Form **990**

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

2021

Open to Public Inspection

A F	or the	e 202	1 calendar year, or tax year begir	nning 07/	01/2021	and endi	ng		06/30						
B c	eck if app	olicablo:	C Name of organization					D Employer ide	entification	n numbe	•				
_ Cn	_		PREVENTION ACTION ALL	IANCE											
	Addres change		Doing Business As					34-1584							
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone number							
	Initial	return	6171 HUNTLEY ROAD, SUI					(614)54	<u> 10 - 998</u>	35					
	Termin	nated	City or town, state or province, country, a	and ZIP or foreign postal code											
	Amend return		COLUMBUS, OH 43229					54 <u>,</u> 72	<u>25.</u>						
	Applica pendin		F Name and address of principal officer:	FRAN GERBIG				H(a) Is this a group return for subordinates?							
			6171 HUNTLEY ROAD, SUIT	TE G, COLUMBUS,	OH 432	29		H(b) Are all subord		? Y (es	No			
<u>ı </u>	Tax-exe	empt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1)	or 52	27	If "No," attac	h a list. (see	instruction	s)				
J	Websit	e: 🕨	PREVENTIONACTIONALLIANO	CE.ORG				H(c) Group exemp	otion numbe	r 🕨					
K	Form o	f organ	nization: X Corporation Trust	Association Other		L Year o	of format	ion: 1987 M	State of le	gal domic	;ile: (OH			
Pa	ırt I	Sui	mmary												
	1	Briefly	y describe the organization's mission of	r most significant activities	: LEADI	ING THE	WAY_	IN PROMOT	ING HE	ALTHY	<u>r</u>				
မွ		LIVI	ES THROUGH THE PREVENTIC	N OF SUBSTANCE	MISUSE	AND FOS	TERI	NG							
Jan		MENTAL HEALTH WELLNESS.													
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.													
	3	Numb	er of voting members of the governing	body (Part VI, line 1a)					3			15			
න් ග			er of independent voting members of t						4			15			
Activities &	5	Total	number of individuals employed in cale	endar year 2021 (Part V, lii	ne 2a)				5			19			
,	6	Total	number of volunteers (estimate if necess	sary)					6			34			
ĕ	7a	Total	unrelated business revenue from Part V	III, column (C), line 12					7a						
			nrelated business taxable income from						7b						
								Prior Year		Current	: Year				
ø	8	Contri	ibutions and grants (Part VIII, line 1h)		000	V 505		3,691,89	9.	3,8	56,29	98.			
Revenue	9	Progra	am service revenue (Part VIII, line 2g)			Y FOR NSPECTION		79,24	1 7.		83,5	59.			
Sev.			tment income (Part VIII, column (A), line		PUBLIC II	NSPECTION		15,40)3.	<u> </u>	30,00	00.			
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				6,89) 3.		5,92	28.			
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A	A), line 12) .			3,793,44	:2.	3,9	15,78	35.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						1,310,12	6.	298,643					
	14	Benef	its paid to or for members (Part IX, colu		NO	ONE		N	ONE						
SS			es, other compensation, employee bene					678,26	1.	8	45,64	17.			
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				NO	ONE		N	ONE			
ă	b	Total f	fundraising expenses (Part IX, column (I	D), line 25) ▶	8,148.										
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				1,818,37	3.	2,7	66,58	37.			
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			3,806,76	0.	3,9	10,87	75.			
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				-13,31	.8.		4,93	10.			
Net Assets or Fund Balances							Begin	ning of Current Y	'ear	End of	Year				
set	20	Total	assets (Part X, line 16)					1,672,43	9.	2,2	76,23	36.			
t As	21	Total I	liabilities (Part X, line 26)					197,25	3.	9	03,15	<u> 50.</u>			
ΣĒ	22		ssets or fund balances. Subtract line 21	from line 20	<u>.</u>			1,475,18	6.	1,3	73,08	<u>36.</u>			
Pa			gnature Block												
Und	ler pen	alties o	of perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompa officer) is based on all inform	anying schedumation of whi	ules and state	ments, a	and to the best of	my know	ledge and	d belief,	it is			
		,	Table			р. оролог	,								
Sig	n		0:												
Her			Signature of officer					Date							
1101															
			Type or print name and title	Preparer's signature		Date									
Paid		Print/	Type preparer's name		Check	if PTIN									
Prep		DAV:	ID M REAPE, CPA					self-employe	3d ₽00	0681	L7				
	Only	Firm's	s name ► HW&CO					Firm's EIN ▶ 34-1663157							
				, SUITE 700 CLEVELAND,		5450		Phone no.		831-1	200				
<u> </u>			cuss this return with the preparer show	`)			<u> </u>	2	Yes		No			
For I	Paper	work	Reduction Act Notice, see the separat	e instructions.						Form 9	90 (20	ງ21)			

Pa		tement of Program Service Accomplishments	
		eck if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly descri	ibe the organization's mission:	
	LEADING	THE WAY IN PROMOTING HEALTHY LIVES THROUGH THE PREVENTION OF	
	SUBSTANC	CE MISUSE AND FOSTERING MENTAL HEALTH WELLNESS.	
2		anization undertake any significant program services during the year which were not listed on the	
	If "Yes," desc	90 or 990-EZ? Yes Zoribe these new services on Schedule O.	X No
3	services?		X No
4	Describe the expenses. Se	cribe these changes on Schedule O. e organization's program service accomplishments for each of its three largest program services, as measurection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to censes, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 454,588. including grants of \$) (Revenue \$)	
	SEE SCHED		
4b	(Code:) (Expenses \$) (Expenses \$) (Revenue \$)	
	PROBLEM	GAMBLING AWARENESS: WITH THE ADVENT OF CASINO AND OTHER	
	FORMS OF	GAMBLING IN THE STATE OF OHIO, A GREAT EFFORT MUST	
	CONTINUE	TO KEEP PROBLEM GAMBLING AT BAY. PAA WILL BUILD UPON THE	
	AWARD WI	INNING, PREVENTION/AWARENESS PUBLIC HEALTH CAMPAIGN IN	
	WHICH IT	T HAS BEEN ENTRUSTED. THIS CAMPAIGN PROVIDES POSITIVE	
	MESSAGES	S TO BRING AWARENESS AND INTERACTIVELY ENGAGES THE PUBLIC	
	TO KNOW	THE SIGNS OF PROBLEM GAMBLING AND THE STEPS NEEDED TO	
	REDUCE T	THE RISKS.	
4c) (Expenses \$1,365,252. including grants of \$) (Revenue \$)	
	SEE SCHED	DULE O	
4d	Other progra (Expenses \$	am services (Describe on Schedule O.) 1,644,798. including grants of \$ 196,641.) (Revenue \$ 83,559.)	
4e	· ·	1,644,798. including grants of \$ 196,641.) (Revenue \$ 83,559.) m service expenses ► 3,749,803.	

 4e Total program service expenses
 ▶ 3,749,803.

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Part	Checklist of Required Schedules			- 0 -
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	-
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			3.7
له له	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		3.7
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	X	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
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	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
	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			
	domestic government on Part IX. column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	x	

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			21
2 4a	\$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		v
h		24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C		24-		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	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		X
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 the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
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			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3.7
20	complete Schedule N, Part II	32		X
33		22		3.5
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	or IV, and Part V, line 1	24		37
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		X
D	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	330		
30	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	30		Λ
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		v
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	31		X
50	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ JU	Δ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	2.122 Concesso C Contesso a respense of field to diff mile in the fact V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on 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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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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,	_		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		77
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		X
L	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C	required to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_				
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		-25
ւ 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
•	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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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			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	- 21	
b	Other officers or key employees of the organization	- 52		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on 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), 990, and 990-	(sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		. ,
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	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 books and record	s 🕨		
	FRAN GERBIG 6155 HUNTLEY RD, SUITE H COLUMBUS, OH 43229			

614-540-9985

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

____ 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) FRANCES GERBIG	40.00									
EXECUTIVE DIRECTOR	NONE			Х				88,400.	NONE	8,840.
(2) CLAUDIA KHOUREY-BOWERS	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(3) CORINNE GASPER	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(4) GEORGE WILLIS	0.50									
BOARD MEMBER-AT-LARGE	NONE	Х		Х				NONE	NONE	NONE
(5) DEREK SIEGLE	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(6) DAVID BELL	0.50									
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(7) ELLEN SCHOONOVER	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(8) BOBBIE O'KEEFE	0.50									
PAST PRESIDENT	NONE	Х		Χ				NONE	NONE	NONE
(9) JODY DEMO-HODGINS	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(10) NANCY DAY-ACHAUER	0.50									
BOARD MEMBER-AT-LARGE	NONE	X		Х				NONE	NONE	NONE
(11) DALON MYRICKS	0.50									
SECRETARY-TREASURER	NONE	Х		Х				NONE	NONE	NONE
(12) KYLE CLARK	0.50									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) PERCI GARNER	0.50									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) MICHAEL EVANS	0.50									_
PRESIDENT ELECT	NONE	X		Х				NONE	NONE	NONE
										Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (co	ontinue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/tru					an ee)	(D) Reportable compensation from the	(E) Reportation compensation related organization	n from	am	(F) timated ount of other pensation	
	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-I		orga and	om the anization I related inization	t
15) CHRIS LANE	0.50												
BOARD MEMBER	NONE	X						NONE		NONE]	NONE
16) GREGG PIEPLES	0.50											_	
BOARD MEMBER	NONE	X						NONE		NONE]	NONE
1b Sub-total							\blacktriangleright	88,400.		NONE		8,	840.
c Total from continuation sheets to Part VII, S	_		-				>	NONE		NONE]	NONE
d Total (add lines 1b and 1c)							<u>►</u>	88,400.		NONE f		8,	840.
reportable compensation from the organization		11030	11310	uu	NO	-	5 10	cerved more than	φ100,000 0	•			
												Yes	No
3 Did the organization list any former office	er, directo	or, or	tru	uste	e.	kev e	emp	oloyee, or highes	t compensa	ated			
employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	5,"	complete Schedu	le J for s	uch	4		X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individ	dual	5		X
Section B. Independent Contractors	,	301			- 51	- 5. 5.1	<u>,- 0, </u>		<u> </u>		, ,		
Complete this table for your five highest components compensation from the organization. Report of year.													
(A) SEE SCHEDULE O Name and business add	(A) (B) (C)							ation					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

JSA
1E1055 2.000

Form 9

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Part VIII Statement of Revenue

		Check if Schedule O	contains a respoi	nse or note to ar	ny 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						Sections 512-514
عَ ق	b	Membership dues						
ţ,	C	Fundraising events						
ਭੂੰ <u>ਦ</u>	d	Related organizations		3,766,857.				
is,	e	Government grants (contrib	,	3,700,837.				
Š	l t	All other contributions, gifts	-	00 441				
t per		and similar amounts not includ		89,441.				
وَقِ	g	Noncash contributions incl		•				
200		lines 1a-1f		\$	2 255 222			
	h	Total. Add lines 1a-1f			3,856,298.			
Ф				Business Code	20.050	20.050		
Š.	2a	TRAINING SERVICES		624000	38,968.	38,968.		
Ser	b	PRODUCT SALES		624000	38,216.	38,216.		
m (en	С	SUBSCRIPTIONS		624000	6,375.	6,375.		
gra Re	d							
Program Service Revenue	е							
<u>-</u>	f	All other program service re						
	g	Total. Add lines 2a-2f			83,559.			
	3	Investment income (incli	-	interest, and	15.140			15.140
		other similar amounts)		🦰	16,143.			16,143.
	4	Income from investment of	•	•	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)			NONE			
	7a	sales of assets		(ii) Other				
		other than inventory 7a	992,797					
evenue	b	Less: cost or other basis						
Ven		and sales expenses						
Re	С	Gain or (loss) 7c	-46,143					
er	d	Net gain or (loss)	<u></u>	<u> </u>	-46,143.			-46,143.
Other	8a	Gross income from	fundraising					
•		events (not including \$						
		of contributions reported	d on line					
		1c). See Part IV, line 18	<u>8a</u>	NONE				
	b	Less: direct expenses		NONE				
	С	Net income or (loss) from f	undraising events	<u></u>	NONE			
	9a	Gross income from	gaming					
		activities. See Part IV, line 1		NONE				
	b	Less: direct expenses		NONE				
	С	Net income or (loss) from	gaming activities	<u> ▶</u>	NONE			
	10a	Gross sales of inven	*					
		returns and allowances		NONE				
		Less: cost of goods sold		NONE				
	С	Net income or (loss) from s	ales of inventory		NONE			
snc		MICCELL AMBOUG DEVEN		Business Code	5 000	F 000		
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE		900099	5,928.	5,928.		
ila ver	b							
Sce	С	All athermore						
Ξ	d	All other revenue			5,928.			
	<u>е</u> 12	Total. Add lines 11a-11d - Total revenue. See instruct			3,915,785.	89,487.		-30,000.
	14	i otal revenue. See mstruct		<u> </u>	3,713,785.	69,48/.		-30,000.

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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 resp			· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,		(B)		
	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	298,641.	298,641.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors, trustees, and key employees	97,240.	93,350.	3,890.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	549,776.	474,521.	75,255.	
8	Pension plan accruals and contributions (include	55,201.	47,648.	7,553.	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	99,023.	86,797.	12,226.	
10	Payroll taxes	44,407.	38,924.	5,483.	
11	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	NONE			
C	Accounting	NONE			
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	50.005	50 155	5.40	125
	(A), amount, list line 11g expenses on Schedule O.)	59,837.	59,157.	543.	137.
	Advertising and promotion	NONE	16.060	0.5	1 -
13	Office expenses	17,079.	16,969.	95.	15.
14	Information technology	69,569.	68,778.	632.	159.
15	Royalties	NONE 67,888.	67,888.		
16	Occupancy	19,905.	16,803.	1,855.	1,247.
17	Travel	19,903.	10,803.	1,055.	1,247.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	67,229.	63,581.	2,289.	1,359.
20		NONE	03,301.	2,200.	1,337.
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	14,759.		14,759.	
23	Insurance	7,218.	7,218.	,	
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	2,141,606.	2,117,260.	19,451.	4,895.
b	SUPPLIES	228,797.	226,919.	1,619.	259.
c	DUES & SUBSCRIPTIONS	30,923.	23,682.	7,181.	60.
d	MISC. PRODUCT COSTS	21,137.	21,137.		
е	All other expenses	20,640.	20,530.	93.	<u>17.</u>
	Total functional expenses. Add lines 1 through 24e	3,910,875.	3,749,803.	152,924.	8,148.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Form 000 (2021)

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this R	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	297,111.	1	365,773.
	2	Savings and temporary cash investments	100,348.	2	65,413.
	3	Pledges and grants receivable, net	368,494.	3	938,541.
	4	Accounts receivable, net	NONE	4	NONE
	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	NONE	5	NONE
	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).	NONE	6	NONE
S	7	Notes and loans receivable, net			NONE
Assets	8	Inventories for sale or use		8	25,294.
As	9	Prepaid expenses and deferred charges	6,570.	9	48,606.
		Land, buildings, and equipment: cost or other	0,370.		10,000.
		basis. Complete Part VI of Schedule D 10a 141,539			
	h	Less: accumulated depreciation		100	51,895.
	11	Investments - publicly traded securities			NONE
	12	Investments - other securities. See Part IV, line 11		12	780,714.
	13	Investments - program-related. See Part IV, line 11			
	14				NONE
	15	Intangible assets			NONE
		Other assets. See Part IV, line 11			NONE 2,276,236.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	
	17	Accounts payable and accrued expenses	69,433.	17	724,013.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	45,325.	19	166,667.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties	80,821.	24	NONE
	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	1,674.	25	12,470.
	26	Total liabilities. Add lines 17 through 25	197,253.	26	903,150.
Seol		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	1,348,444.	27	1,251,344.
Ä	28	Net assets with donor restrictions	126,742.	28	121,742.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances		32	1,373,086.
Š	33	Total liabilities and net assets/fund balances	, -,	33	2,276,236.
_	1 - 5		1,012,137.		Form 990 (2021)

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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		3,9	15,	<u> 785</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	10,	<u>875</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>910</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,4	75,	<u> 186</u> .
5	Net unrealized gains (losses) on investments	5		-1	07,	<u>010</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,3	73,	<u>086</u> .
Part	XII Financial Statements and Reporting					
	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," ex	plain	on			
	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	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a 📗			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	φlain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits .		3b	Χ	
				Form	990	(2021)

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SCHEDULE A (Form 990)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

PREVENTION ACTION ALLIANCE 34-1584277 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990) 2021

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,679,220.	3,193,892.	2,575,143.	3,691,899.	3,856,298.	15,996,452.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,679,220.	3,193,892.	2,575,143.	3,691,899.	3,856,298.	15,996,452.
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)						NONE
6	Public support. Subtract line 5 from line 4						15,996,452.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,679,220.	3,193,892.	2,575,143.	3,691,899.	3,856,298.	15,996,452.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,052.	23,915.	23,005.	15,403.	16,143.	99,518.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						16,095,970.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	516,311.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		-			14	99.38 %
15	Public support percentage from 2020					15	99.30 %
16a	331/3% support test - 2021. If the org	•					
	box and stop here. The organization quality	-		-			
b	331/3% support test - 2020. If the org						
47-	this box and stop here. The organization	-		_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part VI how the organization meets			=	=		
L	organization						
D	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the organization most					-	•
	in Part VI how the organization meets				· ·		
10	organization						
18							
	instructions						· · · · · ·

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	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 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 organization, check this box and stop here.	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment					1 1	,,
17	Investment income percentage for 2021 (lir			13. column (f))		17	%
18	Investment income percentage from 2020 S						/ 0
	331/3% support tests - 2021. If the org						
. <i>. a</i>	17 is not more than 331/3%, check this	_					
h	331/3% support tests - 2020. If the orga	-	-	•			
IJ	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			

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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

1	Are all of the organization's supported organizations listed by name in the organization's govern	ning
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated	l by
	class or purpose, describe the designation. If historic and continuing relationship, explain.	

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Page 5 Schedule A (Form 990) 2021

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	. ,	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	·	11c		
Section	on B. Type I Supporting Organizations			
	ſ		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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).			
Sactio	on D. All Type III Supporting Organizations	1		
Secur	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously	_		
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructi	ons).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	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 on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? <i>If</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	 \$	rage C
Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organization.	ng trust on	Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functiona (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2021

9513MN K369 190100

 Schedule A (Form 990) 2021
 Page 7

Part	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 exempt purposes	1			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2021 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount	10			

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization PREVENTION ACTION ALLIANCE 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** 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), 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Schedule B (Form 990) (2021)

Page 2

Name of o	organization PREVENTION ACTION ALLIANCE		Employer identification number 34-1584277
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$ <u>3,215,309</u> .	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.)
(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 Employer identification number
PREVENTION ACTION ALLIANCE 34-1584277

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
		\$	

Name of organization **Employer identification number** PREVENTION ACTION ALLIANCE 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. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (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

SCHEDULE D (Form 990)

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

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

Attach to Form 990.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		p.oyououu
PRE	EVENTION ACTION ALLIANCE	34-1584277
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	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?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	• • • • • • • • • • • • • • • • • • • •
U	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
Do	conferring impermissible private benefit?	
Pa	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).	a little standard little sammer at land and a
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	>	-
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	►\$	3
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other S	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 revenue	statement and halance sheet works
ıu	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star	tement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resea	rch in furtherance of public service,
	provide the following amounts relating to these items:	> ¢
	(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 as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	•
a	Revenue included on Form 990, Part VIII, line 1.	
<u>b</u>	Assets included in Form 990, Part X	.

Schedule D (Form 990) 2021 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 d 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 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 organization by: No 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. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) 1a Land...... **b** Buildings

2,058.

139,481.

206

89,438

Schedule D (Form 990) 2021

1,852

50,043

51,895

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

c Leasehold improvements

d Equipment.........

	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.	
(a) Description of accounts on actions (b) Description				

Part VII Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MUTUAL FUNDS	167,593.	FMV
(B) STOCKS	333,663.	FMV
(C) CORPORATE BONDS	237,980.	FMV
(D) US TREASURY SECURITIES	41,478.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	780,714.	
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

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

Other Assets. Part IX

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 1	5.
--	----

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

Part X Other Liabilities.

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

(1) Federal income taxes (2)CAPITAL LEASE LIABILITY (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.). 12,470.	1.	(a) Description of liability	(b) Book value
(3) (4) (5) (6) (7) (8) (9)	(1) Federal income taxes		
(4) (5) (6) (7) (8) (9)	(2)CAPITAL LEASE LIABILITY		12,470.
(5) (6) (7) (8) (9)	(3)		
(6) (7) (8) (9)	(4)		
(7) (8) (9)	(5)		
(8) (9)	(6)		
(9)	(7)		
	(8)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 12,470. ▶ 12,470.	(9)		
	Total. (Column (b) must equal Form 990, Part X, col.	(B) line 25.)	12,470.

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 1E1270 1.000

Page 3

Jonicaa	C D (1 01111 330) 2021		i agc -
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	3,808,775.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-107,010.
3	Subtract line 2e from line 1	3	3,915,785.
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.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,915,785.
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	3,910,875.
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	Subtract line 2e from line 1	3	3,910,875.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4-	
С 5	Add lines 4a and 4b	4c 5	2 010 075
_	XIII Supplemental Information.	3	3,910,875.
	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	Part V.	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SCHEDULE I (Form 990)

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

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.

Open to Public Inspection

Name of the organization						Employer identifica	ion number
PREVENTION ACTION ALLIANCE						34-1584277	,
Part I General Information on Grants a	and Assistanc	е				•	
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's processor Part II Grants and Other Assistance to 	ants or assistance cedures for mor Domestic Or	ee? nitoring the use ganizations ar	of grant funds in th	e United States.	nplete if the organiz	ation answered "	X Yes No
Part IV, line 21, for any recipient		1	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) COMPDRUG, INC.							
547 E. 11TH ST COLUMBUS, OH 43211	31-1055596	501(C)(3)	28,500.				DEVELOPMENT OF YOUTH
(2) ESC OF THE WESTERN RESERVE							
8221 AUBURN RD PAINESVILLE, OH 44077	34-1254450		25,500.				DEVELOPMENT OF YOUTH
(3) FULTON COUNTY HEALTH DEPARTMENT							
606 S SHOOP AVE WAUSEON, OH 43567	34-6400540		31,500.				DEVELOPMENT OF YOUTH
(4) IMPACT PREVENTION							
PO BOX 809 SOUTH POINT, OH 45638	82-2590574	501(C)(3)	28,500.				DEVELOPMENT OF YOUTH
(5) MARYHAVEN							
1430 S HIGH ST COLUMBUS, OH 43207	31-0732345	501(C)(3)	15,000.				EDUCATION AND SKILL
(6) PREVENTION FIRST							
2100 SHERMAN AVE, STE 102 NORWOOD, OH 45212	31-1474841	501(C)(3)	15,000.				EDUCATION AND SKILL
(7) RECOVERY RESOURCES							
4269 PEARL RD CLEVELAND, OH 44109	34-1211116	501(C)(3)	15,000.				EDUCATION AND SKILL
(8) YOUTH AT THE CENTER							
1110 MAIN STREET CINCINNTI, OH 45202	47-5658812	501(C)(3)	28,500.				DEVELOPMENT OF YOUTH
(9) ZEPF CENTER							
2005 ASHLAND AVE TOLEDO, OH 43620	34-1168947	501(C)(3)	18,000.				EDUCATION AND SKILL
(10) ENVISION PARTNERSHIPS							
2935 HAMILTON-MASON RD HAMILTON, OH 45011	31-0784671	501(C)(3)	15,000.				EDUCATION AND SKILL
(11) LAKE-GEAUGA RECOVERY CENTER, INC							
9083 MENTOR AVE MENTOR, OH 44060	34-1119240	501(C)(3)	15,000.				EDUCATION AND SKILL
(12) TALBERT HOUSE							
2600 VICTORY PARKWAY CINCINNATI, OH 45206	31-0713350	501(C)(3)	6,000.				DEVELOPMENT OF YOUTH
2 Enter total number of section 501(c)(3) ar	d government	organizations lis	sted in the line 1 ta	ble			13
3 Enter total number of other organizations	listed in the line	1 table					

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

OMB No. 1545-0047

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

Name of the organization						Employer identificati	on number
PREVENTION ACTION ALLIANCE						34-1584277	
Part I General Information on Grants a	nd Assistance	9					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand edures for mor	e?	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					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) WOOD CO. PREVENTION COALITION							
1867 N. RESEARCH DR BOWLING GREEN, OH 43402	34-6401606		15,000.				EDUCATION AND SKILL
_(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations I	•	•					

Schedule I (Form 990) (2021)

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 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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number 34-1584277

PREVENTION ACTION ALLIANCE

FORM 990, PART III, LINE 4D

OTHER PROGRAMS:

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

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

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

BUZZKILL: TO HELP COLLEGES EDUCATE THEIR STUDENTS ON THE RESPONSIBILITIES

OF SOCIAL HOSTING AND IS AN EYE-CATCHING SOCIAL HOST CAMPAIGN THAT GIVES

COLLEGES THE TOOLS TO LET STUDENTS UNDERSTAND THE CONSEQUENCES WHEN

HOSTING PARTIES WITH ALCOHOL AND UNDERAGE PEOPLE ATTEND.

PARENTS WHO HOST, LOSE THE MOST: A PUBLIC AWARENESS PROGRAM EDUCATING COMMUNITIES AND PARENTS ABOUT THE HEALTH AND SAFETY RISKS OF SERVING ALCOHOL AT TEEN PARTIES.

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

SMART BET: AN ONLINE PORTAL THAT OFFERS GUIDANCE, SUPPORT, AND

INFORMATION TO HELP BOTH YOUNG PEOPLE AND ADULTS GAMBLE RESPONSIBLY.

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

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

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

FORM 990, PART VI, LINE 11B

THE FORM IS REVIEWED BY THE IN-HOUSE ACCOUNTANT, TREASURER AND AUDIT COMMITTEE, AND REVIEWED BY THE MEMBERS OF THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C

EVERY BOARD MEMBER ANNUALLY SIGNS A CONFLICT OF INTEREST POLICY AND PRIOR TO THE BOARD VOTE, DISCLOSES IF THERE IS A PERCEPTION OF CONFLICT.

FORM 990, PART VI, LINE 15A

A PERFORMANCE REVIEW IS COMPLETED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DETERMINES THE COMPENSATION BASED ON THE PERFORMANCE AND COMPARABLE SALARIES FOR CENTRAL OHIO NOT-FOR-PROFITS.

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

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST,

AFTER THE BOARD APPROVES THE REQUEST.

Name of the organization

PREVENTION ACTION ALLIANCE

Employer identification number

34-1584277

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

MEB: OHIO HAS A NEED TO EXPAND THE UTILIZATION OF MEB EBP CURRICULUMS ACROSS THE STATE. THIS PROJECT WILL ALLOW THE STATE TO PROVIDE ONGOING SUPPORT TO THOSE TEACHERS TRAINED AND IMPLEMENTING THE PAX GBG AND PROVIDE TRAINING RESOURCES FOR ANCILLARY STAFF AND COMMUNITY SUPPORT WORKERS. PREVENTION ACTION ALLIANCE WILL STRENGTHEN OHIO'S INFRASTRUCTURE BY COORDINATING TRAINING ACTIVITIES FOR: 1. PAX TOOLS COMMUNITY AND HUMAN SERVICE WORKERS, 2. PAX HEROES AND 3. DBT SKILLS STEPS A TRAINING.

ANY TEACHER WHO HAS PREVIOUSLY BEEN CERTIFIED IN THE PAX GOOD BEHAVIOR GAME WILL BE TARGETED FOR PARTICIPATION IN THE PAX HEROES TRAINING, WHILE OTHER STUDENT SERVING PERSONNEL WILL BE INVITED TO PARTICIPATE IN PAX TOOLS COMMUNITY AND HUMAN SERVICE WORKERS TRAINING SERIES. THE 80 PILOT SCHOOLS PARTICIPATING IN THE OHIO STUDENT WELLNESS INITIATIVE WILL BE TARGETED FOR THE DBT SKILLS-STEPS A TRAINING.

LINE 4C, PROGRAM SERVICE

PROBLEM GAMBLING INTERVENTION: WITH THE INTRODUCTION OF CASINO AND OTHER FORMS OF GAMBLING IN THE STATE OF OHIO, EFFORTS ARE BEING CONTINUED TO KEEP PROBLEM GAMBLING AT BAY. PAA WILL BUILD UPON THE PREVENTION WORK THAT HAS BEEN ESTABLISHED: ONGOING STATE WIDE TRAININGS THAT INCREASE KNOWLEDGE OF THE EVOLVING GAMBLING ENVIRONMENTS; EMPOWERMENT OF COMMUNITY COALITIONS TO EXPAND PREVENTION EFFORTS TO INCLUDE PROBLEM GAMBLING AND PROVISION OF EVIDENCE BASED TOOLS TO UTILIZE; AND RESOURCES AND GUIDELINES FOR COMMUNITY COALITION USE. EFFORTS WILL BE MADE TO CONTINUE THE EVALUATION OF "SMART BET" AS WELL AS "CAMPUS CENTS" BY WORKING WITH STAKEHOLDERS TO GATHER ADDITIONAL DATA AND POSITION BOTH PROGRAMS AS EVIDENCE BASED PROGRAMS.

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS						
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION				
ORIGO BRANDING						
149 N HIGH STREET						
COLUMBUS, OH 43215	MEDIA CAMPAIGN	1,357,500.				
DBT IN SCHOOLS, LLC						
7732 29TH AVE SW						
SEATTLE, WA 98117	PREVENTION TRAINING	154,766.				
MILLS JAMES						
PO BOX 714086						
COLUMBUS, OH 43215	PRODUCTION SERVICES	195,939.				
PAXIS INSTITUTE						
PO BOX 31205						
TUCSON, AZ 85751	PREVENTION TRAINING	236,015.				