# Extended to November 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

~	r Or the	2022 Calendar year, or tax year beginning	and ending		
В	Check if	C Name of organization		D Employer identific	ation number
_	Addres	You have The Power		}	
H	change	- U.A. 100 A. 10		**_****	**
$\vdash$	change	Doing business as  Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	****
F	Final return/	2401 White Avenue	Noon/suite	(615)292-	
	termin- ated			G Gross receipts \$	391,846.
	Amend			H(a) Is this a group re	
	Application	F Name and address of principal officer; Cacify Gulf Ley		for subordinates?	
	pendir	1204 B Cedar Lane, Nashville, TN 37	212	H(b) Are all subordinates in	
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a	)(1) or 527	If "No," attach a	ist. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1995 M	State of legal domicile: ${f TN}$
P	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: $\underline{Se}$	e Schedu	ile O	
Activities & Governance					
/err	554.5	Check this box if the organization discontinued its operations or di			
g	3	Number of voting members of the governing body (Part VI, line 1a)		3	17 17
<u>مح</u>		Number of independent voting members of the governing body (Part VI, line			- 17
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
₹	6	Total number of volunteers (estimate if necessary)		6	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	В	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		438,793.	386,525.
	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		70,838.	5,261.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4.	60.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		509,635.	391,846.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	1.5	0.	0.
S		Salaries other compensation, employee benefits (Part IX, column (A), lines 5-	10)	253,359.	219,764.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  29		0.	0.
cbe	ь	Total fundraising expenses (Part IX, column (D), line 25) 29	,472.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		233,698.	186,771.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		487,057.	406,535.
	19	Revenue less expenses. Subtract line 18 from line 12		22,578.	-14,689.
ts or	3			eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		164,006.	149,335.
Net Assets	21	Total liabilities (Part X, line 26)		337.	353.
		Net assets or fund balances. Subtract line 21 from line 20		163,669.	148,982.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sche			knowledge and belief, it is
tru	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	r nas any knowledge.	
۵.		Signature of officer		Date	
Sig		Cathy Gurley, Chief Executive Officer		Dato	
He	re	Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	X   PTIN
Pa	id	Michael T. Dodd Michael T. Do	dd .	L1/15/23 If self-employe	
	parer	Firm's name Mike Dodd, CPA		Firm's EIN *	*_****
	e Only	Firm's address 1227 16th Avenue South		I IIIII S LIIV	<del></del>
	<b>j</b>	Nashville, TN 37212		Phone no. (6)	15) 322-9600
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		I manage to	X Yes No

F		o Use It, Inc.	**_****
	rt III   Statement of Program Service		Page 2
1 (4)			
1	Briefly describe the organization's mission:	e or note to any line in this Part III	
	The Organization educat	es the general publi	c about issues related to
	violent crimes and vict	im's rights, and hei	ghtens public awareness
	about available resource		5
2	Did the organization undertake any significant	program services during the year which	were not listed on the
-		program services during the year which	
	If "Yes," describe these new services on Sche	dule O.	
3	Did the organization cease conducting, or make		s, any program services?
	If "Yes," describe these changes on Schedule		
4	170	0.	est program services, as measured by expenses. ts and allocations to others, the total expenses, and
	revenue, if any, for each program service repo		
4a	(Code: ) (Expenses \$ 336	, 697 · including grants of \$	) (Revenue \$)
			ions and holds forums that
			institutions about issues
	related to violent crim		
	awareness about the res	ources available to	them in regard to such
	issues.		
	:		
	8		
	19		
4h	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
40	(Code:) (Expenses a	including grants of \$	) (neverue s)
	8		
	70		
	No.		
	<u></u>		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
	<del></del>		
4.1	Other Bus	20)	
4d	Other program services (Describe on Schedul		) (Revenue \$
40	(Expenses \$ includ  Total program service expenses	336,697.	) (navelue a
40	Total program service expenses		Form <b>990</b> (2022)
			10111 (2022)

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	1	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	023		
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,	10	- 70	
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	reservol		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
323	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
375	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		A
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
2075)	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

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		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		-
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	,	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-		
755-51	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	*********		
			Yes	No
		0		
b	Enter the Hamber of Fernie W 24 molecules of third value in the applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
22200	(gambling) winnings to prize winners?	1c	990	(2022
23200	4 12-13-22	Form	990	(2022

Form 990 (2022) Know How To Use It, Inc.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendary year anding with or within the year covered by this return  30 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  31 b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or Schedule O  32 d Al 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 accountly?)  4a Al 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 accountly?)  4a b If "Yes," enter the name of the foreign country  5b If "Yes," enter the name of the foreign country  5c line in the second of the organization file form 8886.T?  5c Uses the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible in a charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible in excess of \$75 made party as contribution and party for gods and services provided to the payor?  5d If "Yes," did the organization notify the donor of the value of the godos or services provided?  7b If "Yes," did the organization on solity the donor of the value of the godos or services provided?  7c If If yes, "indicate the number of Forms 8282 filed during the year  5d If the organization seleve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If If the organization receive any funds, directly or indirectly,						Yes	No		
b If at least one is reported on line 2a, did the organization file all required faderal employment tax returns?  2b   16 **Yes,** has it filed a Form 990-T for this year? If **No** to line 3b, provide an explanation on Schedule O  4a   All 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)?  4a   All 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)?  4a   All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the foreign country (see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b   If **Ves** in time 5a or 5b, did the organization file Form 8886+17?  5c   Did any contributions that the organization file Form 8886+17?  5c   Organization shall are on tax deductible as charitable contributions?  5c   If **Ves** in time 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the payor of the second o	2a								
38 Did the organization have unrelated business gross income of \$1,000 or more during the year?  48 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; over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or other financial account; over, a financial account; over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; over, a financial account in the foreign country.  59 Was the organization aparty to a prohibited tax shelter transaction?  50 Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  50 University of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  51 Organizations that may receive deductible contributions under section 170(c).  52 Organizations that may receive deductible contributions under section 170(c).  53 Organizations that may receive deductible contributions under section 170(c).  54 Organizations that may receive apament mexes of \$75 made partly as a contribution and partly for goods and services provided to the payor?  54 If "Yes," idea the organization notify the donor of the value of the goods or services provided?  55 Organization sell deterograpitation unity the donor of the value of the goods or services provided?  56 Did the organization sell, as contribution of qualified intellectual property, did the organization file from 1098 C?  57 Did the organization mexical accountly units, directly or indirectly, to pay			$\overline{}$						
b If "Yes," has it flied a Form 990-T for this year? If "No" is line 2b, provide an explanation on Schedule O  A 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 accounts?  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Did she transaction have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organizations that may receive deductible contributions under section 170(c).  6c Did the organization netwing aparement in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7h If the organization received a contribution of cars, boats, ariplanes, or ot	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ms?		2b				
4a Al 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)?  b If "Yes," enter the name of the foreign country  5b Was the organization aparty to a prohibited tax sheller fransaction?  5c Was the organization aparty to a prohibited tax sheller transaction?  5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible from 888-17.  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c Organizations that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided to the payor?  7a b If "Yes," did the organization notify the donor of the value of the goods or services provided?  b If "Yes," indicate the number of Forms 8282 filed during the year  b If en erganization enceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07  7b If the organization received an contribution of qualified intellectual property, did the organization file Form 1098-07  7c If the organization received an contribution of qualified intellectual property, did the organization file Form 1098-07  7c If the organization received an contribution of care, boots, arisingen, or other velocities, did the organization file Form 1098-07  7d If the organ					3a		X		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did not in the sack party to a prohibited tax shelter transaction?  5c Did not such be party of the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did not such be party of the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did the organization shelt were not tax deductible as charitable contributions?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization recket a payment in excess of \$55 made party is a contribution and party for goods and services provided to the payor?  7c Toganizations that may receive deductible contributions under section 170(c).  8d Did the organization recket a payment in excess of \$55 made party as a contribution and party for goods and services provided to the payor?  7a Did the organization recket any sparty in a prohibit of the porty for which it was required to the ferm 8282?  7b Did the organization network of Forms 8282 filed during the year  7c Did the organization for payment in excess of \$55 made party or indirectly, on a personal benefit contract?  7c Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization for head or contribution of undalled intellectual property, did the organization for the payment in excess business holdings at any time during the year?  8 Sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization have a payment in excess hol	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b				
b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR).  See instructions for the foreign 200 for in the search of	4a								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any traable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b C If "Yes" to line Sa or 5b, did the organization the Form 8885-T?  5 c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 c Does the organizations that may receive deductible contributions under section 170(c).  7 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 b If "Yes," indicate the number of Form \$282 filed during the year  10 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 b If the organization organization seleved as contribution of qualified intellectual property, did the organization file Form 8899 as required?  11 b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8908-C?  12 b Did the sponsoring organization make all attribution to a donor advised funds.  13 b If the organization have excess business holdings at any time during the year?  14 b Oross receipts, included on Form 990, Part VIII, line 12  15 c Gross receipts, included on Form 990, Part VIII, line 12  16 c Gross receipts, included on Form 990, Part VIII, line 12  17 c Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them).  18 Section 501(c)(12) orga		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X		
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		ctivitie	S					
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					17				
If "Yes," complete Form 6069.									

Form 990 (2022) Know How To Use It, Inc.

Page

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Know How To Use It, Inc.

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		45					
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 17		THE P					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		-					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
100	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		Х				
7a	140 Y N 10 10 11 10 10 10 10 10 10 10 10 10 10							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а		8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Toward .					
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b			X					
	Other officers or key employees of the organization	15b						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	10.21					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	15b						
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b		х				
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16a b Sec 17	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filedTN  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	16a 16b						
16a b Sec 17 18	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed TN  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	16a 16b						
16a b Sec 17 18	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed	16a 16b						
16a b Sec 17 18	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Etion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed TN  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	16a 16b						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is bot	h an	compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099·MISC/ 1099·NEC)	compensation from the organization and related organizations
(1) Cathy Gurley	40.00			х				98,961.	0.	0

Form 990 (2022)

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0

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

\*\*\_\*\*\*\*

Form 990 (2022) Know Hov Part VIII | Statement of Revenue

		Check if Schedule O	conta	ains a res	ponse	or note to any line	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	Revenue excluded from tax under
SS	1.0	. Foderated compaigns		18						sections 512 - 514
ant		Federated campaigns			_					
ه ق		Membership dues Fundraising events			_					
ifts ir A		Related organizations			+					
niig Billing		Government grants (cont			+	69,297.				real granter and
Sir		All other contributions, gifts,			+	05/25/1			100	
her		similar amounts not included			4	317,228.				
OF	g				\$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			t and the same		386,525.			
						Business Code			VIGNOTES!	
9	2 a	Program & Eve	ent	S			5,261.	5,261.		
e K	b									
Program Service Revenue	c									
eve	c	ı								
go.	е	0								
ď	f	All other program service	reve	nue	*******					
_		Total. Add lines 2a-2f					5,261.			
- 1	3	Investment income (inclu	ding	dividend	s, intere	est, and				
							60.			60.
	4	Income from investment								
- 1	5	Royalties		T 0.5						
	-	4		(i) R	eal	(ii) Personal		17.5		
		Gross rents							De la company	
		Less: rental expenses			_					
	C		6c							
- 1		Net rental income or (loss Gross amount from sales of	,	(i) Secu	uritios	(ii) Other				
	/ a	assets other than inventory	1	(I) Sect	mues	(ii) Other				
		Less: cost or other basis	7a							
e	L	and sales expenses	7b							
Other Revenue		Gain or (loss)	70							
Rev		Net gain or (loss)	10							
e		Gross income from fundraisi								
#		including \$								
		contributions reported or								
		Part IV, line 18			8a					
	b	Less: direct expenses								
		Net income or (loss) from								
	9 a	Gross income from gamir	ng ac	tivities. S	ee			Harris Telephone		
		Part IV, line 19			9a					
	b	Less: direct expenses						MY RESIDEN		
	c	Net income or (loss) from	gam	ing activi	ties					
- 1	10 a	Gross sales of inventory,								
		and allowances	0100000		10a					
		Less: cost of goods sold 10b					Barrie			
$\rightarrow$	0	Net income or (loss) from	sale	s of inver	ntory					
ns						Business Code				
eo ne	11 a	//								
scellaneo Revenue	b	): <del></del>							-	
Miscellaneous Revenue	C								-	
Σ		All other revenue								
	12	Total. Add lines 11a-11d Total revenue. See instruction					391,846.	5,261.	0.	60.
23200		19 DO 5 10 10	3.10	********	*********			0,201	<u> </u>	Form <b>990</b> (2022)

Know How To Use It, Inc.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	101,961.	81,569.	10,196.	10,196
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				,
7	Other salaries and wages	117,803.	94,237.	11,776.	11,790
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				•
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	4				
d	2 72 2 3				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		91,980.	83,040.	7,556.	1,384
12	Advertising and promotion	3,349.	2,561.		1,384 788
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	33,050.	26,596.	3,149.	3,305
17	Travel	832.	593.	142.	97
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,677.	1,824.	586.	267
23	Insurance	2,064.		2,064.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		24,674.	23,908.	653.	113
b		15,087.	12,507.	2,580.	
C		8,268.	6,830.	102.	1,336
d	Miscellaneous	3,022.	1,643.	1,370.	9
е		1,768.	1,389.	192.	187
25	Total functional expenses. Add lines 1 through 24e	406,535.	336,697.	40,366.	29,472
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

Form 990 (2022)
Part X Balance Sheet

Part )	X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any lin	ne in this Part X			
					(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing		121,088.	1	138,198	
1 2	2	Savings and temporary cash investments		20,460.	2		
3	3	Pledges and grants receivable, net	************	8,232.	3	1,667	
4	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	icer, director,				
		trustee, key employee, creator or founder, sub	tributor, or 35%				
		controlled entity or family member of any of the		5			
€	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
2 7	7	Notes and loans receivable, net	******************************		7		
Assets	8	Inventories for sale or use	********	3,364. 4,100.	8	1,285	
٤   و	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges			9	4,100
10		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		21,559.			
		Less: accumulated depreciation		21,342.	2,894.	10c	217
11	1	Investments - publicly traded securities			11		
12	2	Investments - other securities. See Part IV, line		12			
13	3	Investments - program-related. See Part IV, lin		13			
14	4	Intangible assets	3,868.	14	3,868		
15	5	Other assets. See Part IV, line 11			15		
16		Total assets. Add lines 1 through 15 (must ed		164,006.	16	149,335	
17		Accounts payable and accrued expenses		337.	17	353	
18	8	Grants payable		18			
19	9	Deferred revenue		19			
20						20	
2	1	Escrow or custodial account liability. Complet	e Part IV of S	Schedule D		21	
22	2	Loans and other payables to any current or fo	rmer officer,	director,			
		trustee, key employee, creator or founder, sub	stantial cont	tributor, or 35%			
Clabilines		controlled entity or family member of any of the	되다면 보기한 친사를 하게 하지 않게 되었다.			22	
23		Secured mortgages and notes payable to unr				23	
24	4	Unsecured notes and loans payable to unrela	ted third part	ties		24	
25		Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). Co	omplete Part X			
1.55		of Schedule D			200	25	0.50
26		Total liabilities. Add lines 17 through 25			337.	26	353
so l		Organizations that follow FASB ASC 958, c	heck here	X			
Net Assets or rund balances 35 33 33 33 33 33 33 33 33 33 33 33 33		and complete lines 27, 28, 32, and 33.			05 040		FF 025
27		Net assets without donor restrictions			95,049.	27	57,237
28		Net assets with donor restrictions			68,620.	28	91,745
5		Organizations that do not follow FASB ASC	958, check	here $\square$			
5		and complete lines 29 through 33.					
29	9	Capital stock or trust principal, or current fund	ls			29	
30		Paid-in or capital surplus, or land, building, or				30	
3		Retained earnings, endowment, accumulated			162 660	31	140 000
	2	Total net assets or fund balances			163,669.	32	148,982
33	3	Total liabilities and net assets/fund balances			164,006.	33	149,335

Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			104-05-916		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			46.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40	6,5	35.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	4,6	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	3,6	69.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14	8,9	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	2—————————————————————————————————————			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	le O.		100	6
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on So		E	9809	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

You Have The Power...

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

QUZZ
Open to Public

Inspection
Employer identification number

		Know	How To Us	e It, Inc.				*	*_****		
Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions				
The	organ	ization is not a private found									
1		A church, convention of chi					)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ted by a g	overnmental un	it describ	ed in		
		section 170(b)(1)(A)(iv). (C				,					
6		A federal, state, or local gov		nental unit described in s	ection 17	70(h)(1)(A)	(v)				
7		An organization that norma						ageneral	public described in		
		section 170(b)(1)(A)(vi). (Co		That part of its support i	om a gov	Cirinicina	Chile of Hometin	general	pablic described in		
8		A community trust describe		1VAVvi) (Complete Part	HA						
9	$\Box$	An agricultural research org			242.63	ed in coni	nction with a la	nd-grant	college		
		or university or a non-land-g				the matter					
		university;	grant college or agric	diture (see instructions).	Litter the	marrie, city	, and state of t	rie colleg	e oi		
10	X	An organization that norma	lly receives (1) more	than 22 1/20/ of its sum	and from	o o o tributio	no mambarabi	n foon o	ad aveca receipts from		
10	44	n na an thigh an						Name and Section			
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) ire	om busine	sses acqu	ired by the org	anization	arter June 30, 1975.		
11		See section 509(a)(2). (Cor	na paddinara an safitadiffi p		fata Cara	ti F6	00/-1/41				
12	H	An organization organized a	na da antara da antar	하는 사람들이 있는 사람들이 없는 사람들이 모르게 했다고 있다.				n			
12		An organization organized a							사용 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		more publicly supported or		15~~ arm arm = 115 arm - men ar 1156 ar 1157 ar					SHECK THE DOX OH		
		lines 12a through 12d that				a service from			and a		
a		☐ <b>Type I.</b> A supporting orga	and the fifther reason and the second	na salah dari dalam sanara para dilah kanara na tahun kanara dari	and the second second	A STATE OF THE PARTY OF THE PAR					
		the supported organization			majority	of the dire	ctors or trustee	s of the s	supporting		
		organization. You must o	nativities and the common action of a nativi-		dan odki t			(a) b., b.	n Tara		
b		Type II. A supporting org									
		control or management o			ame perso	ons that co	ontrol or manag	e the sup	ported		
		organization(s). You mus	and a second control of the second control of the			at		A			
С		☐ Type III functionally inte						/ integrate	ed with,		
		its supported organization	Week Carlot Carlot Control Carlot Carlot Carlot					wat removed			
a		☐ Type III non-functionally									
		that is not functionally int						an attent	iveness		
7.5		requirement (see instruct						T 111			
е	_	Check this box if the orga					Type I, Type II	, Type III			
	F-4	functionally integrated, or		nally integrated support	ng organi	zation.					
1		er the number of supported of				***********	*******************				
g		vide the following information  i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of n	nonetary	(vi) Amount of other		
		organization		(described on lines 1-10	Yes	No No	support (see ins	75. 1	support (see instructions)		
		30122		above (see instructions))	103	140					
		V V									
								- 7			
_											

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				3 / 1	100	
	column (f)				Service Control	241	
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support				**	-X	**
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	- NE/LY 0					
8							
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	- arganica and communication of the communication o						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		REFERENCE IN				
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for the	e organization's f				501(c)(3)	
	organization, check this box and stop	here			***********		
Se	ction C. Computation of Publi	c Support Pe	ercentage				
14	Public support percentage for 2022 (li	ne 6, column (f),	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Par	t II, line 14			15	%
16	a 33 1/3% support test - 2022. If the o	rganization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies a	as a publicly supp	ported organization	n			*************
1	o 33 1/3% support test - 2021. If the o						
	and stop here. The organization quali	fies as a publicly	supported organiz	zation			
17	a 10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstan	ces test, check thi	is box and <b>stop he</b>	ere. Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizat	ion qualifies as a p	oublicly supported	organization		
1	b 10% -facts-and-circumstances test	- 2021. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, o	r 17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns
							(Form 900) 2022

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 Know How To Use It, Inc. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	clow, please comp	note i art ii.j				-
_	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,-/	(-/	(5)	(4/	(5) = 5 = 5	(,)
	membership fees received. (Do not include any "unusual grants.")	270,312.	239,056.	370,835.	438,792.	361,845.	1680840.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	77,219.	99,598.	54,923.			231,740.
•	organization's tax-exempt purpose	11,219.	33,330.	34,323.			231,740.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					1	
6	Total. Add lines 1 through 5	347,531.	338,654.	425,758.	438,792.	361,845.	1912580.
	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons	121,805.	116,488.				238,293.
1	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	45,328.					103,275.
	Add lines 7a and 7b	167,133.	174,435.				341,568.
8	Public support. (Subtract line 7c from line 6.)						1571012.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	347,531.	338,654.	425,758.	438,792.	361,845.	1912580.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	28.	197.	281.	4.	60.	570.
-	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b	28.	197.	281.	4.	60.	570.
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	347,559.	338,851.	426,039.	438,796.	361,905.	1913150.
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
	check this box and stop here				- 		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), c	divided by line 13,	column (f))		15	82.12 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	73.37 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))	******************	17	.03 %
	Investment income percentage from					18	.03 %
19	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	X
1	b 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	
2320	023 12-09-22			5272		Schedule A	(Form 990) 2022

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported
	organization was described in section 509(a)(1) or (2).

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	- 1	
1		
2		
3a		
3b		
3с		
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4a		
4b		
4c		
5a		
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5b 5c		
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9a		
9b		
9c		
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100		
10a		
10b		

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Pai	Supporting Organizations (continued)			
	CONTROL CONTROL OF THE PROPERTY OF THE PROPERT		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	-	
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sac	detail in Part VI. tion B. Type I Supporting Organizations	11c	Ш	
360	tion B. Type I Supporting Organizations	_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N.
4	Did the governing body, members of the governing body officers acting in their official conseits or members in the		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
1100	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		1	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			8.04
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1225	W.V.	
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			13.91
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	6		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ons)	
2	Activities Test. Answer lines 2a and 2b below.	Structio	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			100
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			377
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	Check here if the organization satisfied the Integral Part Test as a qualifyin  All other Type III non-functionally integrated supporting organizations mus			
	All other type in normalictionally integrated supporting organizations mus	t complete	Sections A through E.	(B) Current Yea
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		The Carlo Vale II	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		1

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continu	ed)			
Secti	on D - Distributions		***************************************		Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exen						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which	the organization is responsive	1				
	(provide details in Part VI). See instructions.	10	8				
9	•	stributable amount for 2022 from Section C, line 6					
10	Line 8 amount divided by line 9 amount		9				
10	Eine o amount divided by line o amount	(i)	(ii)	10	(iii)		
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
а	From 2017						
b	From 2018						
С	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
_	Applied to 2022 distributable amount						
	Carryover from 2017 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D.						
	line 7:						
а	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.			-			
5	Remaining underdistributions for years prior to 2022, if						
~	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3			2			
8	and 4c. Breakdown of line 7:			-			
	Excess from 2018			-			
	Excess from 2019						
	Excess from 2019 Excess from 2020			-			
_	Excess from 2020						
					The second second		
е	Excess from 2022						

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
( <del>-</del>	
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X	

### \*\*\_\*\*\*\*

# Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	121,805.	116,488.	0.	0.	0
			,		
otal to Schedule A, Part III, Line 7a	121,805.	116,488.			

# Schedule A

# Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
	45,328.	57,947.	0.	0.	(
				340	
				+	
	+		1		
tal to Schedule A, rt III, Line 7b	45,328.	57,947.			

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name o	f the organization	Employer identification number					
	Yo Kn	**_****					
Organiz	zation type (check o	ne):					
Filers o	f:	Section:					
Form 99	90 or 990-EZ	X 501(c)( 3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	90-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: O	only a section 501(c)	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.				
Genera	l Rule						
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special	Rules						
	sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, are the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) line 1. Complete Parts I and II.	nd that received from any one				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
answer	"No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF g requirements of Schedule B (Form 990).					

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

Name of organization

You Have The Power... Know How To Use It, Inc. **Employer identification number** 

\*\*\_\*\*\*\*

Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	   \$	-
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<b>\$</b>	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2		
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)

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

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

You Have The Power...

Know How To Use It, Inc.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Par		nds or Other Similar Funds	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisor		
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organization	tion answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).	
	Preservation of land for public use (for example, recreation of	r education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified co	enservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
	Number of conservation easements on a certified historic structure		2c
d	Number of conservation easements included in (c) acquired after J	uly 25,2006, and not on a	
3	Number of conservation easements modified, transferred, released	I, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation easemer		
5	Does the organization have a written policy regarding the periodic		
_	violations, and enforcement of the conservation easements it holds		
6	Staff and volunteer hours devoted to monitoring, inspecting, handl	ing of violations, and enforcing cons	servation easements during the year
7	Amount of owners incorred in monitoring inspection boundline	fullalations and antonology conseque	
7	Amount of expenses incurred in monitoring, inspecting, handling o	i violations, and emorcing conserva-	tion easements during the year
8	Does each conservation easement reported on line 2(d) above sati	sfy the requirements of section 170	(h)/A)/B)/i)
٥	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation eas	camente in ite revenue and evnence	etatement and
•	balance sheet, and include, if applicable, the text of the footnote to	아이들이 아이들이 나는 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들	
	organization's accounting for conservation easements.	the organization a miantial statement	sind that describes the
Pai	t III Organizations Maintaining Collections of Art	Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 990,		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public ex		
	service, provide in Part XIII the text of the footnote to its financial s	an ang mananan an ang mga mga mga mga mga mga mga mga mga mg	
b	If the organization elected, as permitted under FASB ASC 958, to r		
	art, historical treasures, or other similar assets held for public exhib		
	provide the following amounts relating to these items:		and the second s
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures		
	the following amounts required to be reported under FASB ASC 95		va ₩ tara trivat i → Catheria Massella.
а	Revenue included on Form 990, Part VIII, line 1	and the contract of the contra	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2022

232051 09-01-22

		Organizations Maintaining C	Collections of A			easures or Ott	ner Sim	ilar Acco	te/contin		age 2
The same										iuea)	
3		the organization's acquisition, accessi	ion, and other record	is, check a	ly of the	following that make	significar	it use of its	100		
_		ion items (check all that apply): Public exhibition	d			hanas aus aram					
a b		Scholarly research				change program					
	_		е	Otr	er						
C		Preservation for future generations	allo ations and avalat		6dl d			i- Day	+ VIII		
4		e a description of the organization's c						pose in Par	t XIII.		
5		the year, did the organization solicit could to raise funds rather than to be m							V		1
Par		Escrow and Custodial Arran							Yes		No
ı uı		reported an amount on Form 990, Pa	rt X. line 21.	ste ii trie or	gariizatic	on answered res c	on Form 9	90, Part IV,	iirie 9, or		
19	100 10000	organization an agent, trustee, custod	2000 100 20	diany for cor	tribution	ne or other assets n	ot include	d			
ia		m 990, Part X?							Yes		No
h	If "Yes	," explain the arrangement in Part XIII	and complete the fo	llowing tab	٥.	***************************************			_ 165	-	. 140
	11 103	, explain the arrangement in Fart XIII	and complete the ro	mowning tab	0.				Amount		
С	Region	ning balance					1c				
		ons during the year									
		utions during the year									
f		j balance						_			
2a		e organization include an amount on F							Yes		No
		," explain the arrangement in Part XIII									]
		Endowment Funds. Complete									
			(a) Current year	(b) Prio		(c) Two years back		e years back	(e) Four	years	back
1a	Beginn	ning of year balance									
b		outions									
С		estment earnings, gains, and losses									
d		or scholarships					-				
е		expenditures for facilities									
	and pr	ograms									
f	Admin	istrative expenses									
g		year balance									
2		e the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (	a)) held as:					
а	Board	designated or quasi-endowment		%							
b	Perma	nent endowment	%	=8.							
C	Term e	endowment	%								
	The pe	ercentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are the	ere endowment funds not in the posse	ession of the organiz	ation that a	re held a	and administered fo	r the				
	organi	zation by:								Yes	No
	(i) Ur	related organizations							3a(i)		
	(ii) Re	elated organizations							3a(ii)		
b	If "Yes	" on line 3a(ii), are the related organiza	ations listed as requi	red on Sch	edule R?	?			3b		
4		be in Part XIII the intended uses of the		owment fur	ds.						
Pai	rt VI	Land, Buildings, and Equipm									
-		Complete if the organization answere					X, line 10.				
		Description of property	(a) Cost or o		100	107.00	Accumula		(d) Boo	k valu	е
			basis (investr	ment)	basis	(other) c	depreciation	on			
				- 1							
		ngs									
		hold improvements	V-2-1-1								
	0.272716.211	nent	1.150			1 550	01	242			17
						21,559.	21,	342.			17.
Lota	<ul> <li>Add li</li> </ul>	nes 1a through 1e. (Column (d) must e	eguai Form 990. Part	x. column	(B), line	IUC.)				4	1/0

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

(7)(8)

Reconciliation of Revenue per Audited Financial S  Complete if the organization answered "Yes" on Form 990, Part IV,		ue per Return.
Total revenue, gains, and other support per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
Net unrealized gains (losses) on investments	2a	
Donated services and use of facilities		
Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
Subtract line 2e from line 1		
Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Saltonian Charles And
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	********************************	4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5
Reconciliation of Expenses per Audited Financial S		nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV,		
Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990. Part IX, line 25:		1
	1 00 1	
a Donated services and use of facilities		
b Prior year adjustments		
C Other losses	2c	
d Other (Describe in Part XIII.) e Add lines 2a through 2d		20
9		2e 3
Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:		3
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	1h	
b Other (Describe in Part XIII.)		
<ul><li>b Other (Describe in Part XIII.)</li><li>c Add lines 4a and 4b</li></ul>	***************************************	
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information. ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  ovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 are the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 10 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 11 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 11 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 11 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 12 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 12 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 12 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 12 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 12 are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a are the descriptions required for Part III, lines 1a are the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a are the descriptions required for Part III, lines 3, 5, and 9; Part III, l	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10.	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10.	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 10.	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  Devide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	2 18.) d 4; Part IV, lines 1b and 2b;	5
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.  Divide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1.	2 18.) d 4; Part IV, lines 1b and 2b;	5

### SCHEDULE O

(Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.
You Have The Power...
Know How To Use It, Inc.

Employer identification number

Form 990, Part I, Line 1, Description of Organization Mission:

You Have the Power...Know How to Use It, Inc. is a non-profit agency
whose mission is to empower those victimized by crime through
education, advocacy, and understanding. YHTP works to raise awareness
about crime and justice issues through victim advocacy, community
education programs, resource guides, and documentaries throughout the
state of Tennessee.

Form 990, Part VI, Section B, line 11b:

Members may review upon request.

Form 990, Part VI, Section B, Line 12c:

The written conflict of interest policy is reviewed annually by Board

Members and Officers. All Members and Officers are required to review and

sign the written policy.

Form 990, Part VI, Section B, Line 15:

The organization's governing body is not compensated for any services

performed. Compensation of the CEO is independently reviewed annually by

the Board. The CEO is compensated for services performed. Her salary

includes a minimal monthly stipend to defray the cost of health insurance.

Any bonuses are performance based.

The organization's officer's are not compensated. The compensation of all employees is independently reviewed annually by the Board. Their salaries

include a minimal monthly stipend to defray the cost of health insurance.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization You Have The Power  Know How To Use It, Inc.	Employer identification number
Any bonuses are performance based.	
Form 990, Part VI, Section C, Line 18:	
Form 990 is made available upon request.	
Form 990, Part VI, Section C, Line 19:	
The organization makes its governing documents, conflict	of interest
policy, and financial statements available upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Taxes, Licenses, and Fees:	
Program service expenses	44.
Management and general expenses	192.
Fundraising expenses	434.
Total expenses	670.
Professional Services:	
Program service expenses	82,996.
Management and general expenses	7,364.
Fundraising expenses	950.
Total expenses	91,310.
Total Other Fees on Form 990, Part IX, line 11g, Col A	91,980.

# 2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No. Description						•						
	Date Acquired	Method	Life	V n o C No.	Unadjusted Cost Or Basis	Bus Section 179 % Expense Excl	79 Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2 5 DESKS	02/12/13	SL	10.00	16	10,000.			10,000.	9,917.		83.	10,000.
3 EXECUTIVE DIVIDER DESK	02/12/13	SI	10.00	16	3,000.			3,000.	2,975.		25.	3,000.
4 CONFERENCE TABLE	02/12/13	SI	10.00	9 T	.006			.006	893.		7.	900
5 CREDENZA	02/12/13	SI	10.00	16	.006			.006	893.		7.	900
6 CONFERENCE ROOM CHAIRS	02/12/13	SI	10.00	9 1	750.			750.	744.		.9	750.
7 TRADEMARK RENEWAL	01/31/16		10M	HY43	1,800.			1,800.	720.		0.	720.
8 SERVER	06/20/16	SL	5.00	16	1,739.			1,739.	1,739.	) 10	0.	1,739.
9 DELL DESKTOP	07/28/17	SI	5.00	16	1,400.			1,400.	1,400.		0.	1,400.
10 DELL LAPTOP	07/28/17	SI	5.00	16	.005			.005	500.		0.	200
11 LAPTOP - CATHY	08/20/18	SL	5.00	16	530.			530.	459.		71.	530.
12 PHONE SYSTEM	09/18/19	SI	5.00	16	.095			560.	252.		112.	364.
13 LAPTOP - CNM GRANT	05/04/20	SL	5.00	16	630.			630.	210.		126.	336.
14 EPSON POWERLITE	06/10/20	SI	5.00	16	.059			650.	206.		130.	336.
* 990 Page 10 Total Other					23,359.			23,359.	20,908.		567.	21,475.
Management and General												
1 TRADEMARK	05/07/12		15M	HY43	2,068.			2,068.	1,057.		0.	1,057.
* 990 Page 10 Total Management and General					2,068.			2,068.	1,057.		0.	1,057.
* Grand Total 990 Page 10 Depr & Amort					25,427.			25,427.	21,965.		567.	22,532.

(D) - Asset disposed