

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2012**Open to Public Inspection****A For the 2012 calendar year, or tax year beginning , and ending****B Check if applicable:**☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C Name of organization****YOU HAVE THE POWER...****KNOW HOW TO USE IT, INC.****Doing Business As**

Number and street (or P.O. box if mail is not delivered to street address)

2814 12TH AVENUE SOUTH

City, town, or post office, state, and ZIP code

NASHVILLE**TN 37204****F Name and address of principal officer****Andrea Conte****2814 12th Avenue South****Nashville TN 37204****D Employer identification number****62-1616253****E Telephone number****615-292-7027****G Gross receipts \$****203,118****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:**☒ 501(c)(3)☐ 501(c) () (insert no.)☐ 4947(a)(1) or☐ 527**J Website: ▶ www.yhtp.org****K Form of organization**☒ Corporation☐ Trust☐ Association☐ Other ▶**L Year of formation: 1995****M State of legal domicile: TN****Part I Summary****Activities & Governance****1 Briefly describe the organization's mission or most significant activities:****The Organization educates the general public about issues related to violent crimes and victim's rights, and heightens public awareness about available resources.****2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.****3 Number of voting members of the governing body (Part VI, line 1a)****3 16****4 Number of independent voting members of the governing body (Part VI, line 1b)****4 16****5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)****5 9****6 Total number of volunteers (estimate if necessary)****6 25-50****7a Total unrelated business revenue from Part VIII, column (C), line 12****7a 0****b Net unrelated business taxable income from Form 990-T, line 34****7b 0****Revenue****8 Contributions and grants (Part VIII, line 1h)****Prior Year****Current Year****227,030****146,908****9 Program service revenue (Part VIII, line 2g)****40,027****39,116****10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)****2,405****2,023****11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)****6,998****13,647****12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)****276,460****201,694****Expenses****13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)****0****14 Benefits paid to or for members (Part IX, column (A), line 4)****0****15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)****223,101****200,826****16a Professional fundraising fees (Part IX, column (A), line 11e)****0****b Total fundraising expenses (Part IX, column (D), line 25) ▶****17,553****17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)****113,249****63,165****18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)****336,350****263,991****19 Revenue less expenses. Subtract line 18 from line 12****-59,890****-62,297****Net Assets or Fund Balances****20 Total assets (Part X, line 16)****Beginning of Current Year****End of Year****152,592****93,378****21 Total liabilities (Part X, line 26)****33****3,114****22 Net assets or fund balances. Subtract line 21 from line 20****152,559****90,264****Part II Signature Block**

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

Sign Here

Signature of officer

Date

Type or print name and title

Cathy Curley executive director**10/22/13****Paid****Preparer****Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ self-employed

PTIN

Deborah A. Kolarich, CPA**Deborah A. Kolarich****09/30/13****P01421746**Firm's name ▶ **Deborah A. Kolarich, CPA**

Firm's EIN ▶

62-1210414Firm's address ▶ **2908 Poston Ave****Nashville, TN 37203**

Phone no

615-320-7888

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2012)

Form 990 (2012) **YOU HAVE THE POWER...**

62-1616253

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

The Organization educates the general public about issues related to violent crimes and victim's rights, and heightens public awareness about available resources.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 220,361 including grants of \$) (Revenue \$)

The Organization produces videos & publications and holds forums that educate the general public about issues related to violent crime and victim's rights and heightens public awareness about the resources available to them in regard to such issues.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 220,361

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	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
c 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		<input checked="" type="checkbox"/>
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 Part X, line 16? If "Yes," complete Schedule D, Part IX		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c 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	
25a Section 501(c)(3) and 501(c)(4) 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	X
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	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
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	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	9	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8866-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 in Schedule O		X

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ TN
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Deborah A. Kolarich 2908 Poston Avenue Nashville TN 37203 615-320-7888

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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 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 and/or Box 7 of Form 1099-MISC) 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.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Board Members-See Schedule Attached	2.00									
Board & Officers	0.00	X		X				0	0	0
(2) Judy Steele	40.00									
Interim Director	0.00			X				29,250	0	0
(3) Cathy Gurley	40.00									
Executive Director	0.00			X				28,125	0	0
(4) Verna Wyatt	40.00									
Former Director	0.00			X				25,140	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(a) Name and title	(b) Average hours per week (list any hours for related organizations below dotted line)	(c) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(d) Reportable compensation from the organization (W-2/1099-MISC)	(e) Reportable compensation from related organizations (W-2/1099-MISC)	(f) Estimated amount of compensation from the organization and related organizations
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
(18)					
(19)					

1b Sub-total	82,515				
c Total from continuation sheets to Part VII, Section A					
d Total (add lines 1b and 1c)	82,515				
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0				

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X				
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X				
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	X				

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	57,432		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	89,476		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a-1f.		146,908		
Program Service Revenue	2a	Educational Materials/Videos	Busn. Code	37,295	37,295	
	b	Postage Reimbursed		1,640	1,640	
	c	T - Shirts		129	129	
	d	Awareness Events		52	52	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f.		39,116		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,023	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		Gross rents	(i) Real (ii) Personal			
b		Less: rental exps.				
c		Rental inc. or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets	(i) Securities (ii) Other			
b		Less: cost or other basis & sales exps.				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	15,071		
b		Less: direct expenses	b	1,424		
c		Net income or (loss) from fundraising events		13,647		
9a		Gross income from gaming activities. See Part IV, line 19	a			
b		Less: direct expenses	b			
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a			
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Busn. Code			
11a						
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		201,694	39,116	0	2,023

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 response to any question in this Part IX ☐

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,515	63,494	15,606	3,415
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	99,931	93,752	135	6,044
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,380	15,781	1,623	976
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,600		4,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	839	542	174	123
12 Advertising and promotion	500	500		
13 Office expenses	7,226	6,227	184	815
14 Information technology	2,074	1,763	104	207
15 Royalties				
16 Occupancy	17,043	14,487	852	1,704
17 Travel	207	207		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	770	770		
20 Interest	1		1	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	968	727	109	132
23 Insurance	1,767		1,767	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Direct Program Services	11,602	11,602		
b Equip. Rental/Maintenance	3,905	3,124	195	586
c Telephone/Internet	3,318	2,820	166	332
d Video Production	2,465	2,465		
e All other expenses	5,880	2,100	561	3,219
25 Total functional expenses. Add lines 1 through 24e	263,991	220,361	26,077	17,553
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	23,482
	2 Savings and temporary cash investments	149,295	2	62,166
	3 Pledges and grants receivable, net		3	2,506
	4 Accounts receivable, net	992	4	1,108
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,028		
	b Less: accumulated depreciation	10b 8,890	2,305	10c 2,138
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	1,976
	15 Other assets. See Part IV, line 11		15	2
16 Total assets. Add lines 1 through 15 (must equal line 34)	152,592	16	93,378	
Liabilities	17 Accounts payable and accrued expenses	33	17	3,114
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	33	26	3,114
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		132,409	27	90,264
28 Temporarily restricted net assets		20,150	28	
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		152,559	33	90,264
34 Total liabilities and net assets/fund balances		152,592	34	93,378

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	201,694
2	Total expenses (must equal Part IX, column (A), line 25)	2	263,991
3	Revenue less expenses. Subtract line 2 from line 1	3	-62,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	152,559
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 in Schedule O)	9	2
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,264

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012**Open to Public Inspection**

Name of the organization

**YOU HAVE THE POWER...
KNOW HOW TO USE IT, INC.**

Employer identification number

62-1616253**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11 check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 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 the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (describe on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	273,025	261,029	214,420	227,030	146,908	1,122,412
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	83,167	84,111	74,342	54,094	54,187	349,901
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	356,192	345,140	288,762	281,124	201,095	1,472,313
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	168,884	133,749	58,948	82,236	77,851	551,668
b 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	9,545	7,313	38,048	2,151		57,157
c Add lines 7a and 7b	178,529	141,062	126,996	84,387	77,851	608,825
8 Public support (Subtract line 7c from line 6.)						863,488

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	356,192	345,140	288,762	281,124	201,095	1,472,313
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,868	3,760	2,181	2,405	2,023	16,237
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,868	3,760	2,181	2,405	2,023	16,237
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	362,060	348,900	290,943	283,529	203,118	1,488,550
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	58.01%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	57.82%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	1%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	1%

- 19a** 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒
- b** 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No. 1545-0047

2012**Open to Public Inspection**

Name of the organization

**YOU HAVE THE POWER...
KNOW HOW TO USE IT, INC.**

Employer identification number

62-1616253**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(c) above satisfy the requirements of section 170(n)(4)(B)(i) and section 170(f)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange program
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 1.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation is in Part XIII ☐ Yes ☐ No

	Amount
1c	
1d	
1e	
1f	

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year
1a Beginning of year balance		
b Contributions		
c Net investment earnings, gains, and losses		
d Grants or scholarships		
e Other expenditures for facilities and programs		
f Administrative expenses		
g End of year balance		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a))

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held in trust for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule B?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 1.

Description of property	(a) Cost or other basis (investment)	(c) Accumulated depreciation	(d) Book value
1a Land			
b Buildings			
c Leasehold improvements			
d Equipment			
e Other			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (d).)

	(c) Accumulated depreciation	(d) Book value
1a Land		
b Buildings		
c Leasehold improvements		
d Equipment		
e Other		
Total	8,890	2,138

Schedule D (Form 990) 2012 **YOU HAVE THE POWER...**

62-1616253

Page 3

Part VII Investments—Other Securities. See Form 990, Part X.

(a) Description of security or category (including name of security)	(b) Cost or other basis	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X.

(a) Description of investment type	(b) Cost or other basis	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text has been provided in Part XIII.

Financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text has been provided in Part XIII.

Schedule D (Form 990) 2012 **YOU HAVE THE POWER...**

62-1616253

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIII.)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII.)
 - c Add lines 4a and 4b
- 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Part XII Reconciliation of Expenses per Audited Financial Statements

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
 - a Donated services and use of facilities
 - b Prior year adjustments
 - c Other losses
 - d Other (Describe in Part XIII.)
- e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
 - a Investment expenses not included on Form 990, Part V, line 7b
 - b Other (Describe in Part XIII.)
 - c Add lines 4a and 4b
- 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part VII, line 1.)

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Provide information.

Part XI, Line 2d - Revenue Amounts Included

Direct Fundraising Expenses \$ 1,424

Rounding \$ 2

Part XII, Line 2d - Expense Amounts Included

Direct Fundraising Expenses \$ 1,424

Part XII, Line 4b - Expense Amounts Included

Rounding \$ 1

With Revenue per Return

	1	219,733
16,613		
1,426		
	2e	18,039
	3	201,694
	4c	
	5	201,694

With Expenses per Return

	1	282,027
16,613		
1,424		
	2e	18,037
	3	263,990
1		
	4c	1
	5	263,991

and 4; Part IV, lines 1b and 2b;

Use this part to provide any additional

Financials - Other

\$ 1,424

\$ 2

Financials - Other

\$ 1,424

on Return - Other

\$ 1

Part XIII Supplemental Information (continued)

DAA

Page 2

to Form 990, Part IV, line 18, or reported
line on Form 990-EZ, lines 1 and 6b. List

(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>None</u> (total number)	
	12,846
	12,846
	1,243
	1,243
	11,603

3, Part IV, line 19, or reported more

	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
%	<input type="checkbox"/> Yes % <input type="checkbox"/> No %	
	▶	
	▶	

...a la par? ☐ Yes ☐ No

Schedule G (Form 990 or 990-EZ) 2012

YOU HAVE THE POWER

62-1616253

Page 3

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of an entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- a The organization's facility ☐ 13a %
- b An outside facility ☐ 13b %
- 14 Enter the name and address of the person who prepares the organization's records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to the organization's own exempt activities during the tax year ▶

Part IV Supplemental Information. Complete this part in columns (iii) and (v), and Part III, lines 9, 9b, 10b, and 10c, if applicable. Also complete this part to provide any additional information (see instructions).

<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
13a	%
13b	%

ent books and

gaming ☐ Yes ☐ No

and the

proceeds to ☐ Yes ☐ No

organizations or

required by Part I, line 2b,

as applicable. Also complete this

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information**Complete to provide information for
Form 990 or 990-EZ or to
▶ Attach to

Name of the organization

**YOU HAVE THE POWER...
KNOW HOW TO USE IT, INC.**

or 990-EZ

Questions on
information.

OMB No 1545-0047

2012**Open to Public
Inspection**

Employer identification number

62-1616253**Form 990, Part VI, Line 11b - Organization**

After an extensive review of the financial statements, the Form 990 is prepared by a certified public accountant. Board members are provided a copy of the return is filed with the Internal Revenue Service.

Form 990, Part VI, Line 12c - Enforcement of

The written conflict of interest policy is reviewed annually by Board Members and Officers. All Members and Officers are required to sign the written policy.

Form 990, Part VI, Line 15a - Compensation of

The organization's governing body is responsible for the compensation of the executive director. Compensation of the executive director is reviewed annually by the Board. The executive director is compensated for services performed only. She does not receive fringe benefits.

Form 990, Part VI, Line 15b - Compensation of

The organization's officer's are not compensated. The compensation of all employees is independently reviewed and approved by the Board. No employees receive fringe benefits.

Form 990, Part VI, Line 19 - Governance

The Organization makes its governing documents and financial statements available to the public through the TN

Organization's Policy

After an extensive review of the financial statements, the Form 990 is prepared by a certified public accountant. Board members are provided a copy of the return is filed with the Internal Revenue Service.

Organization's Policy

The written conflict of interest policy is reviewed annually by Board Members and Officers. All Members and Officers are required to sign the written policy.

Organization's Policy

The organization's governing body is responsible for the compensation of the executive director. Compensation of the executive director is reviewed annually by the Board. The executive director is compensated for services performed only. She does not receive fringe benefits.

Organization's Policy

The organization's officer's are not compensated. The compensation of all employees is independently reviewed and approved by the Board. No employees receive fringe benefits.

Organization's Policy

The Organization makes its governing documents and financial statements available to the public through the TN

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

YOU HAVE THE POWER...

Employer identification number

62-1616253

Charitable Solicitations Board.

Form 990, Part XI, Line 9 - Reconcilia

has - Other

Direct Fundraising Expenses

\$ 1,424

Rounding

\$ 2

Direct Fundraising Expenses

\$ -1,424

Rounding

\$ 1

Form 990, Part XI, Line 9 - Other Cha

Assets Explanation

Rounding

\$ 1

Other Change in Net Assets was for r

only.

Form **4562**Depreciation and
(Including Information)Department of the Treasury
Internal Revenue Service

(99)

▶ See separate instructions.

Name(s) shown on return

**YOU HAVE THE POWER...
KNOW HOW TO USE IT, INC.**

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179**
Note: If you have any listed property, complete Part III.

- 1 Maximum amount (see instructions)
- 2 Total cost of section 179 property placed in service (see instructions)
- 3 Threshold cost of section 179 property before reduction in limitation (see instructions)
- 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-
- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- if more

6	(a) Description of property

- 7 Listed property. Enter the amount from line 29
- 8 Total elected cost of section 179 property. Add amounts in column (c), line 8
- 9 Tentative deduction. Enter the smaller of line 5 or line 8
- 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562
- 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 9
- 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11
- 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation

- 14 Special depreciation allowance for qualified property (other than listed property) during the tax year (see instructions)
- 15 Property subject to section 168(f)(1) election
- 16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Do not include listed property)

- 17 MACRS deductions for assets placed in service in tax years beginning before 2012
- 18 If you are electing to group any assets placed in service during the tax year into one or more general asset classes, see instructions

Section B—Assets Placed in Service During 2012

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business investment only—see instructions)
19a 3-year property		
b 5-year property		
c 7-year property		
d 10-year property		
e 15-year property		
f 20-year property		
g 25-year property		
h Residential rental property		
i Nonresidential real property		

Section C—Assets Placed in Service During 2012

20a Class life		
b 12-year		
c 40-year		

Part IV Summary (See instructions.)

- 21 Listed property. Enter amount from line 28
- 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (c), and on the appropriate lines of your return. Partnerships and S corporations only.
- 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

DAA

OMB No. 1545-0172

2012Attachment
Sequence No. **179**

Return.

Identifying number

62-1616253**Part I.**

1	500,000
2	
3	2,000,000
4	
5	

(c) Elected cost	

8	
9	
10	
11	
12	

Part II. Listed property (See instructions)

14	
15	
16	876

17	0
▶	

Part III. Depreciation System

(f) Method	(g) Depreciation deduction
S/L	
S/L	
S/L	
S/L	
S/L	

Part IV. Depreciation System

S/L	
S/L	
S/L	

21	
22	876

Form **4562** (2012)

YOU HAVE THE POWER...

62-

Page 2

Form 4562 (2012)

Part V Listed Property (Include automobiles, certain other vehicles, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C.

Section A—Depreciation and Other Information (Caution)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for (business/ use)
--	----------------------------------	--	----------------------------	--

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions).**26** Property used more than 50% in a qualified business use:

		%		
		%		

27 Property used 50% or less in a qualified business use:

		%		
		%		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21.**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1.**Section B—Information**

Complete this section for vehicles used by a sole proprietor, partner, or other "member" of your business. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3
30 Total business/investment miles driven during the year (do not include commuting miles)			
31 Total commuting miles driven during the year			
32 Total other personal (noncommuting) miles driven			
33 Total miles driven during the year. Add lines 30 through 32			
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes
35 Was the vehicle used primarily by a more than 5% owner or related person?			
36 Is another vehicle available for personal use?			

Section C—Questions for Employers Who Provide Vehicles to Employees

Answer these questions to determine if you meet an exception to completing Section B for more than 5% owners or related persons (see instructions).

- 37** Do you maintain a written policy statement that prohibits all personal use of vehicles by your employees?
- 38** Do you maintain a written policy statement that prohibits personal use of vehicles by employees? See the instructions for vehicles used by corporate officers, directors, or substantial owners.
- 39** Do you treat all use of vehicles by employees as personal use?
- 40** Do you provide more than five vehicles to your employees, obtain information about the use of the vehicles, and retain the information received?
- 41** Do you meet the requirements concerning qualified automobile demonstration vehicles?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortization period or percentage	(d) Amortization for this year
-----------------------------	------------------------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2012 tax year (see instructions).

Trademark	05/07/12		
-----------	----------	--	--

43 Amortization of costs that began before your 2012 tax year.**44** Total. Add amounts in column (d). See the instructions for where to report.

DAA

s, and property used for

see, complete only 24a,

(for passenger automobiles.)

evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for (business/ use)	(f) Depreciation deduction	(g) Elected section 179 cost
--	----------------------------------	--	----------------------------	--	----------------------------------	------------------------------------

25**28****29**

person. If you provided vehicles

then for those vehicles.

(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
Yes	No	Yes

Section C—Questions for Employers Who Provide Vehicles to Employees

Employees who are not

Employee	Yes	No

(c) Amortization period or percentage	(d) Amortization for this year
--	-----------------------------------

15.0 92

43

44 92

YOU HAVE THE POWER
BOARD MEMBERS AND OFFICERS

Cristina Allen	Board
Nick Bailey	Board/Secretary
Andrea Conte	Board/President
Linda Davis	Board
Jody Folk	Board Treasurer
Tony Grande	Board
Jeremy Kane	Board
Deborah Kolarich	Board
Pamela Lewis	Board
Pam Martin	Board
Sandra Morgan	Board
Dick Ragsdale	Board
Judy Steele	Board
Byron Trauger	Board
Beth Wright	Board
Brenda Wynn	Board

Form 8868 (Rev. 1-2013)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II.
- If you are filing for an Automatic 3-Month Extension, complete only Part I.

Part II Additional (Not Automatic) 3-Month Extension

Type or print	Name of exempt organization or other filer, see instructions. YOU HAVE THE POWER... KNOW HOW TO USE IT, INC.
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2814 12TH AVENUE SOUTH
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE TN 37203

Enter the Return code for the return that this application is for (file a separate application for each return).

Application Is For	Return Code
Form 990 or Form 990-EZ	01
Form 990-BL	02
Form 4720 (individual)	03
Form 990-PF	04
Form 990-T (sec. 401(a) or 408(a) trust)	05
Form 990-T (trust other than above)	06

STOP! Do not complete Part II if you were not already granted an automatic extension of time to file.

Deborah A. Kolarich
2908 Poston Avenue

- The books are in the care of **Nashville**.
Telephone No. **615-320-7888** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐ If it is for part of the group, list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/13**.
- For calendar year **2012**, or other tax year beginning _____.
- If the tax year entered in line 5 is for less than 12 months, check reason:
☐ Change in accounting period
- State in detail why you need the extension:
Additional time is needed to gather complete and accurate tax return.

- If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter nonrefundable credits. See instructions.
- If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any estimated tax payments made. Include any prior year overpayment amount paid previously with Form 8868.
- Balance due. Subtract line 8b from line 8a. Include your payment with Form 8878 (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including attachments, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to sign this form.

Signature **Deborah A. Kolarich**

Page 2

Box ☒ Form 8868.

(no copies needed).

Employer's identifying number, see instructions
Employer identification number (EIN) or

1616253
Social security number (SSN)

01

	Return Code
	08
	09
	10
	11
	12

Previously filed Form 8868.

TN 37203

☐
This is
and attach a

which to prepare a

8a	\$
8b	\$
8c	\$

only.

ments, and to the best of my

Date **08/02/13**

Form 8868 (Rev. 1-2013)



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

5500

20-5670

15, 2013

Identification Number:

990

: December 31, 2012

042907.202707.0160.003 1 AM 0.384 373



YOU HAVE THE POWER KNOW HOW TO USE
IT INC
2814 12TH AVE S STE 211
NASHVILLE TN 37204-2513

42907

APPLICATION FOR EXTENSION ORGANIZATION R

We received and approved your Form 8868, Application for Extension of Time to File an Organization Return, for the return (form) and tax payment. The due date for your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF electronically. Electronic filing is the fastest, easiest and most secure way to file. For more information, visit the Charities and Nonprofit web at www.irs.gov/charities or call 1-800-829-1040.

- The type of returns that can be filed electronically.
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown at the top of this letter.

AN EXEMPT

**File an Exempt
extended due date to file**

Consider filing
your return. For more
information

write us at the address

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time to File
Exempt Organization Return▶ **File a separate**

on

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I.
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete Part II.
- Do not complete Part II unless you have already been granted an automatic extension of time to file.

Electronic filing (e-file). You can electronically file Form 8868 if you need a corporation required to file Form 990-T, or an additional (not automatic) 3-month extension to file Form 990-T, or an additional (not automatic) 3-month extension to file Form 8868 to request an extension of time to file any of the forms listed in Part I or Return for Transfers Associated With Certain Personal Benefit Contracts, which are listed in the instructions. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Part I Automatic 3-Month Extension of Time. Only for corporations required to file Form 990-T and requesting an automatic 6-month extension of time to file.

A corporation required to file Form 990-T and requesting an automatic 6-month extension of time to file Form 990-T must file Form 8868 with its Form 990-T.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts are not required to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. YOU HAVE THE POWER... KNOW HOW TO USE IT, INC.
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2814 12TH AVENUE SOUTH
	City, town or post office, state, and ZIP code. For a foreign country, see instructions. NASHVILLE TN 37203

Enter the Return code for the return that this application is for (file a separate return).

Application Is For	Return Code
Form 990 or Form 990-EZ	01
Form 990-BL	02
Form 4720 (individual)	03
Form 990-PF	04
Form 990-T (sec. 401(a) or 408(a) trust)	05
Form 990-T (trust other than above)	06

Deborah A. Kolarich
2908 Poston Avenue

- The books are in the care of ▶ **Nashville**

Telephone No. ▶ **615-320-7888** FAX ▶

- If the organization does not have an office or place of business in the United States, enter the organization's address in the United States.
- If this is for a Group Return, enter the organization's four digit Group Extension Code. If this is for a whole group, check this box ☐. If it is for part of the group, check this box ☐. Attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time to file the exempt organization return for the organization's return for the calendar year **2012** or

▶ ☐ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason for extension: ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the amount of nonrefundable credits. See instructions.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits. Include any prior year overpayment and refundable credits.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form. If you are using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, you must attach a copy of the Form 8879-EO for payment instructions. For Privacy Act and Paperwork Reduction Act Notice, see instructions.

DAA

▶ ☒

(is form).
ed Form 8868.

to file (6 months for
electronically file Form
10. Information
format (see
ties & Nonprofits.

ed).

complete

▶ ☐

extension of time

er's identifying number, see instructions

oyer identification number (EIN) or

-1616253

security number (SSN)

01

	Return Code
	07
	08
	09
	10
	11
	12

TN 37203

▶ ☐

If this is
attach

tion is

on

3a	\$
3b	\$
3c	\$

8879-EO for payment instructions.

Form **8868** (Rev. 1-2013)