

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2006****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2006 calendar year, or tax year beginning <u>7/1/2006</u> , 2006, and ending <u>6/30/2007</u> , 20										
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <b>Learning Matters Inc</b></td> <td><b>D</b> Employer identification number <b>56 : 2584397</b></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3511 Belmont Blvd</b></td> <td><b>E</b> Telephone number <b>( 615 ) 739-0546</b></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <b>Nashville, TN 37215-0175</b></td> <td><b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</td> </tr> </table>	<b>C</b> Name of organization <b>Learning Matters Inc</b>		<b>D</b> Employer identification number <b>56 : 2584397</b>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3511 Belmont Blvd</b>		<b>E</b> Telephone number <b>( 615 ) 739-0546</b>	City or town, state or country, and ZIP + 4 <b>Nashville, TN 37215-0175</b>		<b>F</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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<b>G</b> Website: ▶ <b>www.learningmattersinc.org</b>										
<b>J</b> Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
<b>K</b> Check here ▶ <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.										
<b>L</b> Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <b>123451</b>										
<b>M</b> Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).										

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)</b>			
<b>Revenues</b>	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a 0	
	b Direct public support (not included on line 1a)	1b 9,375	
	c Indirect public support (not included on line 1a)	1c 0	
	d Government contributions (grants) (not included on line 1a)	1d 0	
	e Total (add lines 1a through 1d) (cash \$ 9,375 noncash \$ 0 )		1e 9,375
	2 Program service revenue including government fees and contracts (from Part VII, line 93)		2 112,957
	3 Membership dues and assessments		3 0
	4 Interest on savings and temporary cash investments		4 0
	5 Dividends and interest from securities		5 0
	6a Gross rents	6a 0	
	b Less: rental expenses	6b 0	
c Net rental income or (loss). Subtract line 6b from line 6a		6c 0	
7 Other investment income (describe ▶ )		7 0	
<b>Revenue</b>	8a Gross amount from sales of assets other than inventory	(A) Securities 0 8a 0	
	b Less: cost or other basis and sales expenses	0 8b 0	
	c Gain or (loss) (attach schedule)	0 8c 0	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d 0
	9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a 0	
	b Less: direct expenses other than fundraising expenses	9b 0	
	c Net income or (loss) from special events. Subtract line 9b from line 9a		9c 0
	10a Gross sales of inventory, less returns and allowances	10a 0	
	b Less: cost of goods sold	10b 0	
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c 0
	11 Other revenue (from Part VII, line 103)		11 1,119
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12 123,451	
<b>Expenses</b>	13 Program services (from line 44, column (B))		13 75,311
	14 Management and general (from line 44, column (C))		14 38,184
	15 Fundraising (from line 44, column (D))		15 0
	16 Payments to affiliates (attach schedule)		16 0
	17 Total expenses. Add lines 16 and 44, column (A)		17 113,495
<b>Net Assets</b>	18 Excess or (deficit) for the year. Subtract line 17 from line 12		18 9,956
	19 Net assets or fund balances at beginning of year (from line 73, column (A))		19 0
	20 Other changes in net assets or fund balances (attach explanation)		20 0
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21 9,956

**Part II** **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	23 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	24 0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 35,684	10,705	24,979	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	26 42,246	42,246	0	0
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	27 0	0	0	0
<b>28</b>	Employee benefits not included on lines 25a - 27	28 0	0	0	0
<b>29</b>	Payroll taxes	29 8,879	6,021	2,858	0
<b>30</b>	Professional fundraising fees	30 0	0	0	0
<b>31</b>	Accounting fees	31 410	0	410	0
<b>32</b>	Legal fees	32 0	0	0	0
<b>33</b>	Supplies	33 5,560	4,589	971	0
<b>34</b>	Telephone	34 1,316	0	1,316	0
<b>35</b>	Postage and shipping	35 533	373	160	0
<b>36</b>	Occupancy	36 2,353	0	2,353	0
<b>37</b>	Equipment rental and maintenance	37 1,140	0	1,140	0
<b>38</b>	Printing and publications	38 1,159	1,159	0	0
<b>39</b>	Travel	39 6	6	0	0
<b>40</b>	Conferences, conventions, and meetings	40 0	0	0	0
<b>41</b>	Interest	41 0	0	0	0
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	42 0	0	0	0
<b>43</b>	Other expenses not covered above (itemize): <b>a See Statement 1</b>	43a 14,209	10,212	3,997	
<b>b</b>		43b			
<b>c</b>		43c			
<b>d</b>		43d			
<b>e</b>		43e			
<b>f</b>		43f			
<b>g</b>		43g			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 113,495	75,311	38,184	0

**Joint Costs.** Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>The principal goal of Learning Matters is to provide</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>See Statement 2</u> _____ _____ _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>b</b> _____ _____ _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> _____ _____ _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> _____ _____ _____ _____ _____ _____ _____ _____ (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). . . . ▶	<b>75,311</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	0	45	1,212
	46 Savings and temporary cash investments . . . . .	0	46	0
	47a Accounts receivable . . . . .	47a 8,744		
	b Less: allowance for doubtful accounts . . . . .	47b 0	0 47c	8,744
	48a Pledges receivable . . . . .	48a 0		
	b Less: allowance for doubtful accounts . . . . .	48b 0	0 48c	0
	49 Grants receivable . . . . .	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .	0	50b	0
	51a Other notes and loans receivable (attach schedule) . . . . .	51a 0		
	b Less: allowance for doubtful accounts . . . . .	51b 0	0 51c	0
	52 Inventories for sale or use . . . . .	0	52	0
	53 Prepaid expenses and deferred charges . . . . .	0	53	0
	54a Investments—publicly-traded securities . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55a Investments—land, buildings, and equipment: basis . . . . .	55a 0		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b 0	0 55c	0
	56 Investments—other (attach schedule) . . . . .	0	56	0
	57a Land, buildings, and equipment: basis . . . . .	57a 0		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b 0	0 57c	0
58 Other assets, including program-related investments (describe ► . . . . .)	0	58	0	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	0	59	9,956	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	0	60	0
	61 Grants payable . . . . .	0	61	0
	62 Deferred revenue . . . . .	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	63	0
	64a Tax-exempt bond liabilities (attach schedule) . . . . .	0	64a	0
	b Mortgages and other notes payable (attach schedule) . . . . .	0	64b	0
	65 Other liabilities (describe ► . . . . .)	0	65	0
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	0	66	0	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted . . . . .	0	67	9,956
	68 Temporarily restricted . . . . .	0	68	0
	69 Permanently restricted . . . . .	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds . . . . .	70		
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .	71		
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	72		
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	0	73	9,956
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	0	74	9,956

**Part IV-A**      **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>a</b>	
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>		
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>		
<b>4</b>	Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>		
<b>2</b>	Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b> . . . . . ▶		<b>e</b>	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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<b>a</b>	Total expenses and losses per audited financial statements . . . . .		<b>a</b>
<b>b</b>	Amounts included on line a but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): .....	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .		<b>b</b>
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .		<b>c</b>
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .		<b>d</b>
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . . ▶		<b>e</b>

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]



**Part VI Other Information** (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	88a	<input checked="" type="checkbox"/>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<input type="text" value="0"/>
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		<input type="text" value="0"/>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed <input type="text" value="None"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	<input type="text" value="0"/>
91a	The books are in care of <input type="text" value="Deborah KitchensChristine Andrews"/> Telephone no. <input type="text" value="615-739-0546"/> Located at <input type="text" value="3511 Belmont Blvd, Nashville, TN"/> ZIP + 4 <input type="text" value="37215-0175"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	91b	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ Yes ☒ No  
 If "Yes," enter the name of the foreign country ▶ .....

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐ **92**  
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> Fees from Clients	611600	112,957			
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property . . . . .					
<b>b</b> not debt-financed property . . . . .					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> Misc Income	611600	1,119			
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .		114,076		0	0
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					114,076

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer: Deborah Kitchens Christine Andrews Date: 10/11/07

Type or print name and title: Deborah Kitchens Christine Andrews, Executive Director

**Paid Preparer's Use Only**

Preparer's signature: Charlotte Howard Date: 10/10/07 Check if self-employed: ☒ Preparer's SSN or PTIN (See Gen. Inst. X): 443-82-2039

Firm's name (or yours if self-employed), address, and ZIP + 4: Charlotte Howard EIN:

4111 General Bate Drive, Nashville, TN 37204 Phone no.: 615 218-8460

Form 990 (2006)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information—(See separate instructions.)**

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

OMB No. 1545-0047

**2006**

Name of the organization

Learning Matters, Inc.

Employer identification number

56

2584397

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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				

Total number of other employees paid over \$50,000 . . . . .

0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services . . . . .

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services . . . . .

0

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 0 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 ✓

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a ✓

b Lending of money or other extension of credit? . . . . .

2b ✓

c Furnishing of goods, services, or facilities? . . . . .

2c ✓

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d ✓

See Form 990, Pt. V

e Transfer of any part of its income or assets? . . . . .

2e ✓

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a ✓

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b ✓

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

3c ✓

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d ✓

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a ✓

b Did the organization make any taxable distributions under section 4966? . . . . .

4b ✓

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c ✓

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

0

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 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). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . . ►					<b>0</b>

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	0	0	0	0	0
16 Membership fees received	0	0	0	0	0
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	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
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	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	0	0	0	0	0
24 Line 23 minus line 17	0	0	0	0	0
25 Enter 1% of line 23	0	0	0	0	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0
d Add: Amounts from column (e) for lines: 18 0 19 0					26d 0
22 0 26b 0					26e 0
e Public support (line 26c minus line 26d total)					26f 0 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16					27c
17 20 21					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	33a	
b Admissions policies? . . . . .	33b	
c Employment of faculty or administrative staff? . . . . .	33c	
d Scholarships or other financial assistance? . . . . .	33d	
e Educational policies? . . . . .	33e	
f Use of facilities? . . . . .	33f	
g Athletic programs? . . . . .	33g	
h Other extracurricular activities? . . . . .	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
34a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
b Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

 Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table— If the amount on line 40 is—      The lobbying nontaxable amount is— Not over \$500,000      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000      \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000      \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000      \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000      \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

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

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
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.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? \_\_\_\_\_

**a Transfers from the reporting organization to a noncharitable exempt organization of:**

(i) Cash	
(ii) Other assets	

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .

(ii) Purchases of assets from a noncharitable exempt organization . . . . .

(iii) Rental of facilities, equipment, or other assets . . . . .

(iv) Reimbursement arrangements . . . . .

(v) Loans or loan guarantees . . . . .

(vi) Performance of services or membership or fundraising solicitations . . . . .

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees . . . . .**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]



**Statement 1**

Form: 990

Page: 2

Part: II

Question: 43

Learning Matters Inc

56-2584397

**Attachment listing other expenses for Part II**

<b>Description</b>	<b>Total:</b>	<b>Pgm Services</b>	<b>Mgt and General</b>	<b>Fundrasing</b>
Consulting - Assessments	\$5,840.00	\$5,840.00	\$0.00	\$0.00
Liability Insurance	\$3,747.00	\$3,747.00	\$0.00	\$0.00
Bank Fees	\$6.00	\$6.00	\$0.00	\$0.00
Payroll Service Fees	\$2,148.00	\$0.00	\$2,148.00	\$0.00
Marketing/Advertising	\$619.00	\$619.00	\$0.00	\$0.00
Entertainment	\$689.00	\$0.00	\$689.00	\$0.00
Licences and Permits	\$60.00	\$0.00	\$60.00	\$0.00
Misc Exp	\$1,100.00	\$0.00	\$1,100.00	\$0.00
<b>Total:</b>	<b>\$14,209.00</b>	<b>\$10,212.00</b>	<b>\$3,997.00</b>	<b>\$0.00</b>

**Statement 2**

Form: 990

Page: 3

Part: III

Question:

Learning Matters Inc

56-2584397

**Program Services**

Achievement	Pgm. Svc. Exp.
Educational Testing Programs: Tutoring and Assessments (155 Clients)	\$75,311.00
Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	
Total:	\$75,311.00

**Statement 3**

Form: 990

Page: 5

Part: V

Question:

**Learning Matters Inc****56-2584397****Officers, Directors, Trustees, and Key Employees**

<b>Name and Address</b>	<b>Hrs</b>	<b>Comp.</b>	<b>Benefits</b>	<b>Expenses</b>
Deborah Kitchens	40	\$17,852.00	\$0.00	\$0.00
Title: Exec Director/CEO Addr 1: 3511 Belmont Blvd Addr 2: PO Box 150175 CSZ: Nashville, TN 37215-0175 Country: United States				
Christine Andrews	40	\$17,833.00	\$0.00	\$0.00
Title: Exec Director/CEO Addr 1: 3511 Belmont Blvd Addr 2: PO Box 150175 CSZ: Nashville, TN 37215-0175 Country: United States				
Margaret Smith	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 3511 Belmont Blvd Addr 2: PO Box 150175 CSZ: Nashville, TN 37215-0175 Country: United States				
Helen M Tarleton	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 3511 Belmont Blvd Addr 2: PO Box 150175 CSZ: Nashville, TN 37215-0175 Country: United States				
David Stone	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 3511 Belmont Blvd Addr 2: PO Box 150175 CSZ: Nashville, TN 37215-0175 Country: United States				
Adele Rowan	0	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 3511 Belmont Blvd Addr 2: PO Box 150175 CSZ: Nashville, TN 37215-0175 Country: United States				

Name and Address	Hrs	Comp.	Benefits	Expenses
TOTALS		\$35,685.00	\$0.00	\$0.00

## **Statement 4**

### **Part III. Statement of Program Service Accomplishments**

Learning Matters was formed in July of 2006, with the principal goal of providing premier tutoring and educational assessment services for students in the Nashville area, regardless of their ability to pay. Since that time more than 35 students have received assessment services and more than 120 students have received academic tutoring. Tutoring students work with highly qualified teachers or learning specialists for one-hour sessions from one to four times per week. Students are seen at their schools, their homes, libraries, the Learning Matters Center, and the Martha O'Bryan Community Center.

Students are carefully matched with experienced teachers or learning specialists that have background and teaching expertise matching the learner's needs. Learning Matters teachers are carefully screened and references are checked prior to hiring. Learning Matters provides training to teachers in the research-based programs used with some students. Frequent opportunities for on-going staff development are provided to teachers. Individual planning sessions take place between the teachers and one of the directors. There is a collaborative spirit of working together to provide the best quality instruction for each of the students. Volunteers are utilized in office tasks and fund-raising efforts; never in providing direct service to students. All teachers are paid \$20 - \$30 per hour, depending on experience.

Teachers communicate frequently with parents about student progress. Learning Matters sends a written report from each session to parents at the end of each month. Student support services are enhanced when Learning Matters teachers, parents, and classroom or school personnel share concerns, progress, and effective strategies.

Learning Matters currently offers two types of educational assessments. The first is a full Psycho-Educational battery of tests, including cognitive, individual achievement, and diagnostic measures. The second is a Diagnostic Screening that is a thorough assessment of reading, comprehension, writing, and spelling abilities. A team approach is used with three testing specialists providing the measures in their area of specialty and contributing toward the final report. Afterward, the report is presented to the parents by one of the Learning Matters directors. On occasion, the director will also attend school meetings to share the testing results, offering student advocacy and suggestions to school personnel and parents for modifications to the students' educational programs.

Approximately twenty-five percent of Learning Matters students qualify for reduced rates on the sliding scale. The fees from full-fee clients cover administrative costs and help, along with grants and donations, to off-set the reduced-fee students' tuition. Every effort is made to keep overhead expenses at a minimum, in order for donations and grants to go directly to providing student services to those needing assistance. A goal in the coming years is to serve fifty percent full-fee students and fifty percent reduced-fee students. This goal will be achievable by increasing donations and realizing more grants.