Form	990-EZ

Department of the Treasury Internal Revenue Service

## **Short Form**

OMB No. 1545-0047

# **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. Go to *www.irs.gov/Form990EZ* for instructions and the latest information. Open to Public Inspection

B Ome of organization       Declayer identification number 8.347762.3         Memory drage What a drage What a drage Memory drage Memo	AI	For the	2022 calenda	ar year, or tax year beginning	06/01/2022	and endin	g	05	/31/202	3		
Numer utarger Poer attarger Poer attarger	B	Check if ap	oplicable:	C Name of organization				D Empl	oyer ide	ntification number		
Instrumentation       110 Mills Lane       004-738-3092         Praid Haufweinsteld       City or town, state or province, county, and 2/P or foreign postal code       F Group Exemption         Annoted with       Auckand with each, F1 32250       Number         Website:       Website:       Website:       H Check Lift the organization is not required to attach Schedule B         J Tax-exempt status (fock only one)       501(c)(3)       501(c)(2)       (1) (nser toc)       4947(a)(1) or       527         Vebsite:       www.knowandgrow.org       J Tax-exempt Status (fock only one)       501(c)(2)       (2) (nser toc)       (2) (nser toc)         J Tax-exempt Status (fock only one)       0 (1) (nser toc)       (2) (nser toc)       (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Address c	hange	KNOW & GROW LEARNING DEPOT	NC				83	-3477623		
Image durch member         UM mits Lafte         yout / 48:30/2           Chy of tows, state ar province, country, and 2IP or forelign postal code         F Group Exemption           Applications prioring         Jacksonville Beach, FL 32250         H Check    f the organization is not required to attach Schedule B           C Accounting Month         Cask    Accrual         Other (specify):         H Check    f the organization is not required to attach Schedule B           J Tex-eempt status (check only one) - [] Solt(c)(1)         Gol(c)    Cask    Accrual         Association    Other           L Add lines 5b, 6c, and 7b to line 9 to defermine gross receipts are \$200,000 rmore, or if total assets         \$ 40,994           Part IL column [] bar \$500,000 rmore, file F orm 990-EZ         1         Association    Other           Check if the organization used Schedule 0 to respond to any question in this Part I			nange Number and street (or P.O. box if mail is not delivered to street address) Room/suite					E Telephone number				
Amerado return         Offy or town, state or province, country, and ∠P or foreign postal code         F Croup, Exemption           Approximate postal         C Accounting Method:         C ash         Account Other         H Check [if the organization is not required to attach Schedule B (from 990).           X Accounting Method:         C ash         Account Other         H Check [if the organization is not required to attach Schedule B (from 990).           X Form of organization:         C orporation         Trust         Association         Other:           X Add lines 50, cond 7b to line 9 to determine gross receipts.         X add lines 50, cond 7b to line 9 to determine gross receipts.         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Part 1         X adjocet to the Schedule 0 to respond to any question in this Schedule 0 to the schedule 0 to to the schedule 0 to the schedule 0 to the schedule 0 to the sche	=			110 Mills Lane					<b>90</b> 4	-738-3092		
Augustation pending         Jacksonville Beach, FL 32250         Number           6 Accounting Method:         Class   Accounting Method:         (Form 490).           1 Website:         www.lk.nowandgrow.org         H Check if the organization is not required to attach Schedule B (Form 490).           1 Tax-exempt status (heak only one)         SO1(c)()         (insert no.)         94947(a)(1) or 527           K Form of organization:         Corporation         Traves receipts at \$200,000 or more, file Form 990.         \$40,994           Part1.         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)         Check if the organization used Schedule O to respond to any question in this Part I         2           1 Contributions, gifts, grants, and similar amounts received.         .         1         40,994           2 Program service revenue including government fees and contracts         .         3         0           3 Gross amount from sale of assets other than inventory         .         .         .         .           a Gross income from gaming (attach Schedule G if greater than sits fo.000)         .         .         .         .         .           a Gross income from fundraising events (not including S         .         .         .         .         .           a Gross income from fundraising events (not including S         .				City or town, state or province, country, and	ZIP or foreign postal code			F Grou	ıp Exen	nption		
Website:         www.iknowandgrow.org         required to attach Schedule B           J Tar-exempt status (check only one) - 201(c)(2)         501(c)(2)         (inset n.c.)         4947(a)(1) ro         527           J Tar-exempt status (check only one) - 201(c)(2)         501(c)(2)         (inset n.c.)         9447(a)(1) ro         527           K Form of organization:         C/ Copradion         Trust         Association         C/ from 990.           L Add lines 5b, 6c, and 7 bo line 9 to determine gross receipts ar \$200.000 or more, fiel form 990.Eta         5         40,994           Partl, Column [B) ar \$500.000 or more, fiel form 990.Eta         -         -         -         40,994           Check if the organization used Schedule 0 to respond to any question in this Part 1         -<				Jacksonville Beach, FL 32250				Num	nber			
Website:         www.iknowandgrow.org         required to attach Schedule B           J Tar-exempt status (check only one) - 201(c)(2)         501(c)(2)         (inset n.c.)         4947(a)(1) ro         527           J Tar-exempt status (check only one) - 201(c)(2)         501(c)(2)         (inset n.c.)         9447(a)(1) ro         527           K Form of organization:         C/ Copradion         Trust         Association         C/ from 990.           L Add lines 5b, 6c, and 7 bo line 9 to determine gross receipts ar \$200.000 or more, fiel form 990.Eta         5         40,994           Partl, Column [B) ar \$500.000 or more, fiel form 990.Eta         -         -         -         40,994           Check if the organization used Schedule 0 to respond to any question in this Part 1         -<	_			Cash Accrual Other (spec	ify):		ŀ	Check	] if the	organization is <b>not</b>		
J Tax-exempti status (check only one) — © 01(c)(s)							_			-		
K Form of organization:       Corporation       Tust       Construction       Construction       Construction         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, lif total assets       \$40,994         PartIL, column (B) are \$50,000 or more, life Form 990 instead of Form 990-E2.       \$40,994         PartIL, column (B) are \$50,000 or more, life form 990-E2.       \$40,994         PartIL, column (B) are \$50,000 or more, life form 990-E2.       \$40,994         Contributions, gifts, grants, and similar amounts received       1       40,994         2       Program service revenue including government fees and contracts       2       0         3       Membership dues and assessments       3       0         4       Investment income       4       0         5       Gaross amount from sale of assets other than inventory       5a       0         6       Garing and fundraising events:       6a       0       0         6       Garing and fundraising events:       6a       0       0       0         6       Garos income from garning and fundraising events:       6a       0       0       0         6       Gross income from garning and fundraising events:       6a       0       0       0       0       0       0       0	JТ	ax-exem	npt status (che	eck only one) – 🖌 501(c)(3) 🗌 501(c) (	) (insert no.) 4947(	(a)(1) or 🗌 5	27	(Form 9	90).			
L Add lines 5b. 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ												
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I       Image: Colspan="2">Image: Colspan="2" Col					If gross receipts are \$200,0	00 or more, c	or if to	tal assets				
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bLess: cost of goods soldTb0cGross profit or (loss) from sales of inventory (subtract line 7b from line 7a)7c08Other revenue (describe in Schedule O)809Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8940,99410Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance15015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)1736,35617Total expenses. Add lines 10 through 161736,35618Excess or (deficit) for the year (subtract line 17 from line 9)184,63819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)209,70521Net assets or fund balances at end of year. Combine lines 18 through 202147,611		7a	Gross sale	s of inventory. less returns and allow	vances	7a		0				
cGross profit or (loss) from sales of inventory (subtract line 7b from line 7a)7c8Other revenue (describe in Schedule O)				•		<b></b>						
8Other revenue (describe in Schedule O).809Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8940,99410Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)171617Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)184,63819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)2147,611		_		-		(a)			7c	0		
9Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8940,99410Grants and similar amounts paid (list in Schedule O)10011Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)1736,35617Total expenses. Add lines 10 through 161736,35618Excess or (deficit) for the year (subtract line 17 from line 9)184,63819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)202147,611		8										
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Sec11Benefits paid to or for members11012Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)15017Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)184,63819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)209,70521Net assets or fund balances at end of year. Combine lines 18 through 202147,611		-							10	· · · · · · · · · · · · · · · · · · ·		
Section12Salaries, other compensation, and employee benefits12013Professional fees and other payments to independent contractors13014Occupancy, rent, utilities, and maintenance14015Printing, publications, postage, and shipping15016Other expenses (describe in Schedule O)161617Total expenses. Add lines 10 through 16171718Excess or (deficit) for the year (subtract line 17 from line 9)184,63819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)202147,611									11			
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1011101618Total expenses. Add lines 10 through 16171636,356171736,35618Excess or (deficit) for the year (subtract line 17 from line 9)18184,63819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)209,70521Net assets or fund balances at end of year. Combine lines 18 through 202141, 41,611	bei	14										
16Other expenses (describe in Schedule O)1636,35617Total expenses. Add lines 10 through 16171736,35618Excess or (deficit) for the year (subtract line 17 from line 9)181819Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)20209,70521Net assets or fund balances at end of year. Combine lines 18 through 202147,611	Щ	15										
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19Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)1933,26820Other changes in net assets or fund balances (explain in Schedule O)21Net assets or fund balances at end of year. Combine lines 18 through 20		-										
21 Net assets of fund balances at end of year. Combine lines to through 20	ets									4,000		
21 Net assets of fund balances at end of year. Combine lines to through 20	<b>\</b> ss								19	22 262		
21 Net assets of fund balances at end of year. Combine lines to through 20	∋t /	20	-	• • • •	•							
	ž			-	· · · · · · · · · · · · · · · · · · ·							
	For								· (			

Form	990-EZ (2022)					Page <b>2</b>
Pa	rt II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II....		· · · · · ·
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			5,400		2,207
23	Land and buildings				23	
24	Other assets (describe in Schedule O)		<u> </u>	27,868		
25	Total assets			33,268		
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	() 0	,	33,268	27	47,611
Par	····· · · · · · · · · · · · · · · · ·					Expenses
	Check if the organization used Schedule				(Re	equired for section
		Educational support				1(c)(3) and 501(c)(4)
as m	rribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ear	anner, describe the				ganizations; optional for ners.)
28	Tutoring program. Served a Title One public element	ary school with 550 s	students enrolled. Se	rved		
	kindergarten and first grade.					
	(Grants \$ 0) If this amount	includes foreign gra	ints, check here .	🗌	28	a 8,149
29	Kid-sized learning materials. Served a Title One public Served kindergarten and first grade.	lic elementary school	with 550 students er	nrolled.		
	(Grants \$ 0) If this amount	includes foreign gra	ints check here		29	a 17,687
30	Classroom supplies. Served a Title One public eleme				20	u 17,007
00	kindergarten and first grade.	sindly school with 55	o students chi olicu.			
	(Grants \$ 0) If this amount	includes foreign gra	ints. check here .		30	a 4.064
31	Other program services (describe in Schedule O)					
		includes foreign gra			31	a 6,456
32	Total program service expenses (add lines 28a t				32	
Par	t IV List of Officers, Directors, Trustees, and Key	r Employees (list each	n one even if not comp	pensated-see the ir	nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part IV	•	🔲
			(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC/	contributions to employ	ee (e	e) Estimated amount of
	(a) Name and the	devoted to position	1099-NEC)	benefit plans, and deferred compensation		other compensation
			(if not paid, enter -0-)			
Lind	a Brunson	35.00	0		0	0
Pres	ident					
Roge	er Mann	10.00	0		0	0
	surer					
	da Reese	1.00	0		0	0
-	etary				_	
	ifer Erixton	1.00	0		0	0
Boar	d member				_	
		-				
					_	
					-	
					+	
					+	
		1				
					+	
		1				

Form 99	90-EZ (2022)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions       37a       0         Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II, and enter the total amount involved       38b         Section 501(c)(7) organizations. Enter:       39a         Initiation fees and capital contributions included on line 9	-		
40a b	section 4911:0; section 4912:0; section 4955:0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		>
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41 42a		904-73		2
h	Located at: <u>110 Mills Lane, Jacksonville Beach, FL 32250</u> At any time during the calendar year, did the organization have an interest in or a signature or other authority over	322		Na
IJ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No V
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		<b>/</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~

Form 990-EZ (2022)

Page 4

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		~

Part VI	Section 501(c)(3) Organizations Only
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines
	50 and 51

	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	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	47		~
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		~
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		~
b	If "Yes," was the related organization a section 527 organization?	49b		
FO	Complete this table for the exception's five highest compensated employees (ather than officers, directors, t	to		dliou

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
d Total number of other independent contractors each receiving	over \$100,000	

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a

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	Signature of officer			Date					
Here	Linda Brunson, President								
	Type or print name and title								
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN			
Use Only	Firm's name			Firm's EIN					
	Firm's address				Phone no.				
May the IRS	discuss this return with the preparer	shown above? See instructions			[	Yes 🗌 No			

SCHE	DULE	A
(Form	990)	

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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.

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

Name	of the	organization

Employer identification number

Double Dessen for Dublic Charity Status	
KNOW & GROW LEARNING DEPOT INC	83-3477623
C C	

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 12, 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 (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 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
  - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
  - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
  - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
  - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s)

g i rovido trio foliowing internatio	about the supp									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Part IISupport 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<br/>Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support			· •	•	,	
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,822	15,330	21,650	33,749	40,994	113,545
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	1,822	15,330	21,650	33,749	40,994	113,545
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						113,545
	on B. Total Support	()	(1) co : -	()	( 0	()	(A - · · ·
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans,	1,822	15,330	21,650	33,749	40,994	113,545
	rents, royalties, and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						113,545
12	Gross receipts from related activities, etc	•				12	0
13 Secti	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,	-		
14	Public support percentage for 2022 (line 6			11. column (f))		14	%
15	Public support percentage from 2021 Sch		-			15	%
16a	331/3% support test – 2022. If the organi						
b	box and <b>stop here</b> . The organization qua <b>33</b> <sup>1</sup> / <sub>3</sub> % <b>support test</b> - <b>2021.</b> If the organi this box and <b>stop here</b> . The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	<ul> <li>this box and stop here. The organization qualifies as a publicly supported organization</li></ul>						
b	<b>10%-facts-and-circumstances test</b> — <b>20</b> 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	on meets the fa	cts-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and <b>stop he</b> s as a publicly	<b>re</b> . Explain supported
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
							A (Form 990) 2022

#### 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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an						
Ŭ	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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
U							
Socti	on B. Total Support						
-		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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,						
10	and 12.)						
14	<b>First 5 years.</b> If the Form 990 is for the	organization'	l la first cocond	third fourth	or fifth tax yo	ar ac a cod	ion 501(0)(3)
14	organization, check this box and <b>stop he</b>	•			•		
Costi							
	on C. Computation of Public Suppor		·	10 1 (0)		45	0/
15	Public support percentage for 2022 (line					15	%
16	Public support percentage from 2021 Scl					16	%
	on D. Computation of Investment In		-				
17	Investment income percentage for 2022 (			-		17	%
18	Investment income percentage from 202					18	%
19a	331/3% support tests-2022. If the organ						
	17 is not more than $33^{1/3}$ %, check this box	-	-	-		-	
b	331/3% support tests-2021. If the organiz						
	line 18 is not more than $33^{1/3}$ %, check this	box and <b>stop ł</b>	<b>nere</b> . The organ	ization qualifies	s as a publicly su	pported org	anization .
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box a	and see inst	ructions .

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 Did the organization have any supported organization that does not have an IRS determination of status 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 **Part VI**.
- 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

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

# 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.

Did the organization operate for the benefit of any supported organization other than the supported 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.

#### Section C. Type II Supporting Organizations

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 the supported organization(s).

#### Section 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 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 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
- income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify 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 that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** 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.*
- **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.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current 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		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see 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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

Schedu	le A (Form 990) 2022			Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	· · · · · · · · · · · · · · · · · · ·		
	Other distributions (describe in <b>Part VI</b> ). See instructions.	6		
7 8	<b>Total annual distributions.</b> Add lines 1 through 6.	7		
0	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	in the organization is res	8 sponsive	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u> </u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
	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			
b	Applied to 2022 distributable amount			
C	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, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> <b>Part VI</b> . See instructions.			
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Part VISupplemental 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.)


### 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.

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



Department of the Treasury Internal Revenue Service Name of the organization

**KNOW & GROW LEARNING DEPOT INC** 

Employer identification number

KNOW & GROW LEARNING DEPOT INC	83-3477623
Form 990-EZ, Part I, Line 16 - Form 990-EZ, Part I, Line 16 - Only program expenses are incurred as our By	laws state: The president shall
personally pay all management, general and administrative, and fundraising expenses of the Corporation	
grants go toward program services. Tutoring program \$8,149; Kid-sized learning materials \$17,687; Class	
learning teaching tools \$2,846; Science enrichment \$276; Other program expenses \$59; Depreciation exp	
	ense-programs \$3,275; Total
Program Expenses \$36,356	
Form 990-EZ, Part I, Line 20 - Form 990-EZ, Part I, Line 20 - Other changes in net assets or fund balances.	
used to create kid-sized learning materials, early learning teaching tools, and classroom equipment. No s	pecialized skills were reported as
income/expense on Form 990. The \$9,705 reported on Line 20 was the portion of In-Kind Specialized Skill	s capitalized as an asset on our
financial statements which were prepared according to GAAP.	
<b>TTT</b>	
Form 990-EZ, Part II, Line 24 - Form 990-EZ, Part II, Line 24 - Other assets. Pledge receivable \$2,400; Tutor	ing program equipment
\$14,784; Kid-sized learning materials \$16,132; Early learning teaching tools \$5,920; Science teaching tool	
\$6,281; Less-Accumulated depreciation \$3,519; Total other assets \$47,804	
Form 990-EZ, Part II, Line 26 - Form 990-EZ, Part II, Line 26 - Tutoring program fees payable \$2,400	
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Cat. No. 51056K

#### Schedule O, Statement 1

Form: Form 990-EZ (2022)

#### Page: 2

Other Program Service Accomplishments

KNOW & GROW LEARNING DEPOT INC

EIN: 83-3477623

Part III, Line 31

Other Program Service Accomplishments			
Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
Early learning teaching tools. Served a Title One public elementary school with 550 students enrolled. Served kindergarten and first grade.	0		2,846
Science enrichment. Served a Title One public elementary school with 550 students enrolled. Served fifth- grade science.	0		276
Other program expenses. Served a Title One public elementary school with 550 students enrolled.	0		59
Depreciation expense. Served a public elementary school with 550 students enrolled. Served kindergarten, first grade, and fifth-grade science.	0		3,275
Total:			6,456