Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

ΑI	For th	e 202	0 calendar year, or tax year begin	ning 07/	01, 2020 ,	and er	nding	_	06/30,	20 21	
В	Check if ap	plicable:	C Name of organization PREVENTION ACTION ALLI	ANCE				D Employer ide	entification nu	umber	
	Addre		Doing Business As					34-1584	277		
		change	Number and street (or P.O. box if mail is r	not delivered to street address)) [Room/su	ite	E Telephone nu	ımber		
	_	return	6171 HUNTLEY ROAD, SUI	TE G				(614) 540	0-9985		
	Termi		City or town, state or province, country, a	nd ZIP or foreign postal code							
	Amen	ded	COLUMBUS, OH 43229					G Gross receipt	s \$	3,838	,442.
	return Applio	ation	F Name and address of principal officer:	FRAN GERBIG				H(a) Is this a grou	p return for	Yes	X No
	pendi	ng	6171 HUNTLEY ROAD, SUI	TE G, COLUMBUS,	он 432	229		subordinates? H(b) Are all subordi		Yes	☐ No
1	Tax-ex	empt st	<u> </u>		4947(a)(1) o		527	1 ''	h a list. (see inst		
J			PREVENTIONACTIONALLIANCE	/ • · · /	10 17 (4)(1) 0		027	H(c) Group exemp	tion number	, •	
K				Association Other		L Ye	ear of forma	tion: 1987 M		domicile:	OH
	art I		mmary			1					
& Governance		LIV: MEN'	y describe the organization's mission or ES THROUGH THE PREVENTIOTAL HEALTH WELLNESS. k this box if the organization diversor of voting members of the governing of the mission of the m	N OF SUBSTANCE	MISUSE or disposed	AND F	FOSTERI e than 25%	ING 6 of its net assets		ГНҮ 	14.
∞	4	Numb	per of independent voting members of the	he governing hody (Part VI	l line 1h)				4		14.
Activities	5		number of individuals employed in cale						5		12.
ĭ	5								6		28.
Act	72	Total	number of volunteers (estimate if necess unrelated business revenue from Part VI	II column (C) line 12					7a		0
	1 a		nrelated business revenue from Fart vi						7a 7b		0
	—	ivet ui	inelated business taxable income nomi	OIIII 990-1, IIII 994				Prior Year		urrent Ye	
	8	Contri	ibutions and grants (Part VIII, line 1h)	•			_	2,575,14		3,691	
Revenue		Drogr	ibutions and grants (Part VIII, line 1h)		COPY	FOR		97,86			,247
Ver	9	Progra	am service revenue (Part VIII, line 2g)	- 0 4 17-1	PUBLIC IN	SPECTION	ои	23,23			,403
Re			tment income (Part VIII, column (A), line				-	3,85			, 893
	11		revenue (Part VIII, column (A), lines 5,					2,700,09		3,793	
			revenue - add lines 8 through 11 (must					387,39		1,310	
			s and similar amounts paid (Part IX, colu					301,39	0.	1,310	,120
			fits paid to or for members (Part IX, colur					706,47		670	,261
ses	15		es, other compensation, employee bene							678	0,201
Expenses	16a		ssional fundraising fees (Part IX, column						0.		
EXE	- b		fundraising expenses (Part IX, column (D		60.	·		1 (42 20	7	1 010	272
			expenses (Part IX, column (A), lines 11a					1,643,30		1,818	
			expenses. Add lines 13-17 (must equal					2,737,17		3,806	
_ v		Rever	nue less expenses. Subtract line 18 from	line 12				-37,08			,318
Net Assets or Fund Balances	2							nning of Current Y		nd of Yea	
SSe	20		assets (Part X, line 16)					1,702,00		1,672	
ž E	21		liabilities (Part X, line 26)					216,03			, 253
			ssets or fund balances. Subtract line 21	from line 20				1,485,96	9.	1,475	<u>,186</u>
	art II		gnature Block								
			of perjury, I declare that I have examined this complete. Declaration of preparer (other than						my knowled	ge and be	lief, it is
				•				Ĭ			
Sic	gn		Signature of officer					Date			
	ere		Signature of officer					Date			
	•										
			Type or print name and title	Dana anada alamatana					DTIN		
Pai	d		Type preparer's name	Preparer's signature		Date		Check	if PTIN	-01	
	eparer	DAV	ID M REAPE, CPA					self-employe		68117	
	e Only	Firm's	s name HW&CO					· · · · · · · · · · · · · · · · · · ·	34-1663		
			s address > 23240 CHAGRIN BLVD., SUI					Phone no.	216-831	-1200	
Мa	y the I	RS dis	scuss this return with the preparer shown	above? (see instructions)						Yes	No
For	Pape	work	Reduction Act Notice, see the separate	e instructions.					F	orm 990	(2020)

P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1		
	LEADING THE WAY IN PROMOTING HEALTHY LIVES THROUGH THE PREVENTION OF	
	SUBSTANCE MISUSE AND FOSTERING MENTAL HEALTH WELLNESS.	
2	• • • • • • • • • • • • • • • • • • • •	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to complish the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$154,059. including grants of \$138,356) (Revenue \$)	
	OHIO YOUTH-LED PREVENTION NETWORK (OYLPN): CONSISTS OF YOUTH-LED	
	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 \$162,500.) (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.	
40	(Code:) (Expenses \$ 73,353. including grants of \$ 33,970.) (Revenue \$)	
40		
	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.	
	TOK CHANGE.	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 1,895,294. including grants of \$ 1,009,270.) (Revenue \$ 86,140.)	
4	Total program service expenses ► 3,582,706.	

 4e Total program service expenses ►
 3,582,706.

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 190100

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Рa	t IV Checklist of Required Schedules		Vaa	N.
	le the consciention described in coeties 504/a\/2\ or 40.47/a\/4\ /athen then a prince foundation\2 If II\/a II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
2	complete Schedule A	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
Ŭ	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? 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			
	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.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	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	
	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	١		37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		Х
12	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI and XII.	12a	X	
	• Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to 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			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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
	o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 12 If "Ves." complete Schedule I, Parts Land II	21		

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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			v
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
2 70	\$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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? 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			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-	X	
h	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		21
C	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</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		X
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	Х	
Part	 19? Note: All Form 990 filers are required to complete Schedule O. V Statements Regarding Other IRS Filings and Tax Compliance 	38	^	
I all	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii ochedule o comains a response of note to any line in this Fait V		Yes	No
1 a	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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 12 Statements, filed for the calendar year ending with or within the year covered by this return. X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с 7e X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year?............. 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
_	any other officer, director, trustee, or key employee?		-	2		X
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to e					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
-	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und					
	the year by the following:	0.10.11				
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	•		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicv?	If "Yes."			
	describe in Schedule O how this was done	-		12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
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 ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Χ	
b	Other officers or key employees of the organization			15b		X
	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	ır arra	ingement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap			-		. ,
	X Own website Another's website X Upon request Other (explain on So	hedul	e O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inter	est p	olicy,
	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 FRAN GERBIG 6155 HUNTLEY RD, SUITE H COLUMBUS, OH 43229 614-540-9985	books	and record	s >		

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.

(A) Name and title	(B) Average hours per week (list any) hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer (do not check more than one box, unless person is both an officer and a director/trustee) Officer (a) Officer (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer (a) Officer (b) Institutional trustee Officer (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer (do not check more than one box, unless person is both an officer and a director/trustee) Officer (a) Officer (b) Officer (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer (a) Officer (b) Officer (c) O		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1)FRANCES GERBIG	40.00							
EXECUTIVE DIRECTOR	0.	-	Х			80,900.	0.	8,090.
(2) JODY ALLTON	.50							
PAST PRESIDENT	0.	Х	Х			0.	0.	0.
(3) CLAUDIA KHOUREY-BOWERS	.50							
SECRETARY-TREASURER	0.	Х	Х			0.	0.	0.
(4) CORINNE GASPER	.50							
DIRECTOR	0.	Х				0.	0.	0.
(5)GEORGE "PAT" WILLIS	.50							
DIRECTOR	0.	Х				0.	0.	0.
(6) AMY KURTZ-NAGEL	.50							
DIRECTOR	0.	X				0.	0.	0.
(7) DEREK SIEGEL	.50							
DIRECTOR	0.	Х				0.	0.	0.
(8) DAVID BELL	.50							
PRESIDENT ELECT	0.	X	Χ			0.	0.	0.
(9) STEPHANIE LOUCKA	.50							
DIRECTOR, MEMBER-AT-LARGE	0.	X	Х			0.	0.	0.
(10) ELLEN SCHOONOVER	.50							
DIRECTOR	0.	Х				0.	0.	0.
(11) JOHN HEER	.50							
DIRECTOR, MEMBER-AT-LARGE	0.	X	Х			0.	0.	0.
(12)BOBBIE O'KEEFE	.50							
PRESIDENT	0.	Х	Х			0.	0.	0.
(13) PETER WALSH	.50							
DIRECTOR	0.	Х				0.	0.	0.
(14) JODY DEMO-HODGINS	.50							
DIRECTOR	0.	X				0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ted Employees (continued)					
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/trustee) the		(E) Reportable compensation from related organizations	Estir amo ot	mated unt of her ensation	ı							
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orgar and	n the nization related izations			
15) NANCY DAY-ACHAUER	.50													
DIRECTOR	0.	X						0	0.			0		
16) ASHLEY (NEEL) CHANNEL	.50													
TREASURER THRU 12/20	0.	X		X				0	0.			0		
		-												
		-												
		-												
1b Sub-total							▶	80,900.	0.		8,09	€0.		
c Total from continuation sheets to Part VII, S							\blacktriangleright	0.	0.			0.		
d Total (add lines 1b and 1c)							>	80,900.	0.		8,09	<u></u> 0.		
2 Total number of individuals (including but not reportable compensation from the organization		hose 0.		d a	bov	e) who	o re	eceived more than	\$100,000 of					
										`	Yes I	No		
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schede										3		X		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4		X					
										4				
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "You Section B. Independent Contractors</i>										5		X		
Complete this table for your five highest communication from the organization. Report of the compensation from the organization.														

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ORIGO BRANDING 149 N HIGH STREET COLUMBUS, OH 43215	MEDIA CAMPAIGN	962,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

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Part VIII Statement of Revenue

		Check if Schedule O contains a respor	se or note to an	y line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Ę,	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
nije G	е	Government grants (contributions) 1e	3,569,667.				
Sir	f	All other contributions, gifts, grants,					
utic er		and similar amounts not included above . 1f	122,232.				
ğ	g	Noncash contributions included in					
d C		lines 1a-1f 1g	6				
a C	h	Total. Add lines 1a-1f		3,691,899.			
			Business Code				
ဗ္	2a	TRAINING SERVICES	624000	34,615.	34,615.		
e <u>Z</u> i	b	PRODUCT SALES	624000	43,682.	43,682.		
Program Service Revenue	C	SUBSCRIPTIONS	624000	950.	950.		
am eve	d						
Re							
Pro	e	All other conservations are in-					
_	f g	All other program service revenue Total. Add lines 2a-2f		79,247.			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	3	Investment income (including dividends,	_	15,403.			15,403
		other similar amounts)		0.			13,103.
	4 5	Income from investment of tax-exempt bond Royalties		0.			
	"	(i) Real	(ii) Personal	0.			
			(1) 1 2 2 2 1 2 1				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c		0			
	d _d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
_	_	other than inventory 7a 45,000.					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b 45,000.					
Re	C	` '					
er	d	Net gain or (loss)	•	0.			
Other	8a	Gross income from fundraising					
•		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.		0.			
	10a	Gross sales of inventory, less					
		returns and allowances10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory.	▶	0.			
2			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	900099	6,893.	6,893.		
an	b						
eve	c						
lisc R	d	All other revenue					
2	е	Total. Add lines 11a-11d	. .	6,893.			
	12	Total revenue. See instructions		3,793,442.	86,140.		15,403.
JSA 0E105	1 1 000						Form 990 (2020)
o∟ 105	95	13MN K369			190100		

Part IX Statement of Functional Expenses

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

000	Check if Schedule O contains a response or note to any line in this Part IX									
D-			(B)							
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	1,310,126.	1,310,126.							
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,	00 000	05 430	2 560						
	trustees, and key employees	88,990.	85,430.	3,560.						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and	0.								
-	persons described in section 4958(c)(3)(B)	461,225.	399,406.	61,819.						
	Other salaries and wages	101,223.	377,100.	01,017.						
8	Pension plan accruals and contributions (include	46,035.	39,864.	6,171.						
^	section 401(k) and 403(b) employer contributions)	47,443.	41,751.	5,692.						
9 10	Other employee benefits	34,568.	30,420.	4,148.						
10	Payroll taxes	32,300.	23,123,	-/						
	Fees for services (nonemployees): Management	0.								
	Legal	0.								
	Accounting	0.								
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17	0.								
	Investment management fees	0.								
	Other. (If line 11g amount exceeds 10% of line 25, column									
	(A) amount, list line 11g expenses on Schedule O.)	36,994.	34,419.	2,575.						
12	Advertising and promotion	0.								
13	Office expenses	15,133.	14,684.	449.						
14	Information technology	22,108.	20,569.	1,539.						
15	Royalties	0.								
16	Occupancy	68,757.	66,673.	2,084.						
17	Travel	692.	615.	77.						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0.	60 604	5 027						
19	Conferences, conventions, and meetings	68,571.	62,634.	5,937.						
20	Interest	0.								
21	Payments to affiliates	17,413.		17,413.						
22	Depreciation, depletion, and amortization	7,028.	6,892.	136.						
23	Insurance	7,020.	0,052.	130.						
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.)									
а	MEDIA/MARKETING CONTRACTED S	1,483,547.	1,380,275.	103,272.						
<u>~</u>	SUPPLIES	59,558.	56,049.	3,509.						
~	DUES & SUBSCRIPTIONS	15,104.	11,432.	3,612.	60.					
_	MISC. PRODUCT COSTS	12,539.	12,407.	132.						
e	All other expenses	10,929.	9,060.	1,869.						
	Total functional expenses. Add lines 1 through 24e	3,806,760.	3,582,706.	223,994.	60.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								
_			I	L.	Form QQQ (2020)					

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Part X Balance Sheet

		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	385,446.	1	297,111.
	2	Savings and temporary cash investments	111,209.	2	100,348.
	3	Pledges and grants receivable, net	256,338.	3	368,494.
	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.
Ś	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	20,911.	8	24,558.
As	9	Prepaid expenses and deferred charges	6,085.	9	6,570.
	_	Land, buildings, and equipment: cost or other	•		•
		basis. Complete Part VI of Schedule D 10a 120 , 884 .			
	h	Less: accumulated depreciation	41,241.	100	23,828.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	880,770.	12	851,530.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,702,000.	16	1,672,439.
	17	Accounts payable and accrued expenses	113,219.	17	69,433.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	45,325.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Эþ		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	99,218.	24	80,821.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	3,594.	25	1,674.
	26	Total liabilities. Add lines 17 through 25	216,031.	26	197,253.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	1,343,282.	27	1,348,444.
Bal	28	Net assets with donor restrictions.	142,687.	28	126,742.
pq	20	Organizations that do not follow FASB ASC 958, check here ▶	112,007.	20	12077121
Net Assets or Fund Balances		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	32	Total net assets or fund balances	1,485,969.	32	1,475,186.
_	33	Total liabilities and net assets/fund balances	1,702,000.	33	1,672,439.
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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		3,7	93,4	142.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,8	06,7	760.
3	Revenue less expenses. Subtract line 2 from line 1	3		_	13,3	318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,4	85,9	69.
5	Net unrealized gains (losses) on investments	5			2,5	35.
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					
	32, column (B))	10		1,4	75,1	.86
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	·				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	explai	n in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersial	nt of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounts	_		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	лрішіі	. 011			
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?		1110	3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	derao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b	X	

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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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

PRE	PREVENTION ACTION ALLIANCE 34-1584277							
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated f	for the benefit of	a college or universit	ty owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	ipport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). Ei	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions me (les: Complete	s; and (2) no more thar s section 511 tax) from Part III.)	n 331/3 % of its
11		An organization organized	-		-			1
12		An organization organized						
		of one or more publicly su						
		Check the box in lines 12a t	•	• •			•	· · ·
а	L	Type I. A supporting orga	•	•	•		• , , ,	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					()
b	L	Type II. A supporting org	•					
		control or management of			tne sam	e persor	is that control or man	age the supported
		organization(s). You must					206	De Catalonia ta de Cilo
С	L	Type III functionally integ						lly integrated with,
		its supported organization		-				tad annan'tian/a)
d	L	Type III non-functionally			•			= ::
		that is not functionally inte	-	-	-		· ·	a an altentiveness
_		requirement (see instruct		-				I. Turo III
е	Ь	Check this box if the orga						і, туре ііі
f	Fn	functionally integrated, or iter the number of supported				nyanizai	IOTI.	
a.		ovide the following information						
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-, -		(, =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					163	140		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

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.)

360	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,359,297.	2,679,220.	3,193,892.	2,575,143.	3,691,899.	14,499,451.
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	2,359,297.	2,679,220.	3,193,892.	2,575,143.	3,691,899.	14,499,451.
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						14,499,451.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	2,359,297.	2,679,220.	3,193,892.	2,575,143.	3,691,899.	14,499,451.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,975.	21,052.	23,915.	23,005.	15,403.	102,350.
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						14,601,801.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	555,493.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2020 (lin		•			14	99.30%
15	Public support percentage from 2019 \$					15	99.22 %
16a	331/3% support test - 2020. If the org						
	box and stop here . The organization qu						
b	331/3% support test - 2019. If the org						
	this box and stop here . The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			-		-	
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organization						
	instructions						<u>▶ </u>

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Schedule A (Form 990 or 990-EZ) 2020 Page **3**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
. u	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d. third. fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investment						70
17	Investment income percentage for 2020 (lir			13 column (f))		17	%
	Investment income percentage for 2020 (iii					18	
18	331/3% support tests - 2020. If the org						
ıya		_					. —
L	17 is not more than 331/3%, check this						
a	331/3% support tests - 2019. If the orga						
20	line 18 is not more than 331/3%, check		-	•			

Schedule A (Form 990 or 990-EZ) 2020 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	NC
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
		5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
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).	7		
	with regard to a substantial contributor: If res, complete Part For Schedule L (Point 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 line 10b below.
 - 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.)

8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020 190100

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Page 5 Schedule A (Form 990 or 990-EZ) 2020

				- 3
Part	Supporting Organizations (continued)		V	NIa
44	Here the consequentian accounted a wife or contribution from any of the following property.		Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	11a		
h	11c below, the governing body of a supported organization? A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide</i>	110		
C	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations	110		
ocotii	71 D. Type I Supporting Significations		Yes	No
			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	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	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously	_		
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
•				
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	ructions	s).
			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		1

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally I	ntegrated 509(a)(3) Supporting Orga	nizations	S		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
instructions. All other Type III nor	n-functionally integrated supporting organi	zations n	nust complete Sectio	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	•				
gross income or for management, cor					
held for production of income (see ins	tructions)	6			
7 Other expenses (see instructions)		7			
8 Adjusted Net Income (subtract lines 5	i, 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- instructions for short tax year or asset					
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 othe	r factors (<i>explain in detail in Part VI</i>):	1e			
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. En see instructions).	nter 0.015 of line 3 (for greater amount,	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 0.035.	,	6			
7 Recoveries of prior-year distributions		7			
8 Minimum Asset Amount (add line 7 to	o line 6)	8			
Section C - Distributable Amount	,			Current Year	
1 Adjusted net income for prior year (fro	m Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.		2			
3 Minimum asset amount for prior year	(from Section B, line 8, column A)	3			
4 Enter greater of line 2 or line 3.		4			
5 Income tax imposed in prior year		5			
6 Distributable Amount. Subtract line 5	from line 4, unless subject to				
emergency temporary reduction (see		6			
	he organization's first as a non-functional	ly integra	ted Type III supporting	g organization	
(see instructions).		-		· =	

Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3		
4	4 Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - p	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.	8				
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount					
		/i)	(ii)		(iii)	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

Department of the Treasury Internal Revenue Service Name of the organization

PREVENTION ACTION ALLIANCE

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

2020

Employer identification number

34-1584277 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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** $\lfloor exttt{X}
floor$ 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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) (2020)

9513MN K369

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization PREVENTION ACTION ALLIANCE

Employer identification number 34-1584277

Part I	eeded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization PREVENTION ACTION ALLIANCE

Employer identification number 34-1584277

Part II	Noncash Property	(see instructions)	Use duplicate copie	s of Part II if additiona	I space is needed
	140110a3111 10pcity	1000 111011 401101107.	. Obc adplicate copic	o oi i ait ii ii aaaiiioiia	i opace is riceaca.

(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization PREVENTION ACTION ALLIANCE **Employer identification number** 34-1584277 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

PRE	VENTION ACTION ALLIANCE	34-1584277						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
	(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised						
	funds are the organization's property, subject to the organization's exclusive legal control? .	Yes No						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for	unds can be used						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose						
	conferring impermissible private benefit?	Yes No						
Pa	rt II Conservation Easements.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (check all that apply).							
		of a historically important land area						
		of a certified historic structure						
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year						
	easement on the last day of the tax year.							
a	Total number of conservation easements	2a						
b	Total acreage restricted by conservation easements	2b 2c						
C C	Number of conservation easements on a certified historic structure included in (a)	20						
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d						
3	Number of conservation easements modified, transferred, released, extinguished, or term							
3	tax year	infaced by the organization during the						
4	Number of states where property subject to conservation easement is located ▶							
5	Does the organization have a written policy regarding the periodic monitoring, inspect							
•	violations, and enforcement of the conservation easements it holds?	-						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing							
	>	ŷ ,						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	conservation easements during the year						
	▶ \$							
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections are conservation easement reported on line 2(d) above satisfy the requirements of sections are conservations are conservations.	ion 170(h)(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?	Yes No						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement and						
	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	cial statements that describes the						
	organization's accounting for conservation easements.	0						
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar Assets.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu of art, historical treasures, or other similar assets held for public exhibition, education,	ue statement and balance sheet works or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes t	hese items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s							
	art, historical treasures, or other similar assets held for public exhibition, education, or res provide the following amounts relating to these items:	search in furtherance of public service,						
	(i) Revenue included on Form 990, Part VIII, line 1	• ¢						
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other similar							
_	following amounts required to be reported under FASB ASC 958 relating to these items:	assets for infancial gain, provide the						
а	Revenue included on Form 990, Part VIII, line 1	⊳ \$						
<u>b</u>	Assets included in Form 990, Part X.							

Schedule D (Form 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program а Scholarly research b Other Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment > Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: 3a(i) 3a(ii)

Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated Description of property (a) Cost or other basis (b) Cost or other basis (d) Book value depreciation (investment) (other) **b** Buildings 2,058. 154 1,904. c Leasehold improvements 118,826. 21,924. 96,902 d Equipment........ 23,828. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020

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.	

Schedule D (Form 990) 2020			Page
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 valuati Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) MUTUAL FUNDS	800,368.	FMV	
(B) STOCKS	5,432.	FMV	
(C) CD	45,730.	FMV	
(D)			
(E)			
(F)			
(G)			
(H)	051 520		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	851,530.		
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 valuati Cost or end-of-year mark	
<u>(1)</u>			
(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		, Part IV, line 11d. See Form 990,	
	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) li.	ne 15)		
Part X Other Liabilities.	ne 10.)		
Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	m 990, Part X,
	tion of liability		(b) Book value
(1) Federal income taxes			1 684
(2) CAPITAL LEASE LIABILITY			1,674
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9) Total (Column (h) must equal Form 990, Part Y, col. (R) line 25.)		.	1,674
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		<u></u>	1,0/4

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 .

JSA 0E1270 1.000 9513MN K369 190100

Page **4**

Schedule D (Form 990) 2020

Part	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	3,795,977.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	2,535.
3	Subtract line 2e from line 1	3	3,793,442.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,793,442.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	3,806,760.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,806,760.
3	Subtract line 2e from line 1	3	3,000,700.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Fart Ain.)	4c	
С 5	Add lines 4a and 4b	5	3,806,760.
-	XIII Supplemental Information.		-,,
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
PREVENTION ACTION ALLIANCE	34-15842	77					
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient the		_					es" on Form 990,
(a) Name and address of organization or government	(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) ASHLAND UNIVERSITY							
401 COLLEGE AVE ASHLAND, OH 44805	34-0714626	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(2) CASE WESTERN RESERVE UNIVERSITY							
110 ADELBERT HALL, 10900 EUCLID AVE	34-1018992	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(3) CENTRAL OHIO TECHNICAL COLLEGE							
1179 UNIVERSITY DRIVE NEWARK, OH 43055	31-0802020	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(4) CENTRAL OHIO UNIVERSITY							
1400 BRUSH ROW RD WILBERFORCE, OH 45384	31-0675386	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(5) CLEVELAND STATE UNIVERSITY							
2121 EUCLID AVE, PARKER HANNIFIN HALL 2ND F	34-0966056	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(6) COLUMBUS COLLEGE OF ART & DESIGN							
60 CLEVELAND AVE COLUMBUS, OH 43215	31-0820394	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(7) COMPDRUG, INC.							
547 E. 11TH ST COLUMBUS, OH 43211	31-1055596	501(C)(3)	19,417.				DEVELOPMENT OF YOUTH
(8) DEFIANCE COLLEGE							
701 N. CLINTON ST DEFIANCE, OH 43512	34-4430762	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(9) DENISON UNIVERSITY							
100 WEST COLLEGE ST GRANVILLE, OH 43023	31-4379459	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(10) ESC OF THE WESTERN RESERVE							
8221 AUBURN RD PAINESVILLE, OH 44077	34-1254450		6,667.				DEVELOPMENT OF YOUTH
(11) FULTON COUNTY HEALTH DEPARTMENT							
606 S SHOOP AVE WAUSEON, OH 43567	34-6400540		19,417.				DEVELOPMENT OF YOUTH
(12) GEAUGA COUNTY ESC							
8221 AUBURN RD CONCORD TOWNSHIP, OH 44077	34-1254450		12,750.				DEVELOPMENT OF YOUTH
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		 •	
3 Enter total number of other organizations list	ed in the line	1 table	<u> </u>	<u> </u>	<u></u>	<u>.</u> . >	

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Schedule I (Form 990) 2020

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection Employer identification number

 Part I General Information on Grants 1 Does the organization maintain records to the selection criteria used to award the gr 2 Describe in Part IV the organization's pro 	substantiate the	ne amount of the			• •		X Yes No
Part II Grants and Other Assistance to					nplete if the organiz	ation answered "\	es" on Form 990,
Part IV, line 21, for any recipien	t that received	more than \$5	,000. Part II can I	oe duplicated if a	additional space is r	needed.	
(a) Name and address of organization or government	(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) HEIDELBERG UNIVERSITY							
33 EAST MARKET ST TIFFIN, OH 44883	34-4428219	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(2) IMPACT PREVENTION							
PO BOX 809 SOUTH POINT, OH 45638	82-2590574	501(C)(3)	19,417.				DEVELOPMENT OF YOUTH
(3) JOHN CARROLL UNIVERSITY							
1 JOHN CARROLL BLVD	34-0714681	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(4) KENT STATE UNIVERSITY AT TUSCARAWAS							
330 UNIVERSITY DR NE	31-6402079	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(5) KENYON COLLEGE							
209 CHASE AVE GAMBIER, OH 43022	31-4379507	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(6) LCADA							
2115 WEST PARK DR LORAIN, OH 44053	34-1341788	501(C)(3)	10,000.				EDUCATION AND SKILL
(7) LORAIN CO COMMUNITY COLLEGE							
1005 N ABBE RD ELYRIA, OH 44035	34-0930187		31,452.				CORONAVIRUS AID, REL
(8) MARIETTA COLLEGE							
215 5TH ST MARIETTA, OH 45750	31-4379584	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(9) MARYHAVEN							
1430 S HIGH ST COLUMBUS, OH 43207	31-0732345	501(C)(3)	10,000.				EDUCATION AND SKILL
(10) MIAMI UNIVERSITY							
501 E HIGH ST, 7 ROUDEBUSH HALL	31-6402089	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(11) MOUNT CARMEL COLLEGE OF NURSING							
127 S DAVIS AVE COLUMBUS, OH 43222	31-1308555	501(C)(3)	31,452.				CORONAVIRUS AID, REL
(12) MOUNT ST. JOSEPH UNIVERSITY							
5701 DELHI RD CINCINNATI, OH 45233	23-7179567	501(C)(3)	31,452.				CORONAVIRUS AID, REL
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instr 	listed in the line	1 table				· · · · · · · · •	chedule I (Form 990) 2020

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

the United States
m 990. Part IV. line 21 or 22.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization						Employer identificat	ion number
PREVENTION ACTION ALLIANCE						34-158427	17
Part I General Information on Grants and	d Assistanc	е				•	
 Does the organization maintain records to so the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 	s or assistand dures for mor	e?nitoring the use	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can l	be duplicated if a	additional space is n	eeded.	
1 (a) Name and address of organization or government	(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) OHIO NORTHERN UNVERSITY							
25 SOUTH MAIN ST ADA, OH 45810	34-4429091	501(C)(3)	31,452.				CORONAVIRUS AID, RE
(2) OHIO UNIVERSITY							
1 OHIO UNIVERSITY, 105 RESEARCH & TECHNOLOG	31-6402113	501(C)(3)	31,452.				CORONAVIRUS AID, RE
(3) OHIO WESLEYAN UNIVERSITY							
61 S SANDUSKY ST DELAWARE, OH 43015	31-4379585	501(C)(3)	31,452.				CORONAVIRUS AID, RE
(4) PREVENTION FIRST							
2100 SHERMAN AVE, STE 102 NORWOOD, OH 45212	31-1474841	501(C)(3)	10,000.				EDUCATION AND SKILL
(5) RECOVERY RESOURCES							
4269 PEARL RD CLEVELAND, OH 44109	34-1211116	501(C)(3)	10,000.				EDUCATION AND SKILI
(6) STARK STATE COLLEGE							
6200 FRANK AVE NW NORTH CANTON, OH 44720	34-1055865		31,452.				CORONAVIRUS AID, RE
(7) SUMMIT COUNTY COMMUNITY PARTNERSHIP							
1100 GRAHAM ROAD CIR STOW, OH 44224	34-1818660	501(C)(3)	10,000.				EDUCATION AND SKILI
(8) TERRA STATE COMMUNITY COLLEGE							
2830 NAPOLEON RD FREMONT, OH 43420	34-1054067		31,452.				CORONAVIRUS AID, RE
(9) THE OHIO STATE UNIVERSITY AT NEWARK							
1179 UNIVERSITY DRIVE NEWARK, OH 43055	31-6025986	501(C)(3)	31,452.				CORONAVIRUS AID, RE
(10) TIFFIN UNIVERSITY							
155 MIAMI ST TIFFIN, OH 44883	34-4427516	501(C)(3)	31,452.				CORONAVIRUS AID, RE
(11) TOWNHALL II							
155 NORTH WATER ST KENT, OH 44240	34-1091439	501(C)(3)	10,000.				EDUCATION AND SKILI
(12) UNIVERSITY OF CINCINNATI							
SPONSORED RESEARCH SERVICES ACCOUNTING UNIV	31-6000989	501(C)(3)	31,452.				CORONAVIRUS AID, RE
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations list	•	•					

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Schedule I (Form 990) 2020

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

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Employer identification number Name of the organization PREVENTION ACTION ALLIANCE 34-1584277 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) grant cash assistance noncash assistance or assistance or government (1) UNIVERSITY OF FINDLAY 1000 N MAIN ST FINDLAY, OH 45840 34-4431169 501(C)(3) 31,452. CORONAVIRUS AID, REL (2) URSULINE COLLEGE 2550 LANDER RD PEPPER PIKE, OH 44124 34-0714777 501(C)(3) 31,452. CORONAVIRUS AID, REL (3) WALSH UNIVERSITY 2020 EAST MAPLE ST NW 34-0868798 501(C)(3) 31,452. CORONAVIRUS AID, REL (4) WITTENBERG UNIVERSITY 31-0537177 501(C)(3) PO BOX 720 SPRINGFIELD, OH 45501 31,452. CORONAVIRUS AID, REL (5) WOOD COUNTY ESC 1867 N RESEARCH DR BOWLING GREEN, OH 43402 34-6401606 10,000. EDUCATION AND SKILL (6) WRIGHT STATE UNIVERSITY ALLYN HALL 431, 3640 COLONEL GLENN HWY 31-0732831 501(C)(3) 31,452. CORONAVIRUS AID, REL (7) YOUNGSTOWN UNIVERSITY 1 UNIVERSITY PLAZA YOUNGSTOWN, OH 44555 34-1011998 501(C)(3) 31,452. CORONAVIRUS AID, REL (8) YOUTH AT THE CENTER 1110 MAIN STREET CINCINNTI, OH 45202 47-5658812 501(C)(3) 19,417. DEVELOPMENT OF YOUTH (9) ZEPF CENTER 2005 ASHLAND AVE TOLEDO, OH 43620 34-1168947 501(C)(3) 10,000. EDUCATION AND SKILL (10)(11)(12)38. 7.

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Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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
_1					
_2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

PREVENTION ACTION ALLIANCE USES THE GRANTS AND FUNDING MANAGEMENT SYSTEM

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

BY OUR FUNDER.

SCHEDULE L

Part I

Transactions With Interested Persons

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

34-1584277

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

PREVENTION ACTION ALLIANCE

Employer identification number

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total	•				•	\$						

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JEFF VANIK	FORMER BOARD DIRECTOR	31,815.	MARKETING AND DESIGNING		Х
(2) DONALD WELLS	FORMER BOARD DIRECTOR	7,813.	FRACTION CFO		Х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

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

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

Name of the organization
PREVENTION ACTION ALLIANCE

34-1584277

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

Name of the organization

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34-1584277

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

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

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.