Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For th	he 200 6 ca	elendar y	year, or tax year beg	inning		<u> </u>	, 200	6, and	ending <	2cre	
В	Check if	applicable		C Name of organization							D Empl	loyer identification number
		s change	use IRS label or	Genesis Learning Ce	nters						58	1554609
Η	Name o		print or	or Number and street (or P.O box if mail is not delivered to street address) Room/suite					E Telep	phone number		
జ	Initial re	A20 Alliad De					(61	5) 832-4222				
=	Final re		Specific Instruc-	City or town, state or	country, a	and ZIP + 4						nting method: Cash Accrual
님			tions.	Nashville, TN 37211							_	Other (specify)
님		ed return	e Soc	tion 501(c)(3) organizat		4047(5)(1)	nonovomo	chari	table	H and I are no		ble to section 527 organizations.
ш	Applicat	ion pending		ts must attach a compl								um for affiliates? 🔲 Yes 🗹 No
G	Websit	e: >								H(b) If "Yes,"	enter nun	nber of affiliates ▶
_							 			H(c) Are all a		
J	Organi	zation type	(check or	nty one) 🕨 📝 501(c) (3) ◄ (nsert no.)	4947(a)(1)	or 🗌	527	, ,		ist. See instructions.)
K	Check	here ▶ 🗌	if the or	rganization is not a 509	(a)(3) sup	porting org	anization and	nts g	ross	H(d) Is this a s	separate rel	turn filed by and by a group ruling? Yes V No
				re than \$25,000. A return	is not rec	quired, but if	the organiza	tion cho	ooses			
	to me a	return, be s	sure to me	a complete return.						<u>-</u>		Number ►
Ł	Gross	receipts: A	Add lines	6b, 8b, 9b, and 10b	to line 1	2 ▶	3,878,2	53				If the organization is not required (Form 990, 990-EZ, or 990-PF)
	art I			penses, and Cha					Ralar			
								unu	Data	1003 (000 1	1	<u> </u>
	1 _			gifts, grants, and sir				1a			į	
	a			donor advised fun				1b				+
	b	-		pport (not included		-		1c				
	°		•	support (not include		•		1d			_	
	a			ntributions (grants)	•						┵	
	е	-		1a through 1d) (cash)	. <u>1e</u>	3.848.889
	2	-		revenue including ge								3,040,003
	3			es and assessment							. 3	27.046
	4			ngs and temporary							. 4	27,946
	5			nterest from securit	ies .			_ 1			. 5	
	6a	Gross re	-					6a				
				enses				6b			\dashv	•
				ne or (loss). Subtrac		ib from lir	ne 6a	•			6c	
9	7	Other in	vestmer	nt income (describe	•	/A) Co	cunties		/D) Other) 7	
Revenue	8a	Gross a	mount f	rom sales of assets	other	(A) Se	Cunties		(0	of Other		<u>!</u>
8	Ì	than invi	•					8a				
				er basis and sales exp	enses,			8b				
	С		, , ,	ttach schedule) .	!			8c			┦	\
	d). Combine line 8c, o						· · ·	. <u>8d</u>	
	9	Special e	vents and	d activities (attach sch	edule). If	any amou	int is from g	aming	j, chec	khere ▶ L]	
	а			not including \$			of	0- 1				
				ported on line 1b).				9a				
	þ		-	enses other than for		•		9b			\dashv $_{\circ}$	1
			-	loss) from special e					9a		. <u>9c</u>	
	10a			nventory, less retur	ns and	allowance	es	10a			\dashv	1
	þ		_	oods sold				10b			⊢ ₄0-	1
	1			ss) from sales of inven		ach schedi	ule). Subtra	ct line	10b tro	m line 10a	. 100	
	11 12			from Part VII, line 1 Add lines 1e, 2, 3, 4,		 7 9d 0o	 10c and 1	4	• •		. 11	1,418
_	+							' ' '	· ·	· · · ·	. 12	
ø	13			es (from line 44, col				1			. 13	
Expenses	14	_		nd general (from line	1 '	xumn (C))	1	ol ·			. 14	
×	15 Fundraising (from line 44, column (p))					. 15	 					
ù	16 17	Payment	ts to aff	illates (attach sche	aule) .		40U1 .	ري	• •		. 16	0.000.707
	+	-		. Add lines 16 and				<u>œ </u>	• •	· · · · ·	. 17	3,639,725
Net Assets	18	Excess	or (defic	it) for the year. Sub	otraq O i	BUEN	ո կոթ 12	_}			. 18	
Ass	19			ind balances at beg				•	umn (,,	. 19	573,408
1 <u>e</u>	20			in net assets or fun						・エンス・	. 20	
<u>z</u>	21	Net asse	ts or fur	nd balances at end o	of year.	Combine	ines 18, 19	, and	20	<u> </u>	<u>. 21</u>	836,941

			- 11 (=)(1) 110111011111111111111111111111111111	Jilaniabio il dolo 551	optional for calors (e	ee the instruction
	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
2a	Grants paid from donor advised funds (attach schedule)					-
	(cash \$)	_				
	If this amount includes foreign grants, check here	22a				
2b	Other grants and allocations (attach schedule)		1			
	(cash \$ noncash \$)	22b	1	1		
3	If this amount includes foreign grants, check here ► ☐ Specific assistance to individuals (attach	220				
3	schedule)	23		1		
4	Benefits paid to or for members (attach					
-	schedule)	24			ļ	
5a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A (attach					
	schedule)	25a	409,551	263,798	145,753	
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach	05.			ļ	
	schedule)	25b				
С	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) (attach schedule)	25c	ļ		ļ	
6	Salaries and wages of employees not included			· ·		
•	on lines 25a, b, and c	26	1,699,811	1,646,124	53,687	
7	Pension plan contributions not included on					
-	lines 25a, b, and c	27				
В	Employee benefits not included on lines			1		
	25a – 27	28	206,304	167,660	38,644	
9	Payroll taxes	29	156,513	141,532	14,981	
0	Professional fundraising fees	30				
1	Accounting fees	31	7,800		7,800	
2	Legal fees	32	05.005	00.000		· -
3	Supplies	33	95,325 25,239	89,992	5,333 1,186	
4	Telephone	34 35	2,621	24,053 2,621	1,100	
5	Postage and shipping	36	272,048	272,048	-	
6 7	Occupancy	37	45,075	45,075		
' 3	Equipment rental and maintenance	38	10,075	43,073		
9	- .	39	2,409	1,885	524	
)	Conferences, conventions, and meetings.	40		.,	· · · · · · · · · · · · · · · · · · ·	··· • ··
1	Interest	41	24,811	23,848	963	······································
2	Depreciation, depletion, etc. (attach schedule)	42	124,211	115,974	8,237	
3	Other expenses not covered above (itemize):					
а	Computer - networking fees	43a	15,641	7,139	8,502	
b	Advertising	43b	2,070	1,651	419	
С	insurance	43c	35,817	13,408	22,409	
d	Investment expense	43d	1,727	1,727		
е	Transportation Services	43e	207,550	207,550		
f	Homebound Services	43f	114,006	114,006		
•	Other expenses (see Statement 2- attached)	43g	191,196	175,421	15,775	
	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines 13-15)		2 620 725	2 245 540	224 242	
	13–15)	44	3,639,725	3,315,512	324,213	

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.

Wh	nat is the organization's primary exempt purpose? See Statement 3 - attached	Program Service
All of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) janizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Day Schools that provide services up to approx. 250 children, adolescents and young adults with severe emotional behavioral and learning problems through educational programs.	
h	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	3,315,512
b		
С	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
<u>_</u>	Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,315,512

Form **990** (2006)

Pa	irt IV	Balance Sheets (See the instructions.)				
1	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			259,816	45	349,007
	46	Savings and temporary cash investments .	1		46		
		According to the state of the	47a				
		Accounts receivable	47b		49,067	47c	268,784
	D	Less: allowance for doubtful accounts .	4,0		40,007	1	
	482	Pledges receivable	48a				
		Less: allowance for doubtful accounts		48c			
	49	Grants receivable				49	
	50a	Receivables from current and former officers	· · · · · · · · · · · · · · · · · · ·				
		key employees (attach schedule)		50a			
ς,	ь	Receivables from other disqualified persons (a					
	i	4958(f)(1)) and persons described in section 495	8(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach	l mari				
Assets	١.	schedule)	51a 51b			51c	
Ass		2000: anovarios for doubtrar aboutanto :				52	
	53	Inventories for sale or use	• •		9,689	53	6,016
		Investments—publicly-traded securities.	4	Cost FMV	215,967		316,526
	ь	Investments—other securities (attach schedu	ile)	Cost FMV	•	54b	
	I	Investments—land, buildings, and	,				
		equipment: basis	55a				
	ь	Less: accumulated depreciation (attach					
	•	schedule)	55b			55c	
	56	Investments—other (attach schedule)			100,000	56	
		Land, buildings, and equipment: basis	57a	1,057,124			
	b	Less: accumulated depreciation (attach		741 455	247,191		245 660
			[57b]	741,455		5/C	315,669
	58	Other assets, including program-related investigation (describe >				58	
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58	881,730		1,256,002
	60	Accounts payable and accrued expenses .			34,650	60	79,063
	61	Grants payable				61	
	62	Deferred revenue				62	
ilities	63	Loans from officers, directors, trustees, and					
Ħ		schedule)				63	
Liab		lax-exempt bond liabilities (attach schedule)		· · . ·		64a	
_		Mortgages and other notes payable (attach s		,	273,672		339,998
	65	Other liabilities (describe ►)	 	65	
	66	Total liabilities. Add lines 60 through 65 .			308,322	66	419,061
	Orna	nizations that follow SFAS 117, check here ▶					110,001
G	O. ga	67 through 69 and lines 73 and 74.		and complete intes			
9	67	Unrestricted		L	573,408	67	836,941
la	68	Temporarily restricted				68	
B	69	Permanently restricted				69	
핕	Orga	nizations that do not follow SFAS 117, check	here l	► □ and			
Net Assets or Fund Balances		complete lines 70 through 74.		į			
õ	70	Capital stock, trust principal, or current funds				70	
set	71	Paid-in or capital surplus, or land, building, a	ind eq	uipment fund .		71 72	
Asi	72 73	Retained earnings, endowment, accumulated Total net assets or fund balances. Add line				14	
ē	,,,	70 through 72. (Column (A) must equal line 1	5 0/ [l 9 and	Lodumo (R) must			
		equal line 21)			573,408	73	836,941
	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73	881,730	74	1,256,002

Ра	rt IV-A	Reconciliation of Revenue per Aud instructions.)	lited Financial Staten	nents With Rev	enue pe	r Retur	n (See the
a	Total reve	enue, gains, and other support per audit	ed financial statements			а	3,903,258
b		included on line a but not on Part I, line					
1		alized gains on investments		b1	25,005		
2		services and use of facilities		b2			
3		es of prior year grants		b3			
4		ecify):					
		,,		b4			
		b1 through b4				b	25,005
С						С	3,878,253
d	Amounts	included on Part I, line 12, but not on Ir					
1		nt expenses not included on Part I, line		d1		i f	
2		ecify):					
				d2			
		d1 and d2				d	
е		enue (Part I, line 12). Add lines c and d				e	3,878,253
Pa	rt IV-B	Reconciliation of Expenses per Au	dited Financial State	ments With Ex	penses p	er Ret	urn
a	Total exp	enses and losses per audited financial s	statements			а	3,639,725
b	Amounts	included on line a but not on Part I, line	e 17:				
1	Donated	services and use of facilities		b1			
2		r adjustments reported on Part I, line 20		b2			
3	Losses re	eported on Part I, line 20		b3			
4		ecify):					
		**		b4			
	Add lines	b1 through b4				b	
С	Subtract	line b from line a				С	3,639,725
d	Amounts	included on Part I, line 17, but not on li	ne a:				
1	Investme	nt expenses not included on Part I, line	6b	d1			
2	Other (sp	ecify):	• • • • • • • • • • • • • • • • • • • •				
				d2			
	Add lines	d1 and d2				d	
e		penses (Part I, line 17). Add lines c and				е	3,639,725
Pa	rt V-A	Current Officers, Directors, Trustees	, and Key Employees	(List each perso	n who was	an offic	cer, director, trustee
		or key employee at any time during the ye					
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contribution benefit plan	ons to emplo is & deferred	
-	1		week devoted to position	-0)	compens	ation plans	
		Director of Human Resources)	Human Resources, 40				_
		e, Nashville, TN 37211		54,762			0
		Principal of Rutherford Cty School)	Principal, 40				ł
		e, Nashville, TN 37211		49,303	<u> </u>		0
		van (Principal - Montgomery Teen Center)	Principal, 40				
		e, Nashville, TN 37211		37,607			0
		Principal - Genesis Academy)	Principal, 40				
		e, Nashville, TN 37211		70,479			0
		incipal - Rutherford Teen Learning Center)	Principal, 40				
		e, Nashville, TN 37211		23,000		_	0
	issa Adams		School Administrator,	_			
		e, Nashville, TN 37211	40	83,409			0
	ence Adams		President & Executive		İ		
430	Allied Drive	e, Nashville, TN 37211	Director, 40	90,991	ļ		0
see	Statement	8 for List of Board of Directors					
					<u> </u>		
· -	·				1		
			I	I	ı		1

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Page	ь

Form	990	(200)	6)

Pa	t V-A Current Officers, Directors, Truste	es, and Key Employe	es (continued)			Yes	No
75a	Enter the total number of officers, directors, and meetings	trustees permitted to vo	ote on organizatio	n business at board 10			
b	Are any officers, directors, trustees, or key emplementation employees listed in Schedule A, Part I, or has contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that is	ighest compensated p II-B, related to each	orofessional and other through	other independent family or business	75b	✓	
	If "Yes," attach a statement that includes the in	, Part I, or highest or Part II-A or II-B, reconst are related to the of	ompensated professive compensate organization? See	essional and other ion from any other the instructions for	75c		✓
	Does the organization have a written conflict of			<u> </u>	75d		_
Pa	t V-B Former Officers, Directors, Trustees, an officer, director, trustee, or key employee person below and enter the amount of con	received compensation of	or other benefits (defits in the appropria	escribed below) during ate column. See the ins	the y	ear, lis ons.)	st that
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and owance	other
NON						_	
		-					
Par	VI Other Information (See the instruction	one)				Yes	No
76	Did the organization make a change in its activi		ducting octudes	2 If "Voo " attach =		163	.10_
77	detailed statement of each change. Were any changes made in the organizing or go				76 77		1
	If "Yes," attach a conformed copy of the change	es.	•				
	Did the organization have unrelated business githis return?			he year covered by	78a 78b		✓_
79	Was there a liquidation, dissolution, termination, a statement	or substantial contract	tion during the ye		79		✓
80a	Is the organization related (other than by assoc common membership, governing bodies, trus organization?	tees, officers, etc., to	any other exer	mpt or nonexempt	80a		<u>✓</u>
b	If "Yes," enter the name of the organization ▶		<u></u>				
81a b	Enter direct and indirect political expenditures. (Did the organization file Form 1120-POL for this	See line 81 instructions	s.)	`N/A	81b		✓
						222	

Par	t 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?	82a		1
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.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓_	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		✓
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?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	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			
d	Section 162(e) lobbying and political expenditures			
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)			
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			
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.)			
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		1
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		✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4915 ▶; section 4955 ▶;			
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		✓
C	Enter: Amount of tax imposed on the organization managers or disqualified		Ì	
	persons during the year under sections 4912, 4955, and 4958 ▶			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	00-	ł	1
	transaction?	89e 89f		1
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	031		_
	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		1
	List the states with which a copy of this return is filed ▶ Iennessee			
	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)			64
91a	The books are in care of ► Karen Gardner Located at ► 430 Allied Drive, Nashville, TN Telephone no. ► (615) ZIP + 4 ► 372		2-422	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	r	<u></u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	91b		✓_
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

art	VI	Other Information (continued)			-			Yes	No
_	Δta	ny time during the calendar year, did the c	rganization mai	ntain an office i	nutside of the	Linited States?	91c		V
•	תנם If "Y	es," enter the name of the foreign country	Mgariization mai		butside or the	Office States:			
		tion 4947(a)(1) nonexempt chantable trusts		ın lieu of Form	1041—Check	here			▶[
	and	enter the amount of tax-exempt interest re	eceived or accru	ed during the t	ax year	▶ 92			
art	VII	Analysis of Income-Producing Act	ivities (See the	instructions.)					
te:	Ente	er gross amounts unless otherwise	Unrelated bu	usiness income	Excluded by sect	on 512, 513, or 514	D.	(E)	
icat	ed.		(A)	(B)	_ (C)	(D)		elated opt fur	
3	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount		ncom	3
а					.				
b									
C		<u> </u>	· 						
d					ļi				
е	_		.		+				
f		dicare/Medicaid payments			 			200	0 00
g		es and contracts from government agencies			 			3,84	5,68
		mbership dues and assessments			+				
,		rest on savings and temporary cash investments			14	27,946			
i ,		idends and interest from securities		<u> </u>	"	27,340			
_		rental income or (loss) from real estate:			 				
a b		ot-financed property			1				
		debt-financed property rental income or (loss) from personal property			1 - 1				
})		ner investment income			1				
)		or (loss) from sales of assets other than inventory			1				
, 		: income or (loss) from special events							
2		ess profit or (loss) from sales of inventory					••		
3		er revenue: a Miscellaneous			1	-			1,41
b									<u> </u>
C							_		
d									
e				_					
	Sub	ototal (add columns (B), (D), and (E))				27,946		3,850),30
	Tot	al (add line 104, columns (B), (D), and (E))				>		3,87	8,25
		105 plus line 1e, Part I, should equal the							
rt	VIII								
_	No.	Explain how each activity for which income	is reported in col	umn (E) of Part \	/II contributed ii	mportantly to the	accor	nplish	mer
<u>.</u>		of the organization's exempt purposes (other							
930	Щ	Contract fees through local public schools & j	uvenille county c	ourt departments	to provide serv	rices. No cost to	stude	nts'	
-		families.			_				
	\dashv					<u> </u>			
rt	IX	Information Pogarding Tayoble Suba	diaries and Die	wa a and a d Cati	tion (Con the i	44'1			
	I	Information Regarding Taxable Subs (A)	(B)		ues (See the li	<u> </u>		(E)	
	Nam	ne, address, and EIN of corporation,	ercentage of	(C) Nature of a	ctivities	(D) Total income	End	(E) d-of-ye	ear
		partnership, or disregarded entity own	nership interest		2	TOTAL INCOME		assets	
	-		<u>%</u>						
			%						—
		I							

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Part		Transfers To and From tion as defined in section		. Complete only if the	organiz	zation
106	Did the reporting organization methodology the Code? If "Yes," complete the	nake any transfers to a conf	trolled entity as defined	I in section 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer		(D) of trans	fer
a						
ь						
С						
	· Totals					
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"				Yes	No ✓
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description o transfer		(D) of trans	fer
а						
ь						
С						
	Totals					
108	Did the organization have a bind rents, royalties, and annuities de			covering the interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that and belief, it is true, correct, and comp	t I have examined this return, includi	ng accompanying schedules a than officer) is based on all in	formation of which preparer ha	of my kno s any kno	wledge
Paid Prepare	Preparer's signature	ne	Date Check self- employ		N (See Gen	. Inst X)
Use On	If self-employed).	n Financial Resource ling Trace Ct., Nashville, TN 3	17221	EIN ► 33 : 'Phone no. ► (615)	1040094 673-730	7
	1 margon, with an T 7 y 1000 feet			'	990	

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

2006

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization **Genesis Learning Centers** Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation mployee benefit plans & account and other than \$50,000 per week devoted to position allowances deferred compensation None Total number of other employees paid over \$50,000 . Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services 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

n	
rane	- 4

Par	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 \$\Bigslim \infty \text{(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)} \text{(1.5)}		✓
	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.)		
а	Sale, exchange, or leasing of property?	✓	
b	Lending of money or other extension of credit?		1
С	Furnishing of goods, services, or facilities?		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		1
e	Transfer of any part of its income or assets?		✓
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.)		1
b	Did the organization have a section 403(b) annuity plan for its employees?		1
С	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 3cc	ļ	1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3c		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		1
b	Did the organization make any taxable distributions under section 4966?	-	✓
С	Did the organization make a distribution to a donor, donor advisor, or related person?		1
d	Enter the total number of donor advised funds owned at the end of the tax year		0
0	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		0
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

Pa	rt I\	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruct	tions.)	
ce	tify	that the organization is not a priva			· ·	plicable box.)		
5		A church, convention of churches	s, or association of	of churches. Section 170	(b)(1)(A)(ı).			
6	Z	A school. Section 170(b)(1)(A)(ii).	(Also complete Pa	art V.)				
7		A hospital or a cooperative hospi	tal service organiz	zation. Section 170(b)(1)((A)(in).			
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 b (Also complete the Support Scheo	_	or university owned or op	perated by a go	overnmental un	ıt. Section 170(b)(1)(A)(ıv).	
11a		An organization that normally rece 170(b)(1)(A)(vi). (Also complete the			governmenta	l unit or from th	e general public Section	
11b		A community trust. Section 170(b	o)(1)(A)(vi). (Also co	omplete the Support Sci	hedule in Part	: IV-A.)		
12		An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33%% 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 contributed in the contribution of section 509(a)(3).					and otherwise meets the	
		☐ Type II ☐ Type II	☐Type I	III-Functionally Integrate	ed [Type III-Othe	er	
		Provide the following info	rmation about th	e supported organizati	i ons. (See pag	e 7 of the inst	ructions.)	
(a) Name(s) of supported organization(s)		3 5	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the si organization the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support	
					Yes	No		
								
							-	
Γota	۱.					▶		
14		An organization organized and op	perated to test for	public safety. Section 5	09(a)(4). (See	page 7 of the i	nstructions.)	

	t IV-A Support Schedule (Complete onl : You may use the worksheet in the instructions					
Cale	ndar 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.).					İ
16	Membership fees received					
17	Gross receipts from admissions, merchandise		-			
	sold or services performed, or furnishing of				İ	
	facilities in any activity that is related to the organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (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 .	1				
19	Net income from unrelated business	-			 	
	activities not included in line 18					į
20	Tax revenues levied for the organization's					
20	benefit and either paid to it or expended on					
	its behalf	1				1
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	<u> </u>				
22	Other income. Attach a schedule. Do not	·				
_	include gain or (loss) from sale of capital assets					į
23	Total of lines 15 through 22					
24	Line 23 minus line 17					
 25	Enter 1% of line 23					
<u></u>	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colu	mn (e) line 24	▶ 26	Sa
b	Prepare a list for your records to show the nar					
U	governmental unit or publicly supported organi		-	•		}
	amount shown in line 26a. Do not file this list w					_{БЬ}
c	Total support for section 509(a)(1) test: Enter in					Sc
ď	Add: Amounts from column (e) for lines: 18				· · · · -	
_					▶ 26	Sd
е	Public support (line 26c minus line 26d total)					Se
f	Public support percentage (line 26e (numera	ator) divided by	ine 26c (denon	ninator))	▶ 2	6f %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and	ied in lines 15, total amounts re	16, and 17 that veceived in each year	were received	
	(2005) (2004)		. (2003)		. (2002)	
b	For any amount included in line 17 that was received	ved from each per	son (other than '	disqualified person	is"), prepare a li	st for your records t
	show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	5 through 11b, as	well as individuals	s.) Do not file this li	ist with your rel	turn. After computing
	(2005) (2004)		. (2003)		. (2002)	
С	Add: Amounts from column (e) for lines 15		16			
-	17 20		21		▶ 27	7c
d						7d
e	Public support (line 27c total minus line 27d to					7e
f	Total support for section 509(a)(2) test: Enter a	mount from line	23, column (e)	▶ _27f		
g	Public support percentage (line 27e (numera				> 27	/g
_ <u>h</u>	Investment income percentage (line 18, colu					7h %
28	Unusual Grants: For an organization describe	ed in line 10. 11.	or 12 that rece	ived any unusual	grants during	2002 through 2005
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ea description of the nature of the grant. Do not 1	ch year, the nam	e of the contrib	outor, the date and	amount of th	e grant, and

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)

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	Yes	No
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	1	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		√
	If "Yes," please describe; if "No," please explain (if you need more space, attach a separate statement) This school only serves children, adolescents and young adults with severe emotional, behavioral and learning problems and these students are referred by the various county school systems and various county juvenile departments.			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	✓	<u> </u>
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	200	1	
d	with student admissions, programs, and scholarships?	32c 32d	<u> </u>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	<u></u>			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		✓
b	Admissions policies?	33b		✓
С	Employment of faculty or administrative staff?	33c		✓
đ	Scholarships or other financial assistance?	33d		✓.
e	Educational policies?	33e		1
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		1
L	New About a washington to such aid over been associated as a second of	34b		1
D	Has the organization's right to such aid ever been revoked or suspended?	340		-
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	✓	L

_	-
3~~~	n

Pa	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)							
Che	ck ▶ a 🔲 if the organization belongs to an affilia	ited group. Che	ck ▶ b 🔲 i	f you checked	"a" aı	nd "Irmite	d control"	provisions apply.
	Limits on Lobbyii	•				Affiliate	a) ed group tals	(b) To be completed for all electing
	(The term "expenditures" mean				36			organizations
36	, , , , , , , , , , , , , , , , , , ,					-		
37	Total lobbying expenditures to influence a legis				37 38	 		
38	Total lobbying expenditures (add lines 36 and 3	•			39			
39						<u> </u>		
40	Total exempt purpose expenditures (add lines :	•			40	 		
41	Lobbying nontaxable amount. Enter the amount if the amount on line 40 is—		-					
	Not over \$500,000 20% (obbying nontaxa				İ		
	Over \$500,000 but not over \$1,000,000 . \$100,0			l l				
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	•			41	1		
	Over \$1,500,000 but not over \$1,500,000 . \$225,0	•						
	Over \$17,000,000 \$1,000	· · · · · · · · · · · · · · · · · · ·						
42	Grassroots nontaxable amount (enter 25% of li				42	İ		
43	Subtract line 42 from line 36. Enter -0- if line 4				43			
44	Subtract line 41 from line 38. Enter -0- if line 4				44			
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 4	720.				
	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.) Lobbying Expenditures During 4-Year Averaging Period							
				1				
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004			d) 103	(e) Total
45	Lobbying nontaxable amount							
<u>46</u>	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))		· · · · · · · · · · · · · · · · · · ·				<u> </u>	
50	Grassroots lobbying expenditures							
	rt VI-B Lobbying Activity by Nonelec (For reporting only by organiza	ting Public Cl	harities not complete	Part VI-A)	(See	page 1	3 of the	e instructions.)
Duri	ng the year, did the organization attempt to influ							
atte	mpt to influence public opinion on a legislative m	atter or referend	um, through the	use of:	J 19 G	"'y Y	es No	Amount
а	Volunteers		,c-gc				1	
b	Paid staff or management (Include compensation	on in expenses re	eported on lines	c through h	 J		1	
C			-		,		✓	
d	Mailings to members, legislators, or the public	•					1	
е	Publications, or published or broadcast statement						1	
f	Grants to other organizations for lobbying purp						✓	
g	Direct contact with legislators, their staffs, gove					. \square	1	
h	Rallies, demonstrations, seminars, conventions,						1	
i	Total lobbying expenditures (Add lines c throug	h h.)						0
	If "Yes" to any of the above, also attach a state	ement giving a de	etailed description	on of the lob	byıng	activitie	S.	

Par	t VI			ransfers To and Transace page 13 of the instruction		Relationships	With	Nonc	harit	table
51				indirectly engage in any of the					d in s	ection
		• •		11(c)(3) organizations) or in section		g to political organ	ızations	?	Yes	No
а				to a noncharitable exempt orga	inization of:		ſ	51a(i)	103	1
							•	a(ii)		1
h	(ii)	Other assets er transactions:					•		ļ	
D			ac of accate with a	noncharitable exempt organizat	tion			b(i)		✓_
		_		itable exempt organization			•	b(ii)		1
				ner assets				b(iii)		✓
	1.	Reimbursement a					. [b(iv)		✓
		Loans or loan gua	-				.	b(v)		1
	(vi)	Performance of se	ervices or members	ship or fundraising solicitations			. }	b(vi)		✓
С	Sha	ring of facilities, eq	juipment, mailing li	sts, other assets, or paid emplo	yees			С	l	_ ✓
d	goo	ds, other assets, o	r services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	he organization	received less that	n fair m	market narket v	value value	of the in any
(8	1)	(b)		(c)		(d)				
Line	no.	Amount involved	Name of nonc	chantable exempt organization	Description of	transfers, transactions	s, and sh	anng am	angem	ents
						_				
						··· · · · · · · · · · · · · · · · · ·				
				_ _						
				· · · · · · · · · · · · · · · · · · ·						
										
										
							<u>-</u>			
					1					
			<u> </u>							
	des		01(c) of the Code (affiliated with, or related to, on other than section 501(c)(3)) or a] Yes	Z] No
		(a) Name of organiz	ation	(b) Type of organization		(c) Description of rel	ationship			
						·				
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	-									
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FEDERAL STATEMENTS FOR 6/30/2007- #990 GENESIS LEARNING CENTERS EIN: #58-1554609

STATEMENT 1 - Form 990, Part 1, Line 20 - Other Changes in Net Assets

Unrealized Gain on Investments

\$25,005

STATEMENT 2 - Form 990, Part 11, Line 43g - Other Functional Expenses

<u>Description</u>	Total Expenses	Program Services	Mgt. & General
Speech Services \$	30,663	30,663	
Other Services	8,801	5,413	3,388
Transportation	46,771	40,696	6,075
Student Recreation	16,435	16,435	
Staff Develop. & Recruit.	2,694	1,943	751
Utilities	57,424	57,424	
Other	28,408	22,847	5,561
Total \$	191,196	175,421	15,775

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

Organization provides services to children, adolescents and young adults with severe emotional, behavioral and learning problems through educational and homebound programs. The Organization strives to create excellence for each child, youth and adult they serve, to reach their greatest human potential, to find success within, and to actively participate in the community of humankind.

<u>STATEMENT 4-Form 990, Part IV, Line 54a-Investments – Publicly Traded</u> Securities

	Cost	FMV
Mutual Funds	\$279,270	\$316,526

FEDERAL STATEMENTS FOR 6/30/2007-#990 GENESIS LEARNING CENTERS EIN: #58-1554609

STATEMENT 5-Form 990, Part IV, Line 56-Investments - Other

Officer Life Insurance – Book Value 2006 \$100,000

STATEMENT 6-Form 990, Part IV, Line 57b-Land Buildings and Equipment

	Cost	Accum.	Book
	<u>Basis</u>	Deprec.	<u>Value</u>
Leasehold Improvements	\$501,389	\$424,415	\$ 76,974
Furniture & Equipment	223,184	188,338	34,846
Vehicles	332,551	128,702	203,849
	\$1.057.124	\$741,455	\$315,669

STATEMENT 7-Form 990, Part IV, Line 64b -See attached list of Notes Payable

STATEMENT 8-Part V - See attached list of Current Board of Directors

STATEMENT 9-Form 990, Part V-A, Line 75b - Relationships

Terry Adams and Melissa Adams are the Executive Director and Administrator, respectively, for Genesis Learning Centers. These individuals are married. No other family or business relationships exist among any officers, directors, trustees or key employees within the Organization.

FEDERAL STATEMENTS FOR 6/30/2007 - #990 GENESIS LEARNING CENTERS EIN: #58-1554609

STATEMENT 7 - Form 990, Part IV, Line 64b - NOTES P.		
The Organization has a note payable with The Devereux Foundation. Prior to October 2004, the note bears interest at 6.75% per annum. However, in October 2004, the note was renegotiated with a total of \$78,448 of debt and accrued interest through September 30, 2004 forgiven. Further, Devereux has waived any future interest due. Effective October 2004, the note requires payments at the rate of \$40,000 per year with \$25,000 due in August of each year and \$1,500 per month for 10 months the remainder of the year.	2007 \$79,807	2006 \$85,807
Note payable to Insurors Bank bearing interest at 6%. The note requires monthly payments of principal and interest in the amount of \$2,837. The note matures March 16, 2009.	56,380	86,013
Note payable to Insurors Bank bearing interest at 6%. The note requires monthly payments of principal and interest in the amount of \$619. The note matures March 16, 2009.	12,296	18,758
Note payable to Insurors Bank bearing interest at 6%. The note requires monthly payments of principal and interest in the amount of \$592. The note matures November 16, 2009.	15,933	21,873
Note payable to Insurors Bank bearing interest at 6%. The note requires monthly payments of principal and interest in the amount of \$592. The note matures November 16, 2009.	15,933	21,873
Note payable to Insurors Bank bearing interest at 6%. The note requires monthly payments of principal and interest in the amount of \$578. The note matures September 16, 2009.	14,558	20,417

FEDERAL STATEMENTS FOR 6/30/2007 - #990 GENESIS LEARNING CENTERS EIN: #58-1554609

STATEMENT 7 - NOTES PAYABLE- continued	2007	2006
	2007	2000
The Organization financed some leasehold improvements with the issuance of a promissory note to The Land Company. The note bears interest at 8.5% and requires monthly payments of principal and interest in the amount of \$1,651. The note matures June 1, 2007.	-	18,931
Note payable to Insurors Bank bearing interest at 8.25%. The note requires monthly payments of principal and interest in the amount of \$821. The note matures January 16, 2012.	37,408	-
Note payable to Insurors Bank bearing interest at 8.25%. The note requires monthly payments of principal and interest in the amount of \$821. The note matures January 16, 2012.	37,408	-
Note payable to Insurors Bank bearing interest at 8.25%. The note requires monthly payments of principal and interest in the amount of \$821. The note matures September 16, 2011.	35,137	-
Note payable to Insurors Bank bearing interest at 8.25%. The note requires monthly payments of principal and interest in the amount of \$821. The note matures September 16, 2011.	35,137	-
	339,998	273,672

STATEMENT 8- FORM 990, FART V-A

GENESIS LEARNING CENTERS BOARD OF DIRECTORS 2006-2007

Terence W. Adams
President and Executive Director
Genesis Learning Centers
430 Allied Drive
Nashville, TN 37211

Richard Smith 4100 Utah Avenue Nashville, TN 37209

Susan Sawyer Principal, Genesis Academy 430 Allied Drive Nashville, TN 37211

George Greenup 1878 Buford Station Road Pulaski, TN 38478

Kristen Anderson Baker, Donelson, Bearman, Caldwell and Berkowitz 211 Commerce Street Nashville, TN 37201

Melissa B. Adams Assistant Executive Director Genesis Learning Centers 430 Allied Drive Nashville, TN 37211 Alex Wade Wade & Egbert Insurance 40 Burton Hills Boulevard, Suite 170 P.O. Box 150229 Nashville, TN 37215

Steve Horrell Horrell Properties 3030 Sidco Drive Nashville, TN 37204

Charlotte Bryson TN Voices for Children 1315 8th Avenue South Nashville, TN 37203

FEDERAL STATEMENTS FOR 6/30/2007- #990 - SCHEDULE A GENESIS LEARNING CENTERS EIN: #58-1554609

STATEMENT 1 - Form 990 Schedule A, Part 1II, Line 2a - Leasing of Property

In January 2006, Terry Adams and Melissa Adams, Executive Director and Administrator, respectively, of Genesis Learning Centers, purchased the main school facility in Nashville and currently leases back this facility to Genesis Learning Centers at the FMV for the appropriate square footage in the related area of the city. Genesis Learning Centers paid Terry and Melissa Adams \$126,504 in rent for the year ended June 30, 2007.