Form	9	9	0
Departm	o nont	ftha	Tropeury

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.

6 Q Open to Public

OMB No. 1545-0047

Inter	nal Reve	enue Service	e	Information	about Form 990 and its	instructions	is at www.	irs.gov	/form990.			Inspecti	ion
A F	or th	e 2019	calen	dar year, or tax year begir	nning 07/	01, 2019 ,	, and endi	ng	_	0	6/30,2	20 20	
_			Name	of organization					D Employ	/er identi	fication nu	mber	
Bc	heck if ap	oplicable:	PRE	VENTION ACTION ALL	IANCE								
	Addre chang		Doing	Business As					34-1	58427	17		
	Name	change	Numb	er and street (or P.O. box if mail is	not delivered to street address	5)	Room/suite		E Teleph	one numb	ver		
	Initial	return	617	1 HUNTLEY ROAD, SU	ITE G				(614)	540-	9985		
	Termi	inated	City o	r town, state or province, country, a	and ZIP or foreign postal code								
	Amen return		COL	UMBUS, OH 43229					G Gross r	receipts \$; 2	2,745	,306.
	Applic	cation F	Name	and address of principal officer:	FRAN GERBIG				H(a) Is this	a group re dinates?	turn for	Yes	XNC
			617	1 HUNTLEY ROAD, SU	ITE G, COLUMBUS	, ОН 432	229		H(b) Are all		s included?	Yes	No
I	Tax-ex	empt statu	us:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1) d	or 52	27	lf "No	," attach a l	list. (see inst	ructions)	
J	Websi	te: 🕨 P	REVE	INTIONACTIONALLIANC	E.ORG				H(c) Group	exemption	number	►	
κ	Form of	of organiza	ation:	X Corporation Trust	Association Other		L Year of	of format	tion: 1987	M Sta	te of legal of	domicile:	OH
Ρ	art I	Sum	mary										
	1	Briefly o	describ	e the organization's mission o	r most significant activities	: LEADIN	IG THE V	VAY I	N PROM	OTING	HEALT	ΉY	
e		LIVES	S TH	ROUGH THE PREVENTION	ON OF SUBSTANCE	MISUSE	AND FOS	STERI	ING				
an		MENT	AL H	EALTH WELLNESS.									
Governance	2	Check t	his box	if the organization d	iscontinued its operation	s or dispose	d of more th	an 25%	of its net a	assets.			
ĝ	3	Number	r of vot	ing members of the governing	body (Part VI, line 1a)					3			16.
യ് ഗ	4	Number	r of ind	lependent voting members of t	he governing body (Part \	/I, line 1b)				4			16.
itie				of individuals employed in cale									17.
Activities &				of volunteers (estimate if neces	`					6			30.
Ă				d business revenue from Part V							1		0
				business taxable income from							>		0
									Prior Ye	ar	Cu	urrent Y	ear
e	8	Contribu	utionsa	and grants (Part VIII, line 1h)					3,193	,892.		2,575	5,143
nuə	9	Program	n servi	ce revenue (Part VIII, line 2g)			Y FOR		69	,637.		97	7,862
Revenue	10	Investm	ent ind	come (Part VIII, column (A), line	es 3, 4, and 7d)	PUBLIC IN	ISPECTION			419.		23	3,234
œ	11	Other re	evenue	e (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)					8,508.			3,855
	12	Total re	venue	- add lines 8 through 11 (must	t equal Part VIII, column (A	.), line 12) <u>.</u>			3,282	,456.		2,700	0,094
	13	Grants	and sir	milar amounts paid (Part IX, colu	umn (A), lines 1-3)				187	,275.		385	7,393
	14	Benefits	s paid t	to or for members (Part IX, colu	mn (A), line 4)					0.	·		0
S	15			r compensation, employee bene					707	,970.		706	б,47б
sus	16a	Profess	ional f	undraising fees (Part IX, columr	n (A), line 11e)					0.	•		0
Expenses	b	Total fu	ndraisi	ing expenses (Part IX, column (D), line 25) 🕨	144	·						
ш	17	Other ea	xpense	es (Part IX, column (A), lines 11	a-11d, 11f-24e)				2,291				-
	18	Total ex	pense	s. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			3,186				7,176
		Revenu	e less	expenses. Subtract line 18 from	n line 12					6,847.		-37	7,082
s or								Begin	ning of Cur			nd of Yea	
Net Assets or Fund Balances	20	Total as	sets (F	Part X, line 16)					1,653	-	-		2,000
nd B	21			(Part X, line 26)						3,240.			6,031
				fund balances. Subtract line 21	from line 20				1,515	,681.		1,485	5,969
_	rt II			Block									
				I declare that I have examined th . Declaration of preparer (other than						est of my	/ knowledg	e and be	elief, it is
								-					
Sig	in		ianotur	e of officer					Date				
He			ignature						Date	,			
				print name and title									
				print name and title	Bronaror's signature		Date				PTIN		
Paid	ł				Preparer's signature		Dale		Check			C 0 1 1 T	,
	parer			REAPE, CPA						mployed	P0006		
	Only	Firm's n	lamo	HW&CO					Firm's EIN		-16631		
NA -	/ 4la = 11			► 23240 CHAGRIN BLVD., SU					Phone no.	21	6-831-		
				s return with the preparer show						<u></u>		Yes	
⊢ or	rape	rwork Re	eaucti	on Act Notice, see the separat	e instructions.						F	orm 99	0 (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

For	m 990 (2019)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	LEADING THE WAY IN PROMOTING HEALTHY LIVES THROUGH THE PREVENTION OF	
	SUBSTANCE MISUSE AND FOSTERING MENTAL HEALTH WELLNESS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	s X 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	
3	services?	s X No
	If "Yes," describe these changes on Schedule O.	3 <u></u> NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by
•	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocation	
	the total expenses, and revenue, if any, for each program service reported.	o to othoro,
	······································	
4.0	(Code:) (Evenence f	<u> </u>
4a	(Code:) (Expenses \$including grants of \$ic2,737.) (Revenue \$) (Reven)
	SUBSTANCE ABUSE PREVENTION PROVIDERS AND YOUTH ACROSS THE STATE	
	THAT ARE COMMITTED TO THE CORNERSTONES OF YOUTH-LED PREVENTION,	
	PEER PREVENTION, POSITIVE YOUTH DEVELOPMENT AND COMMUNITY SERVICE.	
	THE OYLPN FOSTERS PARTNERSHIPS AND COLLABORATIONS AMONG THESE	
	YOUTH-LED PREVENTION PROGRAMS THROUGHOUT OHIO.	
4b	(Code:) (Expenses \$ 1,460,000. including grants of \$) (Revenue \$)
	PROBLEM GAMBLING AWARENESS: IN COLLABORATION WITH OHIO MHAS AND	/
	ORIGO BRANDING COMPANY, WE WILL WORK TO FURTHER DEVELOP, PROMOTE,	
	AND GROW THE "BE THE 95%" PROBLEM GAMBLING CAMPAIGN. THIS CAMPAIGN	
	FOCUSES ON RAISING COMMUNITY AWARENESS OF PROBLEM GAMBLING BY	
	FOCUSING ON RISK FACTORS, SIGNS OF PROBLEM GAMBLERS, AND HOW TO	
	GET HELP FOR ONESELF OR A LOVED ONE. THIS CAMPAIGN IS HEAVILY	
	DRIVEN IN THE DIGITAL FORMAT INCLUDING A WEBSITE WITH INFORMATION	
	AND CA COMMUNITY TOOLKIT, BILLBOARDS, SOCIAL MEDIA, AND THEATER	
	ADS.	
4c	(Code:) (Expenses \$ 97,245. including grants of \$) (Revenue \$)
	COALITIONS & ENGAGEMENT GROUPS: THE STATEWIDE PREVENTION COALITION	
	ASSOCIATION BRINGS TOGETHER SUBSTANCE MISUSE PREVENTION COALITIONS	
	TO NETWORK, SHARE RESOURCES AND BEST PRACTICES, AND COLLABORATE TO	
	HELP COMMUNITIES THROUGHOUT OHIO. THE GAP NETWORK AIDS THOUSANDS	
	OF OHIO FAMILIES WHO HAVE SUFFERED A DEVASTATING LOSS DUE TO	
	ADDICTION AND THE OPIOID CRISIS. MANY TURN THEIR GRIEF INTO	
	ACTION, AND THE GAP NETWORK GUIDES AND SUPPORTS THEM AS ADVOCATES	
	FOR CHANGE.	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 769,397. including grants of \$ 224,656.) (Revenue \$ 101,717.)	
4e	Total program service expenses ► 2,534,744.	
JSA	Form	990 (2019)
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Form 9	90 (2019)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A.	1	X X	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Δ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
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.	4		x
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	<u> </u>
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			x
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TTe		<u> </u>
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		<u> </u>
	Schedule D, Parts XI and XII	12a	Х	
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			37
4 -	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4 5		x
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	1

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Page	4
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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20				
-	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a	х	
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2	019)		Р	age 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	ements, filed for the calendar year ending with or within the year covered by this return. 2a 17			
	least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	he organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	by time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	ancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	es," enter the name of the foreign country			
	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	es" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	the organization have annual gross receipts that are normally greater than \$100,000, and did the			
orga	nization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b If "Y	es," did the organization include with every solicitation an express statement that such contributions or			
gifts	were not tax deductible?	6b		
7 Orga	nizations that may receive deductible contributions under section 170(c).			
	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
and	services provided to the payor?	7a		X
b If "Y	es," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	ired to file Form 8282?	7c		X
d If "Y	es," indicate the number of Forms 8282 filed during the year			
e Did	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did t	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
spor	soring organization have excess business holdings at any time during the year?	8		
9 Spo	nsoring organizations maintaining donor advised funds.			
	he sponsoring organization make any taxable distributions under section 4966?	9a		
b Did t	he sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	ion 501(c)(7) organizations. Enter:			
	tion fees and capital contributions included on Part VIII, line 12 10a			
	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	ion 501(c)(12) organizations. Enter:			
	s income from members or shareholders			
	s income from other sources (Do not net amounts due or paid to other sources			
	nst amounts due or received from them.)			
	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	es," enter the amount of tax-exempt interest received or accrued during the year 12b			
	ion 501(c)(29) qualified nonprofit health insurance issuers.	40-		
		13a		
	: See the instructions for additional information the organization must report on Schedule O.			
	r the amount of reserves the organization is required to maintain by the states in which			
	brganization is licensed to issue qualified health plans			
	r the amount of reserves on hand	14a		X
		-		
		14b		
	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or ss parachute payment(s) during the year?	15		Х
	es," see instructions and file Form 4720, Schedule N.	13		
		16		х
	e organization an educational institution subject to the section 4968 excise tax on net investment income? as," complete Form 4720, Schedule O.			

Form §	90 (2019)			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	w, and	for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
<u></u>			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a	6		
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	.6		
b		_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir	t		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	.		
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	1		
•	the year by the following:	,		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a	+		
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenu	-		
		0.0000	Yes	No
40-	Did the energiantian have least charters have been an efficience?	10a		X
	Did the organization have local chapters, branches, or affiliates?			
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.0	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv		37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval b	y		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t I		
	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			1
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ^{OH} ,			
17 10			tion '	501/~
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			50 I (C)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
40		-1		¹ '
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	or inte	rest	policy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and rece FRAN GERBIG 6155 HUNTLEY RD, SUITE H COLUMBUS, OH 43229 614-540-9985	ords 🕨		

JSA

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

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

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

Name and title Average hours per week (list any hours for related organizations below dotted line) (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) Estimated at of the compensation from the organizations (1) MARCIE SEIDEL 40.00 40.00 40.00 40.00 40.00 1 <		(C)			
NoneNo			(D)	(E)	(F)
pr week (list any hours brief organization organization below dotted line)officer and a director/trustee) from related organization (W-2/1099-MISC)from related organization (W-2/1099-MISC)compense organization 	Average		· ·		Estimated amount
(iist ary hours for related organization below dotted line)interform organization organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted organization inclusted					compensation
organizations below dotted line) is generative g	(list any				from the
organizations below dotted line) 0 2 5 5 5 6 7 5 6 7 5 6 7 5 6 7 7 7 7 7 7 7	hours for diverse		(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
(1) MARCIE SEIDEL 40.00 x 86,275. 0. 8 (2) JOLY ALLTON .50 x x 0. 0. x 86,275. 0. 8 PRESIDENT 0. x x 0. </td <td></td> <td></td> <td></td> <td></td> <td>related organizations</td>					related organizations
(1) MARCIE SEIDEL 40.00 x 86,275. 0. 8 (2) JODY ALLTON .50 . <td>below c</td> <td>below U below</td> <td></td> <td></td> <td></td>	below c	below U below			
(1) MARCIE SEIDEL 40.00 x 86,275. 0. 8 (2) JODY ALLTON .50 . <td>dotted line)</td> <td></td> <td></td> <td></td> <td></td>	dotted line)				
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LOD X 86,275. 0. 86 (2) JODY ALLTON .50					
(2) JODY ALLTON .50 x x 0. 0. PRESIDENT 0. x x 0. 0. 0. (3) CLAUDIA KHOUREY-BOWERS .50 x 0. 0. 0. DIRECTOR 0. x 0. 0. 0. (4) CORINNE GASPER .50 x 0. 0. AT-LARGE DIRECTOR 0. x 0. 0. (5) JOHN P CURP .50 x 0. 0. PAST PRESIDENT 0. x 0. 0. (6) GEORGE "PAT" WILLIS .50 .50					
PRESIDENT 0. X X X 0. 0. (3) CLAUDIA KHOUREY-BOWERS .50 X 0. 0. 0. (4) CORINNE GASPER .50 X 0. 0. 0. AT-LARGE DIRECTOR 0. X 0. 0. (5) JOHN P CURP .50 X 0. 0. PAST PRESIDENT 0. X X 0. 0. (6) GEORGE "PAT" WILLIS .50 X 0. 0. DIRECTOR 0. X 0. 0. (7) AMY KURTZ-NAGEL .50 X 0. 0. DIRECTOR 0. X 0. 0. 0. (8) GENE PIERCE .50 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (9) ALEXANDER ALSTON III, LT COL .50 0. 0. DIRECTOR 0. X 0. 0. 0.			86,275.	0.	8,498.
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(4) CORINNE GASPER .50 0. 0. 0. AT-LARGE DIRECTOR 0. X 0. 0. (5) JOHN P CURP .50 0. 0. 0. PAST PRESIDENT 0. X X 0. 0. (6) GEORGE "PAT" WILLIS .50 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (7) AMY KURTZ-NAGEL .50 0. 0. 0. 0. (6) GENE PIERCE .50 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (6) GENE PIERCE .50 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (9) ALEXANDER ALSTON III, LT COL .50 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (10) DEREK SIEGEL .50 0. 0. 0. 0. (11) DAVID BELL .50 0. 0. 0. 0. <td></td> <td>/</td> <td></td> <td></td> <td></td>		/			
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(6) GEORGE "PAT" WILLIS .50 0.					
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(7) AMY KURTZ-NAGEL .50 0 0.					
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(8) GENE PIERCE.50X0.DIRECTOR0.X0.0.(9) ALEXANDER ALSTON III, LT COL.500.0.DIRECTOR0.X0.0.(10) DEREK SIEGEL.500.0.DIRECTOR0.X0.0.(11) DAVID BELL.500.0.					
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(11) DAVID BELL .50					
			0.	0.	0.
SECRETARY 0. X X I. 0. 0.					
			0.	0.	0.
(12) STEPHANIE LOUCKA .50					
DIRECTOR 0. X 0. 0.			0.	0.	0.
(13) PAUL SCHOONOVER .50					
DIRECTOR 0. X 0. 0.			0.	0.	0.
(14) JOHN HEER .50					
DIRECTOR 0. X 0. 0.	0. X	DIRECTOR 0. X	0.	0.	0.

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Part VII Section A. Officers, Directors, (A)	(B)				C)		-	(D)	(E)		(F)
Name and title	Average				sition			Reportable	Reporta	able	Estimated
	hours per	(do i	not ch			e than c	ne	compensation	compensati		amount of
	week (list any					is both		from	relate		other
	hours for	office			1	tor/trust		the	organiza		compensatior
	related	Individual trustee or director	nsti	Officer	Key	high	Former	organization	(W-2/1099	-MISC)	from the
	organizations below dotted	/idu	tuti	er	employee	loye	ner	(W-2/1099-MISC)			organization and related
	line)	tor al tr	ona		oloy	e con					organizations
		uste	Ē		ee	npe					
		e	Institutional trustee			Highest compensated employee					
5) ASHLEY NEEL	.50										
TREASURER	0.	X		Х				0	-	0.	
L6) BOBBIE O'KEEFE	.50										
PRESIDENT ELECT	0.	x		Х				0		0.	
17) PETER WALSH	.50										
AT-LARGE DIRECTOR	0.	х						0		0.	
		-									
		-									
1b Sub-total	1				-		►	86,275.		0.	8,4
c Total from continuation sheets to Part VII	Section A		• • •	• •	• •	• • •		0.		0.	
d Total (add lines 1b and 1c)	· •			• •				86,275.		0.	8,4
2 Total number of individuals (including but n	ot limited to t						o re	eceived more than	\$100,000	of	
reportable compensation from the organiza	tion 🕨	0.	•								Yes
											Tes
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch											3
4 For any individual listed on line 1a, is th organization and related organizations individual.	greater than	\$15	50,0	00?	r If	"Yes	s,"	complete Schedu	le J for	such	4
 5 Did any person listed on line 1a receive for services rendered to the organization? If 	or accrue co	mpen	satio	on f	fron	n any	un	related organization	on or indivi	idual	5
Section B. Independent Contractors		.0 001	1000		, 101	50011	per				
1 Complete this table for your five highest of	mpensated	nden	ando	nt	con	tracto	re +	hat received more	than \$100		
compensation from the organization. Report year.											
•								(D)			(0)
(A) Name and business	address							(B) Description of se	nicos	C.	(C) Compensation

(A) Name and business address	(C) Compensation	
ORIGO BRANDING 149 N HIGH STREET COLUMBUS, OH 43215	MEDIA CAMPAIGN	1,032,917.
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 1	e listed above) who received	

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
	с	Fundraising events					
	d	Related organizations					
	е	Government grants (contributions) 1e	2,524,818.				
	f	All other contributions, gifts, grants,					
		and similar amounts not included above . 1f	50,325.				
	g	Noncash contributions included in					
and	h.	lines 1a-1f.		0 575 140			
	n	Total. Add lines 1a-1f	Business Code	2,575,143.			
ë	0-	TRANING SERVICES	624000	71,804.	71,804.		
e Zi	2a b	PRODUCT SALES	624000	22,783.	22,783.		
Se	0	SUBSCRIPTIONS	624000	3,275.	3,275.		
Program Service Revenue	d						
2 B R	e						
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u></u> ▶	97,862.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	23,005.			23,005
	4	Income from investment of tax-exempt bon		0.			
	5	Royalties		0.			
	-		(ii) Personal				
	6a	Gross rents 6a	+				
	b	Less: rental expenses 6b Rental income or (loss) 6c	+				
	c d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 45,441					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b 45,212					
	С	Gain or (loss) 7c 229					
er	d	Net gain or (loss)	<u> ▶ </u>	229.			229
Other R	8a	Gross income from fundraising					
Ŭ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a Less: direct expenses 8b					
	b C	Less: direct expenses		0.			
	9a	Gross income from gaming					
	5 a	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from gaming activities	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory		0.			
sn			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	3,855.	3,855.		
ven	b						
Sce	C d						
Ξ	d	All other revenue		3,855.			
	<u>e</u> 12	Total revenue. See instructions		2.700.094.	101.717.		23.234

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Form 990 (2019)

Form **990** (2019)

Page **9**

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 respo		0	1	
Do	not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21	387,393.	387,393.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	94,773.	90,982.	3,791.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	481,530.	399,452.	82,078.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	49,498.	41,139.	8,359.	
9	Other employee benefits	41,710.	35,453.	6,257.	
10	Payroll taxes	38,965.	33,120.	5,845.	
11	Fees for services (nonemployees):				
	Management	0.			
	Legal	0.			
c	Accounting	0.			
d	Lobbying	0.			
e	Professional fundraising services. See Part IV, line 17	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	30,222.	29,203.	1,018.	1.
12	Advertising and promotion	0.			
13	Office expenses	8,712.	8,487.	225.	
14	Information technology	9,592.	9,269.	323.	
15	Royalties	0.			
16	Occupancy	62,287.	59,562.	2,725.	
17	Travel	35,492.	30,650.	4,835.	7.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	70.000	10.040	1.0
19	Conferences, conventions, and meetings	81,154.	70,890.	10,248.	16.
20	Interest	0.			
21	Payments to affiliates	28,042.		28,042.	
22	Depreciation, depletion, and amortization	6,903.	6,618.	28,042.	
23		0,903.	0,010.	205.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	MEDIA/MARKETING CONTRACTED S	1,249,528.	1,207,367.	42,101.	60.
-	SUPPLIES	57,307.	54,667.	2,640.	
	PRINTING	24,792.	22,530.	2,010.	
-	DUES & SUBSCRIPTIONS	24,040.	22,898.	1,082.	60.
	·	25,236.	25,064.	172.	
	All other expenses	2,737,176.	2,534,744.	202,288.	144.
25		_,,,	_,,		
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			
	• • • • • • • • • • • • •	5.			

	990 (2 t X				Page 11
ar	ιA	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	331,932.	1	385,446.
	2	Savings and temporary cash investments.	110,712.	2	111,209.
	3	Pledges and grants receivable, net	220,010.	3	256,338
	4	Accounts receivable, net.	0.	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0
3	7	Notes and loans receivable, net	0.	7	0
	8	Inventories for sale or use	31,033.	8	20,911
ć	9	Prepaid expenses and deferred charges	6,309.	9	6,085
1	0 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 120, 884.			
	b	Less: accumulated depreciation	69,283.	10c	41,241
1	1	Investments - publicly traded securities	0.	11	0
1	2	Investments - other securities. See Part IV, line 11	884,642.	12	880,770
1	3	Investments - program-related. See Part IV, line 11	0.	13	0
1	4	Intangible assets	0.	14	0
1	5	Other assets. See Part IV, line 11	0.	15	0
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	1,653,921.	16	1,702,000
1	7	Accounts payable and accrued expenses	132,835.	17	113,219
	8	Grants payable .	0.	18	0
	9	Deferred revenue.	0.	19	0
	20	Tax-exempt bond liabilities.	0.	20	0
2	-	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0
-	22	Loans and other payables to any current or former officer, director,			
2		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	22	0
i 2	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
2		Unsecured notes and loans payable to unrelated third parties	0.	24	0
2		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	5,405.	25	102,812
2	26	Total liabilities. Add lines 17 through 25	138,240.	26	216,031
	-	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	1,372,994.	27	1,343,282
3 ₂	28	Net assets with donor restrictions.	142,687.	28	142,687
2 2 2 3 3		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5 2	29	Capital stock or trust principal, or current funds		29	
2 3	-9 80	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
2 3	30 81	Retained earnings, endowment, accumulated income, or other funds.		30	
	32	Total net assets or fund balances	1,515,681.	32	1,485,969.
درر	92 33	Total liabilities and net assets/fund balances	1,653,921.	32 33	1,702,000.

Form 99	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			37,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,5	15,6	
5	Net unrealized gains (losses) on investments	5			7,3	370.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				05 0	
	32, column (B))	10		1,4	85,9	969.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		•••		
			Г		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xpiair	i in			
	Schedule O.			2-		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	npiled	i or			
				2b	x	
b	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	teu o	na			
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rciab	t of			
L.	the audit, review, or compilation of its financial statements and selection of an independent accounta	•		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, e.					
	Schedule O.	, più li l				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
Ja	Single Audit Act and OMB Circular A-133?			3a	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	•		3b	Х	
					000	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the netastry					Inspection				
Nam	e of t	he organization						Employer identifi	cation number
PR	EVE	NTION ACTIO						34-15842	
Part I Reason for Public Ch				•	•			,	
	org	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1				•	tion of churches desc				
2					. (Attach Schedule E				
3			-		rganization described				(III) Enter the
4		hospital's nam	•	•	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(III). Enter the
5					a college or universit		d or one	rated by a governme	ental unit described in
3		-	-	Complete Part II.)	a conege of universit	y owned		ated by a governme	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	Х								om the general public
		-		(1)(A)(vi). (Compl	-				5
8)(1)(A)(vi). (Complete	Part II.)			
9					ed in section 170(b)(1			in conjunction with a	land-grant college
		or university o	r a non-land-	grant college of ag	priculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:							
10		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and up n after June 30, 19	ore than 331/3 % of its unctions - subject to o nrelated business tax 975. See section 509	certain e able inco (a)(2). (0	exception ome (lese Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11		•	•		usively to test for publi				
12		-	-			-			arry out the purposes
									ee section 509(a)(3).
				-				-	nes 12e, 12f, and 12g.
а					, supervised, or contr	-			
			-		regularly appoint or e		ajonty of	the directors of truste	
b	Γ		-		e Part IV, Sections A ed or controlled in co		with ite	supported organizati	on(s) by baying
5					rganization vested in				
			-		, Sections A and C.	the ball			
с				-	ng organization opera	ted in co	onnectio	n with. and functional	llv integrated with.
					s). You must comple				,,
d					porting organization o				ted organization(s)
		that is not fu	inctionally inte	egrated. The orgar	nization generally mus	t satisfy	a distrib	ution requirement and	d an attentiveness
		_ requirement	(see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е			-		a written determinatio				I, Type III
	_				ionally integrated sup	porting o	organizat	ion.	
f								• • • • • • • • • • • • •	•••••
g		ame of supported of		(ii) EIN	orted organization(s).	(ind) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 14	ane of supported t	organization	(1) EIN	(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	docur Yes	ment?	instructions)	instructions)
						162	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,209,887.	2,359,297.	2,679,220.	3,193,892.	2,575,143.	13,017,439.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,209,887.	2,359,297.	2,679,220.	3,193,892.	2,575,143.	13,017,439.
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).						0.
6	Public support. Subtract line 5 from line 4						13,017,439.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,209,887.	2,359,297.	2,679,220.	3,193,892.	2,575,143.	13,017,439.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,900.	18,975.	21,052.	23,915.	23,005.	101,847.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						13,119,286.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	650,207.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
Sec	tion C. Computation of Public Sup		0				
14	Public support percentage for 2019 (lin					14	99.22%
15	Public support percentage from 2018					15	99.20 %
16a	331/3% support test - 2019. If the org	-					
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here . The organization qualifies as a publicly supported organization						
17a							
	10% or more, and if the organization						
	Part VI how the organization meets t			-	-		
b	organization						
D	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization						
10							
	instructions						

Schedule A (Form 990 or 990-EZ) 2019

Page 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	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						
	line 6.)						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business						
11	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	ition's first, seco	nd third fourth	or fifth tax v	ear as a section	 501(c)(3)
••	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8			mn (f))		15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investmen					-	
17	Investment income percentage for 2019 (lin			13, column (f))		17	%
18	Investment income percentage from 2018						%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2018. If the orga	-	•	-			
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			
JSA							990 or 990-EZ) 2019

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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.*
- **10 a** 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 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.)

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Page 4

Yes No

JSA

Schedule A (Form 990 or 990-EZ) 2019 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in (a) above? c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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 in (2), 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. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а 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. С The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No 2 Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а 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. 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b

- Parent of Supported Organizations. Answer (a) and (b) below. 3 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

3b Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	l age
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz	zations r	must complete Section	ns A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

Page 6

Schedule A (Form 990 or 990-EZ) 2019

Schedu Part	ILE A (Form 990 or 990-EZ) 2019 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			A (Farma 000 an 000 FZ) 0040

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

34-1584277

PREVENTION ACTION ALLIANCE

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)					
Name of organization	PREVENTION	ACTION	ALLIANCE		

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>1</u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization	PREVENTION ACTION	ALLIANCE	Employer identification number
			34-1584277

art II Nonca	ash Property (see instructions). Use duplicate copies	· ·	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		ψ	

	990, 990-EZ, or 990-PF) (2019) ttion PREVENTION ACTION ALLI.	ANCE		Employer identification number	
(10)	usively religious, charitable, etc. that total more than \$1,000 for following line entry. For organizati	the year from any or	ne contributor. C	omplete columns (a) through (e)	
cont Use	tributions of \$1,000 or less for the duplicate copies of Part III if additi	e year. (Enter this info	rmation once. Se		
a) No. From Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, an			ship of transferor to transferee	
-					
a) No. From Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee	
a) No. From Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
		(e) Transfer	of gift		
	Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee	

(a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee

SCHEE	DULE D)
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

2019

Department of the Treasury Internal Revenue Service		Go to www.irs.gov	► Attach to Form 990. /Form990 for instructions and the latest infor	mation. Open to Public Inspection
	e of the organization		Formaso for instructions and the latest into	Employer identification number
	EVENTION ACTIC	N ALLTANCE		34-1584277
			ised Funds or Other Similar Funds o	
Г		-	"Yes" on Form 990, Part IV, line 6.	Accounts.
	Complete		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at a	nd of your		
2		nd of year of contributions to (during year)		
23		of grants from (during year)		
4		at end of year		
- 5		-	advisors in writing that the assets held	Lin donor advised
5			e organization's exclusive legal control?	
6	-		and donor advisors in writing that grant	
•	-	-	fit of the donor or donor advisor, or for	
Pa		tion Easements.		
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of con	servation easements held by the	e organization (check all that apply).	
	Preservatio	n of land for public use (for example	e, recreation or education) Preservation	of a historically important land area
	Protection of	of natural habitat	Preservation	n of a certified historic structure
	Preservation	n of open space		
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation contribution i	
		ast day of the tax year.		Held at the End of the Tax Year
а	Total number of co	onservation easements		2a
b	Total acreage rest	tricted by conservation easement	s	2b
С			historic structure included in (a)	2c
d			c) acquired after 7/25/06, and not on a	
		-		2d
3		rvation easements modified, tra	nsferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►			
4			ervation easement is located	Cara har dlan a
5	-		garding the periodic monitoring, inspec	-
~			sements it holds?	
6	Starr and volunteer	nours devoted to monitoring, insp	ecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of oxpons	on incurred in monitoring increase	ting, handling of violations, and enforcing	conconvotion accomente during the year
'		ies incurred in monitoring, inspec	and, nanding of violations, and enforcing (conservation easements during the year
8	P	wation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
•				
9	In Part XIII. descri	be how the organization reports	conservation easements in its revenue ar	nd expense statement and
-		u	of the footnote to the organization's finan	•
	organization's acc	ounting for conservation easeme	nts.	
Pa			s of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete	e if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organizatior	n elected, as permitted under FA	ASB ASC 958, not to report in its reven	ue statement and balance sheet works
	of art, historical t	treasures, or other similar asse	ASB ASC 958, not to report in its reven ts held for public exhibition, education to its financial statements that describes	, or research in furtherance of public
b			ASB ASC 958, to report in its revenue	
5			Id for public exhibition, education, or re-	
	provide the follow	ing amounts relating to these ite	ms:	
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	assets for financial gain, provide the
	following amounts	s required to be reported under F	ASB ASC 958 relating to these items:	

Revenue included on Form 990, Part VIII, line 1. а Assets included in Form 990, Part X.... b

▶\$

▶ \$

Schedule D (Form 990) 2019

Schee	ule D (Form 990) 2019									Page	2
Ра	t III Organizations Maintaining Coll	ections of	Art, Histo	rical Tre	asures	, or Oth	er Similar A	Assets (C	ontinue		
3	Using the organization's acquisition, acce										s
	collection items (check all that apply):										
а	Public exhibition		d	Loan	or excha	nge prog	gram				
b	Scholarly research		е 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's	s collections	s and expla	ain how t	they furt	her the	organization'	s exempt	purpose	in Pa	rt
	XIII.										
5	During the year, did the organization solicit	or receive of	donations o	f art, hist	orical tre	asures, o	or other simil	ar _	_		
	assets to be sold to raise funds rather than		ained as pa	rt of the	organiza	tion's co	llection?		Yes	N	0
Pa	t IV Escrow and Custodial Arrange										
	Complete if the organization and	swered "Ye	es" on For	m 990, F	Part IV, I	ine 9, o	r reported a	n amoun	t on For	m	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo			-					_		
	included on Form 990, Part X?							L	Yes	N	0
b	If "Yes," explain the arrangement in Part X	III and com	plete the fo	lowing tab	ole:						
								Amount			
С	Beginning balance				-	1c					
d	Additions during the year					1d					
е	Distributions during the year				-	1e					
f	Ending balance					1f			1		
2a	Did the organization include an amount on								Yes		0
	If "Yes," explain the arrangement in Part X	III. Check h	ere if the e	xplanation	has bee	n provide	ed on Part XII				
Pa	t V Endowment Funds.	owered "V	oo" oo For			ina 10					
	Complete if the organization an		(b) Prio			years back	k (d) Three y	ann haali	(2) [2019]		
		urrent year	(b) Pho	ryear	(0) 100	years back	(a) Three y	ears back	(e) Four y	ears back	(
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
_	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
T	Administrative expenses										
g	End of year balance			. (1:		(a)) a a a					
2 a	Provide the estimated percentage of the c Board designated or quasi-endowment >	urrent year	end balanc	e (line 1g,	column	(a)) neid	as:				
b	Permanent endowment > %										
c	Term endowment %										
	The percentages on lines 2a, 2b, and 2c s	hould equal	100%.								
3a	Are there endowment funds not in the post	•		tion that	are held	and adr	ministered for	the			
	organization by:		0						Y	es No	0
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	nizations liste	ed as require	ed on Sch	edule R?				3b		
4	Describe in Part XIII the intended uses of t	he organiza	ition's endo	wment fui	nds.						
Ра	t VI Land, Buildings, and Equipment Complete if the organization an	t.				Ban 44 -		000 D-	4 V 1	40	
	Description of property				Part IV, or other bas	$\frac{1100}{110}$	Accumulated		TX, IINE Book valu		-
	Description of property		r other basis stment)		or other bas ther)		epreciation	(d)		C	
1a	Land										
b	Buildings										
С	Leasehold improvements				2,05		103.			1,955	
d	Equipment			1	18,82	б.	79,540.		3	9,286	j .
	Other										
Tota	. Add lines 1a through 1e. (Column (d) mus	st equal Forr	n 990, Part	X, colum	n (B), line	e 10c.)	•		4	1,241	

Schedule D (Form 990) 2019

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MUTUAL FUNDS	785,031.	FMV
(B) STOCKS	3,130.	FMV
(C) CD	92,609.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	880,770.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE LIABILITY	3,594.
(3)	PPP LOAN	99,218.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col, (B) line 25.)	102,812.

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

Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,707,464.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	7,370.
3	Subtract line 2e from line 1	3	2,700,094.
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 4a		
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	2,700,094.
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,737,176.
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	1	
c	Other losses.	1	
d	Other (Describe in Part XIII.)	1	
e e	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	2,737,176.
3			<u> </u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a		1	
b		40	
C F	Add lines 4a and 4b	4c 5	2,737,176.
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	Э	2,131,110.
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)				Assistance t Individuals in			-	омв No. 1545-0047 20 19
Department of the Treasury	-		► At	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the l	atest informatior	1.		Inspection
Name of the organization							Employer identificat	on number
PREVENTION ACTIO	ON ALLIANCE						34-158427	7
Part I General In	formation on Grants and	d Assistanc	e				•	
1 Does the organization	ation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection crite	eria used to award the grant	s or assistand	e?	-				X Yes No
2 Describe in Part I	V the organization's proced	lures for mor	nitoring the use	of grant funds in the	e United States.			
Part II Grants and	d Other Assistance to D	omestic Or	ganizations ar	d Domestic Gov	ernments Com	plete if the organiz	ation answered "Y	es" on Form 990
	e 21, for any recipient th		-					
		1			-			
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AKRON UMADAOP								
665 W. MARKET ST A	AKRON, OH 44303	34-1726481	501(C)(3)	15,000.				EDUCATION AND SKILL
(2) COMPDRUG, INC.								
547 E. 11TH ST COL	JUMBUS, OH 43211	31-1055596	501(C)(3)	25,500.				DEVELOPMENT OF YOUTH
(3) FULTON COUNTY HEAL	TH DEPARTMENT							
606 S SHOOP AVE WA	AUSEON, OH 43567	34-6400540		25,500.				DEVELOPMENT OF YOUTH
(4) GEAUGA COUNTY ESC								
8221 AUBURN RD CON	ICORD TOWNSHIP, OH 44077	34-1254450	501(C)(3)	25,500.				DEVELOPMENT OF YOUTH
(5) IMPACT PREVENTION								
PO BOX 809 SOUTH P	POINT, OH 45638	82-2590574	501(C)(3)	25,500.				DEVELOPMENT OF YOUTH
(6) LCADA								
2115 WEST PARK DR	LORAIN, OH 44053	34-1341788	501(C)(3)	15,000.				EDUCATION AND SKILL
(7) MARYHAVEN								
1430 S HIGH ST COL	JUMBUS, OH 43207	31-0732345	501(C)(3)	15,000.				EDUCATION AND SKILL
(8) MONTGOMERY CO. ADA	MHS BOARD							
409 E. MONUMENT AV	VE, STE 102	31-6000172		15,000.				EDUCATION AND SKILL
(9) PREVENTION FIRST		4						
2100 SHERMAN AVE,	STE 102 NORWOOD, OH 45212	31-1474841	501(C)(3)	20,000.				EDUCATION AND SKILL
(10) RECOVERY RESOURCES	3	4						
4269 PEARL RD CLEV	VELAND, OH 44109	34-1211116	501(C)(3)	20,000.				EDUCATION AND SKILL
(11) SUMMIT COUNTY COMM	UNITY PARTNERSHIP							
1100 GRAHAM ROAD C	CIR STOW, OH 44224	34-1818660	501(C)(3)	20,000.				EDUCATION AND SKILL
(12) TOWNHALL II		4						
155 NORTH WATER ST	C KENT, OH 44240	34-1091439	501(C)(3)	20,000.				EDUCATION AND SKILL
	er of section 501(c)(3) and	•	•					
3 Enter total number	er of other organizations list	ed in the line	1 table				<u> </u>	

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

SCHEDULE I (Form 990)				Assistance t Individuals in	•	•	-	200 19
	Com	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury			-	ttach to Form 990				Open to Public
Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization							Employer identificat	on number
PREVENTION ACTI	ION ALLIANCE						34-158427	7
Part I General I	nformation on Grants and	d Assistanc	e					
1 Does the organiz	zation maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection crit	eria used to award the grant	s or assistanc	æ?	-				X Yes No
2 Describe in Part	IV the organization's proceed	dures for mor	nitoring the use	of grant funds in the	e United States.			
	nd Other Assistance to D		-			plete if the organiz	ation answered "Y	es" on Form 990
	ne 21, for any recipient the		-					
·					•	(f) Method of valuation		
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WOOD COUNTY ESC								
1867 N RESEARCH D	R BOWLING GREEN, OH 43402	34-6401606		20,000.				EDUCATION AND SKILL
(2) YOUTH AT THE CENT	ER							
1110 MAIN STREET	CINCINNTI, OH 45202	47-5658812	501(C)(3)	25,500.				DEVELOPMENT OF YOUTH
(3) ZEPF CENTER								
2005 ASHLAND AVE	TOLEDO, OH 43620	34-1168947	501(C)(3)	20,000.				EDUCATION AND SKILL
_(4)		_						
(5)								
_(5)		-						
(6)								
_(7)		-						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		_						
	per of section 501(c)(3) and	•	•					15.
	per of other organizations list on Act Notice, see the Instruct					<u></u>		edule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
4					
5					
- -					

PART I, LINE 2

PREVENTION ACTION ALLIANCE USES THE GRANTS AND FUNDING MANAGEMENT SYSTEM

AS PROYIDED BY THE SINGLE STATE AGENCY, WHICH IS MONITORED AND APPROVED

BY OUR FUNDER.

	EDULE L 990 or 990-EZ)	►Con		rganization ar 28b, or 28c,	nswer or Fo	red "Ye orm 99	es" on Form 9 0-EZ, Part V,	90, Pai line 38	rt IV, line 25a, 25b a or 40b.	, 26, 27, 2	28a,	((20'	19		
	nent of the Treasury Revenue Service		►Go to												;	
-	f the organization	I								Employer	identif					س
PREV	ENTION ACTI	ON A	LLIANCE							34-	1584	277				_
Part													line 40	Db.		
1	(a) Name of disc	0-0-EZ besture intervention Complete if the organization answered "ves" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990 or Form 990 PEZ. Control Sector Control	Corrected?													
(1)															_	
(2)															_	
(3) (4)															_	
(4)															-	—
(6)															-	—
	Enter the amou	nt of ta	ax incurred b	v the organiz	zation	mana	agers or disa	ualifie	d persons during	the ve	ar			I		-
	under section 49 Enter the amour	958 <u>.</u> nt of ta	x, if any, on li	ne 2, above,	reiml							►\$_ ►\$_				
Part	Complete	if the o	organization a	inswered "Ye	es" or				ine 38a or Form 9	990, Par	t IV, lir	ne 26;	or if th	ne		
(a) Name of interested person		erson			from the				(f) Balance due	(g) In (default?	by board or a			(i) Written agreement?	
					То	From				Yes	No	Yes	No	Yes	No	
(1)																_
(2)																_
(3)																
(4)																
(5)																
(6)																
(7)																_
(8)																
(9)																
<u>(10)</u>									<u>۴</u>							_
Total Part								, line 2								_
(a) N	Name of interested pe	erson				c) Amou	int of assistance		(d) Type of assistance	e	(e)) Purpos	se of as	sistance	Ð	
(1)																
(2)																
(3)																
(4)																
(5)																_
(6)																
(7)																
(8)																
<u>(9)</u>																
(10) For Pa	perwork Reductio	on Act M	Notice, see the	Instructions	for Fo	orm 990) or 990-EZ.			Sche	edule I	(Form	990 or	990-F7	Z) 20 [.]	19

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?	
				Yes	No
(1) JEFF VANIK	FORMER BOARD DIRECTOR	22,775.	MARKETING AND DESIGNING		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					1
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service Informati Name of the organization PREVENTION ACTION ALLIANCE

FORM 990, PART III, LINE 4D

OTHER PROGRAMS:

ENFORCING UNDERAGE DRINKING LAWS (EUDL): EUDL EDUCATES PARENTS AND COMMUNITIES ABOUT THE HEALTH AND SAFETY RISKS OF SERVING ALCOHOL AT UNDERAGE PARTIES AND INCREASES AWARENESS OF AND COMPLIANCE WITH THE OHIO UNDERAGE DRINKING LAWS. THE PRIMARY FOCUS OF THE PROGRAM IS EDUCATING PARENTS AND OTHERS WHO ARE OF LEGAL DRINKING AGE, SUCH AS COLLEGE STUDENTS, WHO MAY SERVE MINORS OR PROVIDE A PLACE FOR MINORS TO CONSUME ALCOHOL.

KNOW: KNOW IS A COMMUNITY WIDE-PARTNERSHIP THAT TARGETS PARENTS OF MIDDLE SCHOOL-AGED CHILDREN WITH PREVENTION MESSAGES. PARENTS RECEIVE PRACTICAL TIPS AND INFORMATION TO HELP THEM TALK TO THEIR CHILDREN ABOUT ALCOHOL, TOBACCO AND OTHER DRUG PREVENTION.

RED RIBBON CELEBRATION (ALSO KNOWN AS DRUG FREE 24/7): PREVENTION ACTION ALLIANCE IS THE STATE ORGANIZER OF THE OHIO RED RIBBON CELEBRATION. THIS CELEBRATION IS A TIME-SET ASIDE ANNUALLY TO INCREASE AWARENESS ABOUT THE NEGATIVE EFFECTS OF ALCOHOL, TOBACCO AND OTHER DRUGS; AS WELL AS TO PROMOTE SAFE DRUG FREE ENVIRONMENTS FOR EVERYONE.

BUZZKILL: TO HELP COLLEGES EDUCATE THEIR STUDENTS ON THE RESPONSIBILITIES OF SOCIAL HOSTING AND IS AN EYE-CATCHING SOCIAL HOST CAMPAIGN THAT GIVES COLLEGES THE TOOLS TO LET STUDENTS UNDERSTAND THE CONSEQUENCES WHEN HOSTING PARTIES WITH ALCOHOL AND UNDERAGE PEOPLE ATTEND. PARENTS WHO HOST, LOSE THE MOST: A PUBLIC AWARENESS PROGRAM EDUCATING COMMUNITIES AND PARENTS ABOUT THE HEALTH AND SAFETY RISKS OF SERVING

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ALCOHOL AT TEEN PARTIES.

SMART BET: AN ONLINE PORTAL THAT OFFERS GUIDANCE, SUPPORT, AND INFORMATION TO HELP BOTH YOUNG PEOPLE AND ADULTS GAMBLE RESPONSIBLY. OHIO CENTER FOR COALITION EXCELLENCE: PARTNERS WITH LOCAL COMMUNITIES TO HELP THEIR CAPACITY TO CHANGE COMMUNITY ENVIRONMENTS TO FOSTER DRUG-FREE LIFESTYLES.

GAPNETWORK: MOTIVATED BY FAMILIES PERSONALLY IMPACTED BY THE CONSEQUENCES OF SUBSTANCE ABUSE. GAPNETWORK SEEKS TO END THE CRISIS, SPECIFICALLY PERSCRIPTION DRUG AND OPIATE ADDICTION IN ALL OHIO COMMUNITIES BY PROVIDING SUPPORT TO INDIVIDUALS AND FAMILIES AFFECTED BY ADDICTION. THIS INITIATIVE ADVOCATES FOR POLICY CHANGES THAT CAN IMPROVE ENVIRONMENTAL CONDITIONS THAT ENCOURAGE DRUG USE AND MOBILIZING COMMUNITIES TO AFFECT THEIR OWN CHANGE.

OHIO CENTER FOR COALITION EXCELLENCE: PARTNERS WITH LOCAL COMMUNITIES TO HELP THEIR CAPACITY TO CHANGE COMMUNITY ENVIRONMENTS TO FOSTER DRUG-FREE LIFESTYLES.

FORM 990, PART VI, LINE 11B THE FORM IS REVIEWED BY THE IN-HOUSE ACCOUNTANT, TREASURER AND AUDIT COMMITTEE, AND REVIEWED BY THE MEMBERS OF THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C EVERY BOARD MEMBER ANNUALLY SIGNS A CONFLICT OF INTEREST POLICY AND PRIOR TO THE BOARD VOTE, DISCLOSES IF THERE IS A PERCEPTION OF CONFLICT.

FORM 990, PART VI, LINE 15A

A PERFORMANCE REVIEW IS COMPLETED BY THE EXECUTIVE COMMITTEE. THE

EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION BASED ON THE PERFORMANCE

AND COMPARABLE SALARIES FOR CENTRAL OHIO NOT-FOR-PROFITS.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST,

AFTER THE BOARD APPROVES THE REQUEST.