asures, or other similar asse	ts for financial gain, ¡	
	the following amounts required to be reported under FASB AS	SC 958 relating to these iter	ms:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
				. .
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continu	ed)
3	Using the organization's acquisition, accession								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	collection items (check all that apply):	·	ŕ	•						
а	Public exhibition	C	ı 🔲 ı	_oan or exc	hange progra	am				
b	Scholarly research	•								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exen	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio					ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributions	s or other as	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe								Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	swered '	'Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administe	red for th	e organiza	ition	_	
	by:								\	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or obasis (investr			or other (other)		ccumulate oreciation	ed	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	I								
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colum	n (B). line 1	0c.)			>		0.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	56-2584397 _{Page} 3
Operated (the constitution and the first term of	Dark V. Francis
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Factorial Complete in Complete i	
(a) Description of security or category (including name of security) (b) Book value (c) Method of value	aluation: Cost or end-of-year market value
(1) Financial derivatives	
2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, F	
(a) Description of investment (b) Book value (c) Method of value	aluation: Cost or end-of-year market value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, F	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	>
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form	990, Part X, line 25.
(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
• •	<u></u>
(3)	
(3) (4)	
(3) (4) (5)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	dule D (Form 990) 2021 LEARNING MATTERS				584397	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	679,	196.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	679,	196.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	104,383.			
С	Add lines 4a and 4b			4c		383.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		579.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	≀eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	601,	691.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	601,	691.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	104,383.			
С	Add lines 4a and 4b			4c	104,	383.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	706,	074.
Pa	t XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b	and 2b; Part V, line 4	; Part X,	line 2; Part X	l,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional inform	nation.			
PAI	RT X, LINE 2:					
WE	ARE A TAX-EXEMPT ORGANIZATION UNDER SECTIO	N 501(C)(3) OF T	HE I	NTERNAL	ı
RE	YENUE CODES, AND ARE CLASSIFIED AS AN ORGAN	IZATIO	N THAT IS	NOT A	A PRIVA	TE
FO	UNDATION AS DESCRIBED IN SECTION 509(A) OF	THE IN	ITERNAL REV	ENUE	CODE.	
THI	REFORE NO PROVISION FOR FEDERAL INCOME TAX	ES IS	INCLUDED I	N THI	3	

PART XI, LINE 4B - OTHER ADJUSTMENTS:

TEACHING FEE DISCOUNT (GRANTS PROVIDED) - NETTED WITH

REVENUE ON FS 104,383.

ACCOMPANYING FINANCIAL STATEMENTS. WE DO NOT BELIEVE THERE ARE ANY

UNRELATED BUSINESS INCOME, WHICH WOULD BE SUBJECT TO FEDERAL TAXES.

UNCERTAIN TAX POSITIONS. FURTHER, WE DO NOT BELIEVE THAT WE HAVE ANY

Schedule D (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2021**

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

LEARNING	MATTERS						56-2584397
Part I General Information on Grants	and Assistance					·	
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	n
criteria used to award the grants or ass	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part I	V, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	I and government ord	ı ganizations listed in th	e line 1 table		<u> </u>	1	>
3 Enter total number of other organization	-						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FUITION DISCOUNTS	52	0.	104,383.	FMV	DISCOUNT IS CALCULATED AS A % OF FULL-PRICE FEES BASED ON FAMILY INCOME
Part IV Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, column	(b); and any other ac	Iditional information.	1
PART I, LINE 2:					
IF A PARENT REQUESTS TUITION ASSI	STANCE, TA	X RETURNS	ARE PROVID	ED TO THE	
ORGANIZATION AND REVIEWED BY THE	EXECUTIVE	DIRECTOR.	BASED UPO	N FAMILY	
INCOME AND FAMILY SIZE, STUDENTS	MEETING CE	RTAIN THRE	ESHOLDS ARE	GRANTED	
DISCOUNTS RANGING FROM 10% TO 88%					
RATES. DURING THE 2022 FISCAL YE					
PROVIDED TO FAMILIES MEETING THE					

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEARNING MATTERS

Employer identification number 56-2584397

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ATTAINED BY FUNDRAISING, FOR SERVICES BASED ON FAMILY INCOME.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY TREASURER AND REVIEWED BY EXECUTIVE DIRECTOR AND
FINANCE COMMITTEE BEFORE IT IS FILED. IT IS THEN PROVIDED TO THE
REMAINDER OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS REVIEWS POTENTIAL CONFLICTS ANNUALLY BY CIRCULATING
A SIGNED FORM.
FORM 990, PART VI, SECTION B, LINE 15A:
BOARD MEMBERS CONFER WITH OTHER NOT FOR PROFITS TO DETERMINE SALARY FOR
EXECUTIVE DIRECTOR. THE BOARD VOTES ON EXECUTIVE DIRECTOR COMPENSATION.
THE EXECUTIVE DIRECTOR IS NOT PRESENT FOR THE VOTE.
FORM 990, PART VI, SECTION C, LINE 19:
FORM 990 IS AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2021