Form 990-EZ

Department of the Treasury

Internal Rovenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150 2008

Open to Public Inspection

7	For	the 2008 calend	ar year	or tax year beginning 07/01 , 2008, and end		ents.		inspection
!	3 Checi	k if applicable:	Please	C Name of organization 07/01 , 2008, and end				06/30 ,20 09
Ī	_	ess change	use IRS Izbel or	Learning Matters				identification number
Ļ	_	e change	print or					84397
F	=	return ination	type. See	Number and street (or P.O. box, if mail is not delivered to street address) R PO Box 150175	loom/suite	E Telej	ohone	number
Ť	=	erfert return	(61	5)	739-0546			
Ē	=		Instruc- tions.	City or town, state or country, and ZIP + 4 Nashville, TN 37215-0175	l l	F Grou	p Exe	emption
_	o Sa					Num	ber .	>
		0.000.001(0)(0)	a com	tions and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 or 990-EZ).	G Accou	nting m	ethod	: 🛮 Cash 🔲 Accru
					Other (
I	Web	site: D WWW.	learnir	gmattersinc.org	H Check	▶ 	if the	e organization is not
J	Orga	nization type (ch	neck on	y one) — ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	require	d to att	ach S	chedule B (Form 990.
K	Check	k ⊳ ☐ if the orga	anizatio	is not a section 500(a)(b) average time.	990-EZ	, or 990)-PF).	
_	not re	equired, but if the	organiz	is not a section 509(a)(3) supporting organization and its gross receipt ation chooses to file a return, be sure to file a complete return.	s are norm	aily not	more	than \$25,000. A return
L	Add li	nes 5b, 6b, and 7	b, to line	9 to determine gross receipts; If \$1,000,000 or more, file Form 990 instea				
	art I	Revenue,	Exper	ses, and Changes in Net Assets or Fund Dalayses	d of Form 9	90-EZ	▶ \$	230,85
	1	Contributions	s ciffe	ses, and Changes in Net Assets or Fund Balances (S	ee the in	struct	<u>ions</u>	for Part I.)
	2	Program eer	s, ynis, adae ro	grants, and similar amounts received			1	9,51
	3	Membershin	vice ie	venue including government fees and contracts			2	221,33
	4	investment i	, caes .	and assessments			3	
	58						4	
	1 -	Less: cost of	r Othar	sale of assets other than inventory		0		
9	1	Gain or (loss)	from a	basis and sales expenses		0		
	6	Special events of	non si A ino be	ale of assets other than inventory (Subtract line 5b from line 5a) (attract line 5b)	ach sched	ule).	5c	
ē	a	Cross reverse	INI acuvii	es (complete applicable parts of Schedule G). If any amount is from gaming, check	khere ▶			
Revenue] °	ALOSS LAVALIC	ue (not	including \$ of contributions				
	1.	reported on I		· · · · · · · · · · · · · · · · · · ·		0		
	b	Net income	expens	es other than fundraising expenses		0		
		Net income (or (loss	from special events and activities (Subtract line 6b from line	6a)		6c	0
	10	Gross sales (ot inve	otory, less returns and allowances 7a		_ 0		
	b		goods	sold		0	İ	
	8 8	Gross profit (or (loss	from sales of inventory (Subtract line 7b from line 7a)			7c	0
	9	Outer revenue	e (desc	nne 🕩			8	0
		O		lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. ▶	9	230,855
	10	Grants and si	ımılar a	mounts paid (attach schedule)			10	0
s	11	penents baid	to or t	or members		:	11	0
Expenses	12	Salaries, othe	r comp	ensation, and employee benefits			12	207,241
藚	13	Professional f	ees an	d other payments to independent contractors			13	4,307
찗	14	Occupancy, re	ent, uti	ities, and maintenance		L	14	8,804
_	15	Printing, publi	cations	, postage, and shipping		L	15	2,364
ı	16 17	Other expense	es (des	cribe See Statement 1		_ i [:	16	16,287
-		Total expense	es. Add	I lines 10 through 16		D	17	239,003
Net Assets	18	Excess or (def	ficit) fo	the year (Subtract line 17 from line 9)		. L	18	-8,148
Š	19	Net assets or	tund t	valances at beginning of year (from line 27, column (A)) (muc	t agree u	طفاء		
\$		end-or-year no	qure re	DOMED ON DOOR Vear's return)			19	24,486
2	20	Other changes	s in nei	assets or fund balances (attach explanation)		1.0	20	0
	21 Perre	1101 000015 01	rung D	alarices at eric of year. Compine lines 18 through 20		b 1 /		16,338
LEC!		Dalance She	ets. I	Total assets on line 25, column (B) are \$2,500,000 or more, fi	le Form 9	90 inst	ead	of Form 990-EZ.
	_		(See	the instructions for Part II.)	(A) Beginnin	g of year	$r \perp \Gamma$	(B) End of year
22		, savings, and				7,495	22	2,860
23	Land	and buildings		See Statement 2		0	23	0
24	Othe	r assets (descri	ibe 🕨	See Statement 2		16,991		13,478
25	Total	l assets				24,486	25	16,338
26 27	Total	l liabilities (des	cribe 🕨	es (line 27 of column (B) must agree with line 21)			26	0
<u>27</u>	3 JON	sees or fund	nalan	es (line 27 of column (B) must agree with line 21)		24,486	27	16,338

	om 990-EZ (2008) Part III Statement of Program Service A		10.4					Page
-	Part III Statement of Program Service And the organization's primary exempt purportions.	ccom	plishments (See the inserting Matters Inc. pr	structions for Par	t III.)		(Pa	Expenses
De	escribe what was achieved in carrying out the or escribe the services provided, the number of perso	mania.	otionia augusta augusta				⊣ and	quired for 501(c)(3 I (4) organization I 4947(a)(1) trusts ional for others.)
28							Op.	lona for outers.)
		••			•••••••			
	(Grants \$) If this amoun	t inclu	ides foreign grants, chec	k here	<u>-</u>	<u></u> .	28a	
29							204	
	(Grants \$) If this amoun	t inclu	des foreign grants, chec	k here	. •	<u></u>	29a	
30						<u> </u>	234	
		•••••		•••••••••••••••••••••••••••••••••••••••				
	(Grants \$) If this amount	inclu	des foreign grants, checl	k here			20-	
31	Other program services (attach schedule)		. 			-	30a	711
32	(Grants \$) If this amount Total program service expenses (add lines 2	inclu	des foreign grants, check	k here	. Þ		31a	
Ŗ	List of Officers, Directors, Trustees, and	Key E	mployees. List each one ev	en if not compensate	ed (See th	o inc	32	239,00
	(a) Name and address		hours per week	(c) Compensation (If not paid,	(d) Centremployee be	ibution	is to	(e) Expense
Se	e Statement 4		devoted to position	enter -0)	deferred co	ompen	sation	account and other allowances
							- [
								
_								
				ļ	ļ		i	
••••								
						-		

FC	Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		/
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		./
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			Ė
	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	1 1		
	Gross receipts, included on line 9, for public use of club facilities]		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction	1	l	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L. Part I	40ь		✓
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization ▶0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		
41	List the states with which a copy of this return is filed. > TN	100,		-'
42a	The books are in care of ▶ Deborah KitchensChristine Andrews Telephone no. ▶ (615)	73	9-054	16
		7215-		
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		Yes	No
	account)?	42b		\checkmark
	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.			
C	At any time during the calendar year, did the organization maintain an office cutside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		È	> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		· •	<u> </u>
		Ţ,	Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	$\neg \uparrow$	7	
	Form 990-EZ	44		✓
15	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		
				

100	Section 501(c)(3) organizations only and complete the tables for lines 50.	All section 501/6/2)	\rac	vizations -				Page 4
_	The complete the tables for lines 50 a	11U 51.				tions 4	6–49	
46	Did the organization engage in direct or indirect programmes for public office? If "Yes " assessment of	political campaign activitie	s on	behalf of or i	n opposition to		Yes	No
47	occidence for public officer if tes, complete s	schedule C. Part I				46		✓
48	Did the organization engage in lobbying activities is the organization operating a school as described the approximation provides the approximation of the property of o	of in eaction 170/b//1/(A)	dule	C, Part II	: :	47		/
49a	Did the organization make any transfers to an exe	empt non-charitable relate) (IT	"Yes," compl sanization?	ete Schedule E .	48 49a		1
D	If "Yes," was the related organization(s) a section	527 organization?			• • • • • •	40h		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
50	Complete this table for the five highest compensate each received more than \$100,000 of compensations.	ated employees (other that ion from the organization.	n offi if the	cers, director ere is none, e	s, trustees and ke	y emplo) Dyees) who
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c)	Compensation	(d) Contributions to employee banefit plans & deferred compensation	acco	Expens	d
Nor	e				mererred compensation	Other a	allowan	ces_
			-			_		
				<u>-</u>				
•••••								
otal	number of other employees paid over \$100,000 ▶							
51	Complete this table for the five highest compensate compensation from the organization. If there is not	ted independent contractone, enter "None."	rs w	ho each rece	ived more than \$1	00,000	of	
	(a) Name and address of each independent contractor page 1	aid more than \$100,000		(ъ) Тур	e of service	(c) Comp	pensati	en en
Non								
								
								
			į.		i			

Sign	\	y, I declare that I have examined this returned, and complete. Declaration of prepared to the complete of the	m including accompany	ng schedules and statements, and to the best of my knowledge based on all information of which preparer has any knowledge
Here	Signature of officer Christine Andrev Type or print name and	vs, Executive Director		Date
Paid Preparer's	Preparer's signature		Date	Check if self- employed ► ✓
Use Only	Firm's name (or yours if self-employed),	Charlotte Howard CPA		EIN •
	address, and ZIP + 4	4111 General Bate Dr, Nashv	lle, TN 37204	Phone no. ▶ (615) 218-8459
May the IR	S discuss this return v	vith the preparer shown above?	See instructions	· · · · · · · ·
				Form 990-EZ /2008

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

 \blacktriangleright Attach to Form 990 or Form 990-EZ. \blacktriangleright See separate instructions.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 56 2584397

j ear	ning Matters							Emp	oyer icentii	ication number
Par		on for Public (Charles Ctatus (All					56	258439	7
		Tet e reinste (Charity Status (All	organiza	tions m	ust com	plete thi	is part.)	<u>(see inst</u>	ructions)
1		not a private to	undation because it i	s: (Please	check o	nly one	organizat	ion.)		
2	A school o	tecribed in sec	hurches, or association	on of chu	rches des	scribed in	n section	170(b)(1	I)(A)(ī).	
3	☐ A hospital	or a cooperative	tion 170(b)(1)(A)(ii). (Attach So	chedule E	.)				
		research organi	e hospital service orgization operated in co	niunction	describe with a f	d in sect nospital c	tion 170(described	b)(1)(A)(ii i in secti	ii). (Attact on 170(b)	n Schedule H.) (1)(A)(iii). Enter the
	An organiz	ation operated f	or the benefit of a col		*****					
6 [_ 0000011 17	CONTINUATION. (C	complete Part II.) Evernment or government							
7 [→ An organiza	ation that norma	illy receives a substanti (1)(1)(A)(vi). (Complete	tial part o	of its supp	ort from	a govern	mental u	(v). nit or fror	n the general public
8 [A commun	ity trust describ	ed in section 170(b)(Part II.)	/Camalat	- 5- 4 11 1				
_	An organiza L\ receipts fro	ation that normal m activities rela	lly receives: (1) more t	han 33% ' ctions—s	% of its s	upport fr	om contr	ne and "	3) na ma-	a than 201/ 2/ at 11-
	Support no	in gross investr	ment income and union after June 30, 1975	related bi	usiness t	axable in	come /le	see eartir	an E11 to	x) from businesses
10	☐ An organiza	ation organized:	and operated exclusiv	vely to te	st for nul	lic eafat	v See ee	otion 50	0/m\/4\ /-	
11 [An organiza	ation organized	and operated exclus	ively for	the hone	fit of to	y. See se	the fund	9(8)(4). (s	ee instructions)
	haihoses o	i one or more pr	ublicly supported organiat describes the type	anizations	3 describe	ed in sec	tion 5096	al/1) or e	action 504	0(2)(2) 500 00 00
	a 🗆 Type	el 5 [☐ Type II	c □ Tv	pe III–Fur	nctionally	intograti	oq Mibiata III	_	_
e [By checking	g this box, I ce	rtify that the organiza	ation is n	of contro	lled dire	ctly or in	directly (hu ana a	Type III-Other more disqualified
	hersons oru	section 509(a)(2	on managers and othe	er than or	ne or mor	e publich	/ support	ed organ	izations d	lescribed in section
f	If the organ	ization received	a written determina	tion from	the IRS	that it is	а Туре	I, Type	ll, or Typ	e III supporting
g	organization	i, check this box st 17, 2006, has	the organization acc							
	(i) A person	n who directly o	or indirectly controls, ming body of the sup	either alc	ne or tog	gether wi	ith perso	ns descri	ibed in (ii)	Yes No
	(ii) A family	member of a pe	erson described in (i)	above?	•					11g(ii)
h	(iii) A 35% c	controlled entity	of a person describe	d in (i) or	(ii) above	?				11g(iii)
	ne of supported		ation about the organ	nizations	the organ					
	rganization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in cel. (i) ti	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organ	Is the tion in col. ized in the .S.?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
							ļ	 		
Total	}	}			J					

	Support Schedule for Or (Complete only if you che	ganizations	Described in	Sections 1:	70(b)(1)(A)(i\	/) an	d 170(b)(Page (1)(A)(vi)
Se	ction A. Public Support			or o or rait	1./			
7	calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	T	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_	
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3					T	***	†
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.	<u> </u>	L			<u></u>		
26r	alendar year (or fiscal year beginning in)	(-) 0004	1 0 000					
7	Amounts from line 4	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							-
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10 .							
12	Gross receipts from related activities, etc.	(see instructio	ns)			12		· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for to organization, check this box and stop her	he organization	n's first, secon	d, third, fourth,	or fifth tax y	ear a	s a section	501(c)(3)
	tion C. Computation of Public Sup	port Percen	tage					
14	Public support percentage for 2008 (line 6	, column (1) div	rided by line 11	, column (f))		14		%
15	Public support percentage from 2007 Sch	edule A, Part I\	V-A, line 26f		1	15		%
16a	33% % support test—2008. If the organization qualifies	ation did not cl	heck the box or	n line 13, and fi	ne 14 is 33% 9	6 or r	nore, chec	k this box
h	and stop here. The organization qualifies a	as a publicly si	apported organ	zauon	• • • • •			▶ ⊔
_	33½ % support test—2007. If the organization quali	fies as a public	reck a box on i	ine 13 or 16a, a roanization	ind line 15 is 3	33% %	or more,	check this
17a	10%-facts-and-circumstances test — 200 more, and if the organization meets the "facts-and-circumstorganization meets" and "facts-and-circumstances" and "facts-and-circumstanc	8. If the organizets-and-circum	ation did not ch stances" test, c	neck a box on lin	ne 13, 16a, or nd stop here.	16b, a Expla	and line 14	is 10% or
	10%-facts-and-circumstances test—2007. more, and if the organization meets the "facts-and-circumstan organization meets the "facts-and-circumstan Private foundation. If the organization did r	If the organization of the community of	on did not check tances" test, ch rganization quali	a box on line 1; eck this box an fies as a publicly	3, 16a, 16b, or d stop here . I	17a, a Explaid	and line 15 n in Part IV	is 10% or how the

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support	ica the box o	in line a Of P	art I.)			
_	Calendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			9,375			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0		17,140 209,080	9,516	36,031 543,376
3	Gross receipts from activities that are not an unrelated trade or business under section 513						•
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6	Total. Add lines 1-5	0	0	122,332	226,220	230,855	579,407
	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000		-				
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						570 407
Sec	ction B. Total Support					L	579,407
	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	0	0	122,332	226,220	230,855	579,407
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after Juno 30, 1975						
C							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	1,119	400		1,519
13	Total support. (Add lines 9, 10c, 11, and 12.)						580,926
14	First five years. If the Form 990 is for the organization, check this box and stop h	ne organization	's first, second	d, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶ ☑
Sec	tion C. Computation of Public Sup		age			• • • • •	· · · ·
15	Public support percentage for 2008 (line	8, column (f)	divided by line	13, column (f)	1	5	%
16	Public support percentage from 2007 Sc	chedule A, Part	l IV-A, line 27c	<u> </u>		6	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2008	(line 10c, colur	mn (f) divided	by line 13, colu		7	%
18	Investment income percentage from 200					8	<u>%</u>
19a	33% % support tests - 2008. If the organ 17 is not more than 33% %, check this box	nization did not x and stop hem	check the box The organize	con line 14, and ation qualifies s	d line 15 is mor s a publicly sur	re than 33%%,	and line zation ▶ □
b	33½% support tests - 2007. If the organiz line 18 is not more than 33½%, check this l	ation did not ch	eck a box on li	ine 14 or line 19	a, and line 16 is	more than 33	496 and
20	Private foundation. If the organization di	id not check a	box on line 14.	, 19a, or 19b, c	heck this box	and see instruc	ctions > □

Schedule A (F	Fage 4
iPant IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Other inco	ome for 2006 and 2007 consists of Misc income.

•••••••	
•	

••••	
••••••••	•
•••••	
•••••	
•••••	
•••••	
••••••	

Statement 1 : Other Expenses Schedule

Statement 2 : Other Assets

Statement 3 : Program Service Accomplishments

Statement 4 : Officers, Directors, Trustees and Key Employees Compensation

Form: 990-EZ Page: 1

Line Number: Part I Line 16 OtherExpensesSchedule2 Learning Matters 56-2584397

Other Expenses Schedule

Description	Amaun
Bank Service Charges	
Dues and Subscriptions	\$348
Licenses and Permits	\$345
Computer Repair	\$200
, ,	\$394
Conferences and Training	\$785
Meals and Entertainment	\$850
Travel	\$1,654
Gifts	\$200
Liability Insurance	\$5,513
Materials and Supplies	
Bad Debt expense	\$4,107
Total:	\$16,287

Form: 990-EZ

Page: 1

Line Number: Part II Line 24 OtherAssetsSchedule3 Learning Matters 56-2584397

Other Assets

Description	BOY Amount	EOY Amount
A/R	\$16,991	\$13,478
Total:	\$16,991	\$13,478

Form: 990-EZ Page: 2

Line Number: Part III Line 28

ProgramServiceAccomplishmentStatement

Learning Matters 56-2584397

Program Service Accomplishments

Achievement	Grants And Allocations	includes Foreign Grants	Program Service Expenses
Educational Testing Programs: Mission Statement Learning Matters - provides to K-12 students, regardless of socio-economic status, a team of experienced learning specialists who assess student academic abilities and offer intensive instruction to (1) remediate the individuals' needs, (2) improve performance and grades in school, (3) increase students' feelings of self-worth, and (4) enhance opportunities for success in life. In the past year, Learning Matters has served approximately 80 students, approximately 10 of whom paid according to the stiding fee schedule.	\$0		\$239,003
Total:	***************************************		\$239,003

Form: 990-EZ Page: 2

Line Number: Part IV
OfficersDirectorsEtcStatement

Officers, Directors, Trustees and Key Employees Compensation

Name	Title and Hrs	Compensation	Benefits	Expense
Christine Andrews 3511 Belmont Blvd Nashville, TN 37215-0175	Exec Director/CEO 20	\$30,000	\$0	\$0
Margaret Smith 3511 Belmont Blvd Nashville, TN 37215-0175	Board Member 3	\$0	\$0	\$0
Helen M Tarleton 3511 Belmont Blvd Nashville, TN 37215-0175	Board Member 3	\$0	\$0	\$0
Adele Rowan 3511 Belmont Blvd Nashville, TN 37215-0175	Secretary 3	\$0	\$0	so
Deborah Kitchens 3511 Belmont Blvd Nashville, TN 37215-0175	Exec Director/CEO 20	\$30,000	\$0	\$0
Diane Grich 3511 Belmont Blvd Nashville, TN 37215-0175	Treasurer 3	\$0	\$0	\$0
David Stone 3511 Belmont Blvd Nashville, TN 37215-0175	President 5	\$0	\$0	\$0
Total:		\$60,000	\$0	\$0

*** 990 Online Filers: Please fax completed and signed form to 866-699-3916

r 8	453-EO	Exempt Organization Declaration and Signature	for	OMB No. 1545-1579
tre diffe	tot per Espany mise Bernice	Electronic Filing For calouder year 2000, or tay your beginning	, ao 09	2008
	menter organization		Employer	Identification number
	ng Matters		56	2584397
Parall	Type of F	oturn and Return Information (Whole Dollars Only)		
was bla then en 1a For 2a For 3a For 4a For	nk, then leave !!	there > 2 b Total revenue, if any (Form 990-EZ, line 8) b Kotal tax (Form 1120-POL, line 22) here > 0 b Tax based on investment income (Form 990-PF, Part VI, line 8)	which you enter	No area Office this deal.
Cartin	Declaration	n of Officer	 -	
	o my remeats in interest and resolutions and interest and resolutions and resolutions and resolutions and resolutions and resolutions and resolution and res	5. Treasury and its derignated Financial Agent to Initiate an ACH electronic fund statution account indicated in the tax preguantion software for payment of the on the financial institution to debit the entry to this account. To revoke a payment [1-888-351-1537 in biller than 2 business days prior to the payment (settlorment) did in the processing of the electronic payment of taxes to receive confidential invisious reduced to the payment turn is being filed with a state agency(les) regulating charities as part of the IRS I electronic disclosure consont contained within this roturn allowing disclosure files procedured to the procedure disclosure contained within this roturn allowing disclosure. If yet specificarily identified in Part I above to the selected state agency(les), y, il declare that I am an officer of the above named organization and that I	ganization must con ato. I also domnation Fed/State re by th	is federal taxes owed fact the U.S. Treasury authorize the financial necessary to answer program, I certify that e IRS of this Form
true, cor electrons organizat	rect, and comple c return. I consi ion's return to th	once return and accompanying schedules and statements and to the best of my life. I further disclare that the amount in Part I above is the amount shown on the control of the provider transmitter, or electronic return to allow my intermediate service provider, transmitter, or electronic return to IRS and to recove from the IRS (a) an acknowledgement of recopt or reason to fund citizat, (c) the reason for any delay in processing the return or refund, and fund citizat, (c) the reason for any delay in processing the return or refund, and fund. Atticle Cauther Particular Particular Christino An	knowledge he cupy originator originator rejection d) the dat	o and bosel, they are of the organization's (ERO) to send the of the transmission.
Battall] Declaration	n of Electronic Return Originator (ERO) and Paid Preparer (see In	struction	ns)
or my kn the data forms an for Autho examined	owicoge, it I am on the return, 'Ti d information to I croud IRS e-file i I the above organ	and the above organization's return and that the entries on Form 8453-EO are of early a collector, I am not responsible for reviewing the return and only declare the enganization efficien will have signed this form before I submit the return. I was to fisid with the IAS, and have followed all other requirements in Pub. 4163, Modifications for Business Returns. If I am also the Paid Preparer, under penalities litization is return and accompanying schoolides and distements, and to the best of option. This Paid Preparer disclaration is based on all information of which I have	et this for it give the emized e-i of perjury my know	m accurately reflecte officer a copy of all File (MeF) Information 1 declare that I have ledge and belief, they
	EFO's syndum	Oute Check if Check if eed. propour complayed complayed	<u>ıL</u>	SSN or PTIN
Only	Firm's name (or yours if self-employ address, and ZIP or	ot),	EDI Phono no,	; ,
Under pen	ates of populary, I o	ociora that I have examined the above return and eccompanying schedules and statements	and to the	best of my knowledge
Paid Prepare Use On	Preparer's styriature	cct, and concrete. Deceration of preparer is based on all information of which the preparer Dio Chock if cell Charlette Howard CPA Charlette Howard CPA 4111 General Base Dr. Nashville. TN 37204	Proper	900085
		27-2005 F 4111 Gengral Base Dr. Russimilat, 14-37208 work Roduction Act Notice, see back of form. Cat. No. 36008Q		(615) 218-8459 orm 8453-EO (2004)

TRANSMISSION VERIFICATION REPORT

TIME : 02/11/2010 09:01 NAME : FAX : TEL : SER.#: 000M5J333110

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE

02/11 09:01 18555993916 00:00:33 01 CK STANDARD ECM

*** 990 Online Filers: Please fax completed and signed form to 866-699-3918

8453-En Exempt Organization Declaration and Signature	e for i	OVE No. 1845-1670
Electronic Filing		
For extractor years 2004, or the years beginning, UT/01, 2005, and reduce UB/20 Department in the property with Former 2004, 990-652, 990-97, 1120-901, and 9888 when the same finished to be a back.	, zo <u>,09</u> ,	2008
Itam al catego esperiation Leoming Matters	Brotoye S6	r Identification mumber
Part II Type of Return and Roturn Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8453-50 and enter the applicable it you check the box on tine (a, 2a, 3a, 4a, or 6a below and the amount on that line for the return follows blank, then serve fine 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-), if then enter -0- on the applicable line below. Do not complete more than one time in Part I.	r which w	ou see filte this form
13 Form 990 check here >	 S) . 4	220,855 106
Partitle Declaration of Officer		
6 ** I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACM destroyed to the financial installation account indicated in the tax prejuration software for payment of the or on the returned the fitness of health resilution to debt the entry to the secount. To revoke a payment, Financial Agent at 1-899-353-4557 no later than 2 buildness days prior to the payment isolated may be institutional involved in the processing of the destroyed payment of taxes to make confidential inequalities and reache issues related to the payment. If it copy of this return to being liked with a state agency(es) requising christian as part of the IRS	ganization I must car Ista I elso niormosism	n's federal tamps owed stact the U.S. Treasury suthertze the financial a necessary to snewer
I account the clostronic distribution (green) and in regularly granted within the relation distribution of produced the relation distribution of the relation distribution of the relation of	ure by It	program, recruy that he IAS of this Form
Under pensities of psylvy, I declare that I em an officer of the above named organization and that I organization's 2008 electronic return end occurriantying strateduce and statements and to the best of my true, correct, and complete. I further declare that the amount in Part I above is the amount shown on electronic return. I concern to allow my internetable survice provider, transmitter, or decidentic return organization's return to the IRB and to receive from the IRB (e) an advanced general of receive for most of the IRB and to receive from the IRB (e) an advanced general of receive for the return of returns, and (e) on indication of any returns of featured, and	knowledg the copy ortginato ar reintallen	e and belief, they are of the organization's f (ERO) to send the of the transmission.
Sign Mere Derestine a andrew 2/10/10 Christino Ar	idrowo, E	Executivo Director
Partille Declaration of Electronic Return Originator (ERO) and Paid Proparer (see in	rebuction	ns)
I decision that I have inviewed the above arganization's return and that the artrice on Form 8453-EO are or of my lenswiseles. If I am only a collecter, I am and responsible for reviewing the return and only decime it the date on the return. The organization diffeer will have signed this form before leaders the through the form and information to be tited with the IRS, and have followed all other requirements in Prio. 4160, Mod for Authorized IRS e-like Providers for Bushass Returns. If I am also the Pald Preparer, under pendiles commissed the above organization's return and accompanying schedules and estimatents, and to the best or are time, correct, and complete. This Pald Preparer declaration is based on all information of which I have	hat this fo III give the circled is of prejury f my know	rm accurately reflects a officer a copy of all File (MeF) information I decisio that I have fedge and belief, they

Date Chesk II Chron | ERD's STAN AF PTN

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