

CLIFTONLARSONALLEN LLP
2021 SPRING ROAD, SUITE 200
OAK BROOK, IL 60523

PREVENT CHILD ABUSE AMERICA
33 NORTH DEARBORN ST., SUITE 2300
CHICAGO, IL 60602



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CLIENT'S COPY



CliftonLarsonAllen LLP
CLAconnect.com

October 23, 2023

Prevent Child Abuse America
33 North Dearborn St., Suite 2300
Chicago, IL 60602
Attention: Melissa Merrick

Dear Melissa:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

ILLINOIS FORM AG990-IL:

The Illinois Form AG990-IL should be mailed as soon as possible to:

Office of the Attorney General
Charitable Trust Bureau
100 West Randolph St., 11th Floor
Chicago, IL 60601-3175

Enclose a check or money order for \$15, payable to Illinois Charity Bureau Fund.

The report should be signed and dated by the authorized individual(s).

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP
CLAconnect.com

PREVENT CHILD ABUSE AMERICA
FORM 990 INCOME TAX RETURN
FOR YEAR ENDED DECEMBER 31, 2022

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

PREVENT CHILD ABUSE AMERICA

EIN or SSN

23-7235671

Name and title of officer or person subject to tax **MELISSA MERRICK
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>8,091,969.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 42125
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax



Date 10/25/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

15480455902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ASHLEY BARSEMA Date 10/23/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**
(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PREVENT CHILD ABUSE AMERICA	Taxpayer identification number (TIN) 23-7235671
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 33 NORTH DEARBORN ST., SUITE 2300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60602	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DR. MELISSA MERRICK

- The books are in the care of ▶ **33 NORTH DEARBORN ST., SUITE 2300 - CHICAGO, IL 60602**

Telephone No. ▶ **312-663-3520** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2022** or
 ▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PREVENT CHILD ABUSE AMERICA		D Employer identification number 23-7235671
	Doing business as		E Telephone number 312-663-3520
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 12,658,358.
	33 NORTH DEARBORN ST., SUITE 2300		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60602		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MELISSA MERRICK SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PREVENTCHILDBABUSE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1972 M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: PREVENT CHILD ABUSE AND NEGLECT BEFORE IT OCCURS																																																										
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																										
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 26																																																									
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25																																																									
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 50																																																									
	6 Total number of volunteers (estimate if necessary) 6 95																																																									
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.																																																									
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.																																																									
	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) 8</td> <td>5,060,435.</td> <td>3,663,122.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) 9</td> <td>3,700,475.</td> <td>3,910,958.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10</td> <td>413,196.</td> <td>67,515.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11</td> <td>111,771.</td> <td>450,374.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12</td> <td>9,285,877.</td> <td>8,091,969.</td> </tr> <tr> <td colspan="3">Expenses</td> </tr> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13</td> <td>0.</td> <td>1,574,950.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4) 14</td> <td>0.</td> <td>0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15</td> <td>4,275,763.</td> <td>4,868,536.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e) 16a</td> <td>126,000.</td> <td>0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) 16b</td> <td>897,662.</td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17</td> <td>2,076,310.</td> <td>4,122,582.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18</td> <td>6,478,073.</td> <td>10,566,068.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12 19</td> <td>2,807,804.</td> <td>-2,474,099.</td> </tr> <tr> <td colspan="3">Net Assets or Fund Balances</td> </tr> <tr> <td>20 Total assets (Part X, line 16) 20</td> <td>Beginning of Current Year 19,075,332.</td> <td>End of Year 17,164,170.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26) 21</td> <td>505,757.</td> <td>2,427,268.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20 22</td> <td>18,569,575.</td> <td>14,736,902.</td> </tr> </tbody> </table>			Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) 8	5,060,435.	3,663,122.	9 Program service revenue (Part VIII, line 2g) 9	3,700,475.	3,910,958.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10	413,196.	67,515.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11	111,771.	450,374.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12	9,285,877.	8,091,969.	Expenses			13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13	0.	1,574,950.	14 Benefits paid to or for members (Part IX, column (A), line 4) 14	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15	4,275,763.	4,868,536.	16a Professional fundraising fees (Part IX, column (A), line 11e) 16a	126,000.	0.	b Total fundraising expenses (Part IX, column (D), line 25) 16b	897,662.		17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17	2,076,310.	4,122,582.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18	6,478,073.	10,566,068.	19 Revenue less expenses. Subtract line 18 from line 12 19	2,807,804.	-2,474,099.	Net Assets or Fund Balances			20 Total assets (Part X, line 16) 20	Beginning of Current Year 19,075,332.	End of Year 17,164,170.	21 Total liabilities (Part X, line 26) 21	505,757.	2,427,268.	22 Net assets or fund balances. Subtract line 21 from line 20 22	18,569,575.
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Part II Signature Block

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

Sign Here	Signature of officer 	Date 10/25/2023			
	MELISSA MERRICK, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ASHLEY BARSEMA	Preparer's signature ASHLEY BARSEMA	Date 10/23/23	Check if self-employed <input type="checkbox"/>	PTIN P01332786
	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. (630) 573-8600		
Firm's address 2021 SPRING ROAD, SUITE 200 OAK BROOK, IL 60523					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PREVENT CHILD ABUSE AMERICA'S (PCA AMERICA) MISSION IS TO PREVENT CHILD ABUSE AND NEGLECT BEFORE IT OCCURS. SINCE 1972, THEY HAVE DEVELOPED, PROMOTED AND SCALED PROGRAMS AND RESOURCES PROVEN BY SCIENCE THAT ENABLE KIDS, FAMILIES, AND COMMUNITIES TO THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,658,403. including grants of \$) (Revenue \$ 3,617,507.) PREVENTION PROGRAMS -HEALTHY FAMILIES AMERICA IS AN EVIDENCE-BASED HOME VISITING MODEL LED BY PREVENT CHILD ABUSE AMERICA. BY SUPPORTING PARENTS IN THE HOME, HEALTHY FAMILIES AMERICA BUILDS A STRONG FOUNDATION FOR SAFE, NURTURING, AND TRUSTED RELATIONSHIPS BETWEEN CAREGIVER AND CHILD THAT MAXIMIZES OPPORTUNITIES FOR CHILDREN TO REACH THEIR FULL POTENTIAL AND ENJOY LIFELONG SUCCESS. HFA HAS BEEN SHOWN TO IMPROVE SCHOOL READINESS, REDUCE CHILD MALTREATMENT AND INTIMATE PARTNER VIOLENCE, AND IMPROVE FAMILY ECONOMIC STABILITY, AMONG OTHER POSITIVE OUTCOMES.

4b (Code:) (Expenses \$ 2,064,702. including grants of \$ 1,499,950.) (Revenue \$) STRATEGY ACTIVITIES: AT PREVENT CHILD ABUSE AMERICA, WE ENVISION A WORLD WHERE ALL CHILDREN AND FAMILIES HAVE WHAT THEY NEED TO THRIVE AND PROSPER. PCAA EMBARKED ON A COMPREHENSIVE, ADAPTIVE STRATEGY PROCESS IN 2022 TO SET A VISION FOR THE CREATION OF A PRIMARY PREVENTION ECOSYSTEM IN THE UNITED STATES THAT BUILDS THE WELLBEING OF OUR NATION'S CHILDREN AND FAMILIES. THEY DEVELOPED A BOLD THEORY OF CHANGE COMPREHENSIVE, EVIDENCED-BASED, AND BOLD PREVENTION FRAMEWORK THAT CAN GUIDE NOT ONLY THE WORK OF PCA AMERICA, BUT ALSO THE BROADER PREVENTION FIELD AND POLICY MAKERS INTO THE FUTURE. THE FRAMEWORK IS GROUNDED IN THE PRIMARY PREVENTION AND SYSTEMS CHANGE LITERATURE AND WAS DEVELOPED THROUGH A SERIES OF DESIGN SESSIONS, INTERVIEWS AND SURVEYS THAT ENGAGED NEARLY 1700 INDIVIDUALS REPRESENTING DIVERSE PERSPECTIVES.

4c (Code:) (Expenses \$ 1,458,951. including grants of \$) (Revenue \$ 202,625.) PREVENTION RESEARCH. RESEARCH INFORMS ALL THE WORK WE DO AT PREVENT CHILD ABUSE AMERICA. OUR TEAM OF EXPERTS WORK ACROSS ALL DEPARTMENTS TO ENSURE THAT OUR PREVENTION STRATEGIES ARE GUIDED BY THE BEST AVAILABLE DATA AND EVIDENCE. THEY ALSO TRANSLATE RESEARCH FINDINGS FOR PRACTICE AND POLICY AUDIENCES, ELEVATING LESSONS LEARNED FROM THE FIELD AND ADVANCING KNOWLEDGE OF WHAT WORKS, AND SUPPORT OUR NETWORK OF STATE CHAPTERS THROUGH GRANTS TO STUDY INNOVATION IN CHILD ABUSE PREVENTION. ADDITIONALLY, PCAA'S RESEARCH TEAM LEADS PROJECTS THAT ENHANCE OUR SIGNATURE HOME VISITING PROGRAM, HEALTHY FAMILIES AMERICA (HFA). CURRENTLY, THEY ARE WORKING TO STRENGTHEN ORGANIZATIONAL CAPACITY TO COLLECT, ANALYZE, AND DRIVE CONTINUOUS QUALITY IMPROVEMENT ACROSS THE HFA MODEL.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,258,454. including grants of \$ 75,000.) (Revenue \$ 90,826.)

4e Total program service expenses 8,440,510.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part 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 50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	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?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 26		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
DR. MELISSA MERRICK - 312-663-3520
33 NORTH DEARBORN ST., SUITE 2300, CHICAGO, IL 60602

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. MELISSA MERRICK PRESIDENT & CEO	45.00	X		X				315,195.	0.	40,863.
(2) JENNIFER JONES CHIEF STRATEGY OFFICER	40.00			X				172,696.	0.	17,437.
(3) KELLY CHRISTOPHER CHIEF DEVELOPMENT OFFICER	40.00			X				151,644.	0.	34,984.
(4) JEFFRY B. KLIKA CHIEF RESEARCH OFFICER	40.00			X				147,075.	0.	38,389.
(5) KERRIE TREBONSKY CHIEF FINANCIAL OFFICER	40.00			X				135,796.	0.	24,578.
(6) KATHLEEN STRADER CHIEF PROGRAM OFFICER	40.00			X				137,278.	0.	15,682.
(7) ANITA ODOM CHIEF OPERATIONS OFFICER FOR CHAPTER	40.00			X				110,641.	0.	20,432.
(8) KAREN GUSKIN MANAGING DIRECTOR HEALTHY FAMILIES A	40.00					X		119,338.	0.	6,629.
(9) GELASIA CROOM CHIEF COMMUNICATIONS OFFICER (HIRED)	40.00			X				115,053.	0.	8,776.
(10) MATT WALCH BOARD CHAIR	5.00	X						0.	0.	0.
(11) ROBERT MAYO VICE CHAIR	2.00	X						0.	0.	0.
(12) BRUCE PERRY VICE CHAIR	2.00	X						0.	0.	0.
(13) MAURA SOMERS DUGHI CHAPTERS & PUBLIC POLICY CHAIR	2.00	X						0.	0.	0.
(14) WILLIAM BOLTZ FUNDRAISING CHAIR	1.00	X						0.	0.	0.
(15) MICHAEL AXELROD BOARD DEVELOPMENT CHAIR	1.00	X						0.	0.	0.
(16) HAROLD HONG PROGRAMS & RESEARCH CHAIR	1.00	X						0.	0.	0.
(17) VICKI DUDLEY SECRETARY (FROM 10/15/2022)	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JODI SCHEURENBRAND TREASURER (FROM 10/15/2022)	1.00	X						0.	0.	0.
(19) SUEELLEN FRIED BOARD MEMBER	1.00	X						0.	0.	0.
(20) SANDY BOHRER BOARD MEMBER	1.00	X						0.	0.	0.
(21) TOM CARHART BOARD MEMBER	1.00	X						0.	0.	0.
(22) ANDREW BRADY BOARD MEMBER	1.00	X						0.	0.	0.
(23) KIMBERLY MERCHANT BOARD MEMBER	1.00	X						0.	0.	0.
(24) DWAYNE CRAWFORD BOARD MEMBER	1.00	X						0.	0.	0.
(25) DANIELLE LARAQUE-ARENA BOARD MEMBER	1.00	X						0.	0.	0.
(26) SUSAN STOCKTON BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								1,404,716.	0.	207,770.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,404,716.	0.	207,770.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 9

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JASCULCA TERMAN STRATEGIC COMMS, 730 NORTH FRANKLIN ST. SUITE 510, CHICAGO, IL	COMMUNICATIONS AND EVENT MANAGEMENT	545,968.
2-STORY CREATIVE, LTD. 641 W. NATIONAL AVE., MILWAUKEE, WI 53204	INFORMATION CAMPAIGN DESIGN AND MANAGEME	158,029.
BANYAN COMMUNICATIONS INC. 590 MEANS ST. SUITE 100, ATLANTA, GA 30318	INFORMATION CAMPAIGN DESIGN AND MANAGEME	134,052.
RTI INTERNATIONAL PO BOX 900002, RALEIGH, NC 27675	SOFTWARE CONSULTING	125,706.
BDO, 8401 GREENSBORO DR. SUITE 800, MCLEAN, VA 22102	HCM CONSULTING	116,052.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include names like ANGELO GIARDINO, CLINTON BOYD, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	105,258.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	770,327.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	2,787,537.				
	1 g	Noncash contributions included in lines 1a-1f	\$				
	1 h	Total. Add lines 1a-1f		3,663,122.			
	Program Service Revenue	2 a	MEMBERSHIP DUES	900099	2,155,763.	2,155,763.	
2 b		TRAINING FEES	900099	1,358,754.	1,358,754.		
2 c		CONFERENCE REVENUE	900099	202,625.	202,625.		
2 d		PEER ACCREDITATION	900099	193,816.	193,816.		
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		3,910,958.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		225,801.		225,801.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,359,630.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	4,517,916.				
	7 c	Gain or (loss)	-158,286.				
7 d	Net gain or (loss)		-158,286.		-158,286.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	477,028.					
10 b	Less: cost of goods sold	48,473.					
10 c	Net income or (loss) from sales of inventory		428,555.		428,555.		
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	11,413.		11,413.	
	11 b	HONORARIA	900099	10,406.		10,406.	
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		21,819.			
12	Total revenue. See instructions		8,091,969.	3,910,958.	0.	517,889.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,574,950.	1,574,950.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,486,519.	1,114,889.	237,843.	133,787.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,796,699.	2,098,958.	455,770.	241,971.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	270,887.	203,331.	44,301.	23,255.
10 Payroll taxes	314,431.	235,934.	50,948.	27,549.
11 Fees for services (nonemployees):				
a Management				
b Legal	668.	668.		
c Accounting	27,731.		27,731.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	27,190.		27,190.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,652,066.	1,391,672.	150,238.	110,156.
12 Advertising and promotion	351,527.	309,867.	373.	41,287.
13 Office expenses	584,383.	379,834.	139,642.	64,907.
14 Information technology	55,122.	38,138.	13,393.	3,591.
15 Royalties				
16 Occupancy	54,651.	44,413.	7,315.	2,923.
17 Travel	462,899.	392,353.	46,609.	23,937.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	305,232.	84,163.		221,069.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	236,587.	220,369.	13,975.	2,243.
23 Insurance	18,445.	14,989.	2,469.	987.
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.)				
a INDIRECT EXPENSES	182,810.	182,810.		
b TRAINING	153,172.	153,172.		
c BAD DEBT EXPENSE	10,099.		10,099.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,566,068.	8,440,510.	1,227,896.	897,662.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,437,011.	1	2,198,433.
	2 Savings and temporary cash investments	2,981,641.	2	2,488,555.
	3 Pledges and grants receivable, net	766,289.	3	470,745.
	4 Accounts receivable, net	1,334,081.	4	1,565,827.
	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		5	
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	220,523.	9	195,266.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,266,711.		
	b Less: accumulated depreciation	10b 473,437.	10c	793,274.
	11 Investments - publicly traded securities	9,488,652.	11	7,694,564.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	63,854.	14	20,104.
	15 Other assets. See Part IV, line 11	6,300.	15	1,737,402.
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,075,332.	16	17,164,170.	
Liabilities	17 Accounts payable and accrued expenses	416,896.	17	534,090.
	18 Grants payable		18	
	19 Deferred revenue	88,861.	19	128,692.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	1,764,486.
	26 Total liabilities. Add lines 17 through 25	505,757.	26	2,427,268.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,376,222.	27	7,790,297.
	28 Net assets with donor restrictions	9,193,353.	28	6,946,605.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	18,569,575.	32	14,736,902.
33 Total liabilities and net assets/fund balances	19,075,332.	33	17,164,170.	

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	8,091,969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,566,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,474,099.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,569,575.
5	Net unrealized gains (losses) on investments	5	-1,264,860.
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	-93,714.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,736,902.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p style="text-align:center;">PREVENT CHILD ABUSE AMERICA</p>	Employer identification number <p style="text-align:center;">23-7235671</p>
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2507231.	2495597.	3427776.	5060435.	3663122.	17154161.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2507231.	2495597.	3427776.	5060435.	3663122.	17154161.
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)						4122923.
6 Public support. Subtract line 5 from line 4.						13031238.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2507231.	2495597.	3427776.	5060435.	3663122.	17154161.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	186,879.	195,393.	148,687.	189,918.	225,801.	946,678.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	262.	4,033.	11,365.	53,001.	21,819.	90,480.
11 Total support. Add lines 7 through 10						18191319.
12 Gross receipts from related activities, etc. (see instructions)					12	19,200,037.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	71.63 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	66.37 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section 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 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information input.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2022

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
KAPPA DELTA SORORITY HQ	2,003,533.	1,639,707.
SIGMA DELTA TAU SORORITY	1,421,694.	1,057,868.
THE ANNIE E. CASEY FOUNDATION	1,553,000.	1,189,174.
W.K. KELLOGG FOUNDATION	600,000.	236,174.

Total Excess Contributions to Schedule A, Part II, Line 5 **4,122,923.**

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

PREVENT CHILD ABUSE AMERICA

Employer identification number

23-7235671

Organization type (check one):

Filers of:**Section:**

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 foundationCheck 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 **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIGMA DELTA TAU, ETA (UNIVERSITY OF GEORGIA) 525 BLOOMFIELD STREET ATHENS, GA 30605	\$ 133,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KAPPA DELTA HQ 3205 PLAYERS LANE MEMPHIS, TN 38125	\$ 404,507.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE ANNIE E. CASEY FOUNDATION 701 SAINT PAUL STREET BALTIMORE, MD 21202	\$ 288,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LINDA I. GARRITY TRUST 1139 RUTLEDGE ST MADISON, WI 53703	\$ 167,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MICHAEL AXELROD 1467 COUNCIL BLUFF DR NE ATLANTA, GA 30345	\$ 86,051.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
--	---

Part II 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
--	---

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 info. once.) \$ _____
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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Table with 2 columns: Name of organization (PREVENT CHILD ABUSE AMERICA) and Employer identification number (23-7235671)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	44,997.													
c	Total lobbying expenditures (add lines 1a and 1b)	44,997.													
d	Other exempt purpose expenditures	10,491,705.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,536,702.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	676,835.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	169,209.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	431,449.	412,299.	473,904.	676,835.	1,994,487.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,991,731.
c Total lobbying expenditures	17,520.	17,448.	14,836.	44,997.	94,801.
d Grassroots nontaxable amount	107,862.	103,075.	118,476.	169,209.	498,622.
e Grassroots ceiling amount (150% of line 2d, column (e))					747,933.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization PREVENT CHILD ABUSE AMERICA Employer identification number 23-7235671

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art collections and reporting requirements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,915,735.	5,143,979.	4,517,411.	3,766,587.	4,368,831.
b Contributions					
c Net investment earnings, gains, and losses	-1,210,560.	771,756.	626,568.	750,824.	-134,244.
d Grants or scholarships					
e Other expenditures for facilities and programs					468,000.
f Administrative expenses					
g End of year balance	4,705,175.	5,915,735.	5,143,979.	4,517,411.	3,766,587.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 100 %
 - c Term endowment 0.0000 %
- 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 organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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 (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		40,290.	28,955.	11,335.
d Equipment		235,155.	173,014.	62,141.
e Other		991,266.	271,468.	719,798.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				793,274.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RENT DEPOSIT	6,300.
(2) RIGHT-OF-USE LEASE ASSET	1,731,102.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,737,402.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	1,764,486.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,764,486.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,047,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,264,860.	
b	Donated services and use of facilities	2b	293,007.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-93,714.	
e	Add lines 2a through 2d	2e		-1,065,567.
3	Subtract line 2e from line 1		3	8,113,252.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,190.	
b	Other (Describe in Part XIII.)	4b	-48,473.	
c	Add lines 4a and 4b	4c		-21,283.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,091,969.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,880,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	293,007.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	48,473.	
e	Add lines 2a through 2d	2e		341,480.
3	Subtract line 2e from line 1		3	10,538,878.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,190.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		27,190.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	10,566,068.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PRINCIPAL OF ENDOWMENT FUNDS TO BE MAINTAINED INTACT IN PERPETUITY AND ONLY THE INCOME FROM INVESTMENT THEREOF TO BE EXPENDED FOR GENERAL PURPOSES BY BOARD INVESTMENT POLICY OR AS SPECIFIED BY THE ENDOWMENT TERMS.

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2022 AND 2021 AND THAT PREVENT CHILD ABUSE AMERICA HAS PROPERLY MAINTAINED ITS EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

OTHER GAIN/LOSS -93,714.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PINWHEEL EXPENSES -48,473.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PINWHEEL EXPENSES 48,473.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: JASCULCA TERMAN STRATEGIC COMMS

(I) ADDRESS OF FUNDRAISER:

730 NORTH FRANKLIN ST. SUITE 510, CHICAGO, IL 60654

PART I, LINE 2B, COLUMN (V):

FUNDRAISING CONSULTING

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **PREVENT CHILD ABUSE AMERICA** Employer identification number **23-7235671**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALASKA CHILDREN'S TRUST/PREVENT CHILD ABUSE ALASKA - 3201 C STREET, SUITE 110 - ANCHORAGE, AR 99503	91-1765129	501(C)(3)	25,000.	0.			CHAPTER GRANT : ALASKA CHILDREN'S TRUST, PATHWAY TO HOPE: AN ALASKAN NATIVE APPROACH TO
PREVENT CHILD ABUSE ARIZONA PO BOX 26495 PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)(3)	25,000.	0.			CHAPTER GRANT: THE SAFE, HEALTHY INFANT AND FAMILIES THRIVE (SHIFT) INITIATIVE
FAMILYWISE/PREVENT CHILD ABUSE MINNESOTA - 3036 UNIVERSITY AVE. SE - MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	25,000.	0.			CHAPTER GRANT: EXPANDED PARENT EDUCATION AND MENTORSHIP FOR HOMELESS YOUTH
CENTER FOR FAMILY LIFE IN SUNSET PARK INC - 443 39TH STREET - BROOKLYN, NY 11232	85-1058164	501(C)(3)	85,000.	0.			THE PROGRAM WILL CONDUCT 3, 4-MONTH LONG COMMUNITY STUDY CIRCLES WITH DIVERSE GROUPS OF
SASHA BRUCE YOUTHWORK, INC. 741 8TH ST SE WASHINGTON, DC 20003	52-1006486	501(C)(3)	96,143.	0.			THE CURB WILL BUILD UPON ITS FIRST YEAR'S SUCCESSES BY CONTINUING ITS ADVOCACY, EVALUATION
FAMILY ENHANCEMENT CENTER 4826 CHICAGO AVE., #105 MINNEAPOLIS, MN 55417	41-1745523	501(C)(3)	30,000.	0.			FEC WILL ENGAGE 36 RACIALLY DIVERSE PERSONS WHO HAVE BEEN INVOLVED WITH CHILD PROTECTION IN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **22.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST ORGANIZING PROJECT 211 10TH ST., SW ALBUQUERQUE, NM 87102	85-0368743	501(C)(3)	140,000.	0.			WOULD LIKE TO BE ABLE TO HIRE AT LEAST 20 YOUNG PEOPLE IN THE SUMMER TO CONTINUE THE YOUTH
NAMBE PUEBLO 15A NP 102 WEST SANTA FE, NM 87506	85-0218733	501(C)(3)	99,000.	0.			IN FIRST 6 MONTHS, WILL CO-DESIGN TRUTH-TELLING CIRCLES (TTCS) THAT ARE HEALING, RESTORATIVE AND
KENTUCKY YOUTH ADVOCATES, INC. 10200 LINN STATION RD., SUITE 310 LOUISVILLE, KY 40223	61-0929390	501(C)(3)	140,000.	0.			CO-DESIGNING THE TRUTH TELLING CIRCLE (TTC), HOLDING BI-WEEKLY MEETINGS BETWEEN THE KYA
OUR SISTER OUR BROTHER 4828 N 27TH AVE, UNIT 56304 PHOENIX, AZ 85017	86-2028848	501(C)(3)	140,000.	0.			IMPLEMENT THE BRIDGE TO WISDOM PROGRAM WHICH WILL CREATE OPPORTUNITIES FOR YOUTH AND YOUNG ADULTS TO
KANSAS CHILDREN'S SERVICE LEAGUE 1365 N CUSTER ST WICHITA, KS 67203	48-0543749	501(C)(3)	124,307.	0.			KCSL WILL HOST 40 COMMUNITY CAFES ACROSS THE STATE, REACHING 250 INDIVIDUALS WITH LIVED
EVOLUTION FOUNDATION 1620 RIDGECREST ROAD EDMOND, OK 73013	22-1776622	501(C)(3)	70,000.	0.			CREATE A PARENT ADVISORY COUNCIL FOR THE OFFICE OF JUVENILE AFFAIRS, CATERED TOWARD MINORITY FAMILY
COLLABORATIVE SOLUTIONS FOR COMMUNITIES - 3333 14TH STREET, NW, SUITE #200 - WASHINGTON, DC 20010	52-2328876	501(C)(3)	75,500.	0.			CO-DESIGNING THE TRUTH TELLING CIRCLE (TTC), IN PARTNERSHIP WITH THE COUNSEL FOR TRUTH PUBLIC
PREVENT CHILD ABUSE ARIZONA PO BOX 26495 PRESCOTT VALLEY, AZ 86312	86-0832901	501(C)(3)	32,500.	0.			THE TEAMS APPROACH TO PREVENTING CHILD ABUSE AND NEGLECT BEGINS WITH FOCUSING ON NEGATIVE
NEBRASKA CHILDREN/PREVENT CHILD ABUSE NEBRASKA - 215 CENTENNIAL MALL SOUTH, SUITE 200 - LINCOLN, NE 68508	91-1829974	501(C)(3)	60,000.	0.			WILL INITIATE A PARTICIPATORY ACTION RESEARCH STUDY AMONG PERSONS WITH LIVED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDAHO CHILDREN'S TRUST FUND/PREVENT CHILD ABUSE IDAHO - 304 NORTH 8TH STREET, SUITE 440 - BOISE, ID 83702	82-6000995	501(C)(3)	57,500.	0.			FOCUS ON THE ASPECTS THAT INCREASE THE SCALE OF PREVENTION EFFORTS, ATTEMPT TO DESTIGMATIZE
FAMILYWISE/PREVENT CHILD ABUSE MINNESOTA - 3036 UNIVERSITY AVE. SE - MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	60,000.	0.			EVALUATION OF MN'S ACE INTERFACE INITIATIVE AND NEAR SCIENCE EFFORTS
THE OUNCE OF PREVENTION FUND OF FLORIDA/PREVENT CHILD ABUSE FLORIDA - 111 NORTH GADSDEN STREET - TALLAHASSEE, FL 32301	59-2908367	501(C)(3)	60,000.	0.			COMPONENT 1 ADDRESSES WHAT TO FOCUS ON - SYSTEMIC RISK FACTORS. THE PROGRAM WILL PROVIDE
PREVENT CHILD ABUSE KENTUCKY 2265 HARRODSBURG ROAD SUITE 200 LEXINGTON, KY 40504	61-1111813	501(C)(3)	60,000.	0.			THE PROJECT WILL ADDRESS 4 OF THE SIX CORE COMPONENTS - WHAT TO FOCUS ON, WHO TO
PREVENT CHILD ABUSE INDIANA 3833 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	60,000.	0.			THE PROCESS OF IMPLEMENTING THE FRAMEWORK AND ITS ACCOMPANYING TOOLKIT IN
FAMILIES FORWARD/PREVENT CHILD ABUSE VIRGINIA - 8100 THREE CHOPT ROAD, SUITE 212 - RICHMOND, VA 23229	54-1149882	501(C)(3)	50,000.	0.			TO USE THE THRIVING FAMILIES SAFER CHILDREN FRC PROJECT WILL BE IMPLEMENTED UTILIZING THE
ILLUMINATE COLORADO/PREVENT CHILD ABUSE COLORADO - 951 20TH STREET, #1860 - DENVER, CO 80201	57-1185029	501(C)(3)	60,000.	0.			EARLY TIMING OF INTERVENTION, SPECIFICALLY PRIMARY PREVENTION, IS THE KEY

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 noncash assistance

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ALASKA CHILDREN'S TRUST/PREVENT CHILD ABUSE ALASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: CHAPTER GRANT : ALASKA CHILDREN'S

TRUST, PATHWAY TO HOPE: AN ALASKAN NATIVE APPROACH TO PREVENTING CHILD

SEXUAL ABUSE

NAME OF ORGANIZATION OR GOVERNMENT:

CENTER FOR FAMILY LIFE IN SUNSET PARK INC

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROGRAM WILL CONDUCT 3, 4-MONTH LONG COMMUNITY STUDY CIRCLES WITH DIVERSE GROUPS OF RESIDENTS LED BY A TRAINED FACILITATOR WITH SHARED LIFE EXPERIENCES TO PARTICIPANTS. USING A POPULAR EDUCATION METHODOLOGY GROUPS ENGAGE IN EXPLORATION OF PARTIPANTS' SETTLEMENT EXPERIENCES IN THEIR NEIGHBORHOODS, CONTEXTUALIZED IN HISTORICAL DATA ON SETTLEMENT IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SASHA BRUCE YOUTHWORX, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CURB WILL BUILD UPON ITS FIRST YEAR'S SUCCESSES BY CONTINUING ITS ADVOCACY, EVALUATION AND EDUCATION EFFORTS. THEY PLAN TO EXPAND THEIR ADVOCACY EFFORTS BY WORKING WITH COMMUNITY PARTNERS TO DEVELOP POLICY AND PROTOCOL RECOMMENDATIONS TO IMPROVE THE YOUTH SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY ENHANCEMENT CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: FEC WILL ENGAGE 36 RACIALLY DIVERSE PERSONS WHO HAVE BEEN INVOLVED WITH CHILD PROTECTION IN COOK TO CONNECT, LED BY RACIALLY DIVERSE STAFF. ANTICIPATE BARRIERS TO ATTENDANCE AND DETERMINE METHODS FOR TRANSPORTATION AND IMPLEMENT COOKING ACTIVITIES FOR 4 WEEKS. PARTICIPANTS WILL INCREASE THEIR SOCIAL CONNECTIONS AND COMMUNITY RESOURCES WHILE COOKING TOGETHER.

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHWEST ORGANIZING PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: WOULD LIKE TO BE ABLE TO HIRE AT LEAST 20 YOUNG PEOPLE IN THE SUMMER TO CONTINUE THE YOUTH JUSTICE SUMMER INTERNSHIP, WHICH FOCUSES ON LEADERSHIP DEVELOPMENT, BUILDING SKILLS WITH THE INTERNS AND LEADING THEM THROUGH WORKSHOPS TO EDUCATE THEM ON THE JUSTICE SYSTEM AND COMMUNITY POWER BUILDING.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NAMBE PUEBLO

(H) PURPOSE OF GRANT OR ASSISTANCE: IN FIRST 6 MONTHS, WILL CO-DESIGN TRUTH-TELLING CIRCLES (TTCS) THAT ARE HEALING, RESTORATIVE AND ACTION-ORIENTED. THAT INCLUDES CONDUCTING COMMUNITY VISIONING SESSIONS FOCUSED ON EQUITY AND WELLBEING, COLLABORATING WITH WELLNESS CENTER TO CONVENE, DIALOGUE AND PLAN TRUTH AND RECONCILIATION EFFORTS.

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY YOUTH ADVOCATES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CO-DESIGNING THE TRUTH TELLING CIRCLE (TTC), HOLDING BI-WEEKLY MEETINGS BETWEEN THE KYA TEAM, INCLUDING FOSTER CARE ALUMNI AND THE COUNSEL FOR TRUTH; PUBLIC HEALTH INITIATIVE (CTPHI) FOUNDERS; ACTIVELY PREPARING FOSTER CARE ALUMNI TO LEAD ACTIVITIES AND COORDINATE 4 MEETINGS WITH BROADER COMMUNITY STAKEHOLDERS.

NAME OF ORGANIZATION OR GOVERNMENT: OUR SISTER OUR BROTHER

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT THE BRIDGE TO WISDOM PROGRAM WHICH WILL CREATE OPPORTUNITIES FOR YOUTH AND YOUNG ADULTS TO CONNECT WITH MENTORS AND BUILD LASTING RELATIONSHIPS TO HELP DEVELOP THEIR PERSONAL LEADERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: KANSAS CHILDREN'S SERVICE LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: KCSL WILL HOST 40 COMMUNITY CAFES ACROSS THE STATE, REACHING 250 INDIVIDUALS WITH LIVED EXPERIENCE INCLUDING BLACK, LATINO AND INDIGENOUS YOUTH AND FAMILIES. THE COMMUNITY CAFE IS BASED ON THE WORLD CAFE MODEL WHICH BRINGS PARTICIPANTS TOGETHER AROUND A COMMON SUBJECT TO EXPLORE QUESTIONS AND SEEK ANSWERS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: EVOLUTION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CREATE A PARENT ADVISORY COUNCIL FOR THE OFFICE OF JUVENILE AFFAIRS, CATERED TOWARD MINORITY FAMILY MEMBERS, RECRUITED FROM THE SEVEN OHA STATE DISTRICTS. HOLD A ONE-DAY VIRTUAL CHILD WELFARE SUMMIT FOR MINORITY FAMILIES, RECRUITED FOR THE FIVE DHS REGIONS.

NAME OF ORGANIZATION OR GOVERNMENT:

COLLABORATIVE SOLUTIONS FOR COMMUNITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CO-DESIGNING THE TRUTH TELLING CIRCLE (TTC), IN PARTNERSHIP WITH THE COUNSEL FOR TRUTH PUBLIC HEALTH INITIATIVE (CTPHI). WE WILL INVITE STAFF WHO LEAD AND THE COMMUNITY/CHILDREN/FAMILIES WHO EXPERIENCE CSC'S RESTORATIVE PRACTICES TO 3 COMMUNITY MEETINGS. WOULD INVITE THOSE WITH LIVED EXPERIENCE, COMMUNITY COLLABORATIVE STAKEHOLDERS AND CFSA REPRESENTATIVES TO BI-WEEKLY CO-DESIGN MEETINGS.

NAME OF ORGANIZATION OR GOVERNMENT: PREVENT CHILD ABUSE ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE TEAMS APPROACH TO PREVENTING CHILD ABUSE AND NEGLECT BEGINS WITH FOCUSING ON NEGATIVE OUTCOMES DISPROPORTIONALLY EXPERIENCED BY AFRICAN AMERICANS. THEY ARE CONSIDERING BOTH DOWNSTREAM AND UPSTREAM SYSTEM CHANGES, AS THE DISPROPORTIONALITIES EXPERIENCED DOWNSTREAM AFFECT THE WILLINGNESS AND ABILITY OF AFFECTED POPULATIONS TO ENGAGE UPSTREAM.

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA CHILDREN/PREVENT CHILD ABUSE NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: WILL INITIATE A PARTICIPATORY ACTION

Part IV Supplemental Information

RESEARCH STUDY AMONG PERSONS WITH LIVED EXPERIENCE THAT WILL CYCLE THROUGH CORE COMPONENTS TO PROVIDE NEW INSIGHT ON HOW, WHERE, WHEN AND WITH WHOM COMMUNITY COLLABORATIVES SHOULD INTERVENE TO ACHIEVE IDENTIFIED GOALS.

NAME OF ORGANIZATION OR GOVERNMENT:

IDAHO CHILDREN'S TRUST FUND/PREVENT CHILD ABUSE IDAHO

(H) PURPOSE OF GRANT OR ASSISTANCE: FOCUS ON THE ASPECTS THAT INCREASE THE SCALE OF PREVENTION EFFORTS, ATTEMPT TO DESTIGMATIZE ASKING FOR AND RECEIVING HELP BY MAKING SERVICES AVAILABLE WHERE PEOPLE ALREADY ARE, THUS MAKING THEM MORE UNIVERSALLY AVAILABLE.

NAME OF ORGANIZATION OR GOVERNMENT:

THE OUNCE OF PREVENTION FUND OF FLORIDA/PREVENT CHILD ABUSE FLORIDA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPONENT 1 ADDRESSES WHAT TO FOCUS ON - SYSTEMIC RISK FACTORS. THE PROGRAM WILL PROVIDE LEADERSHIP, PROFESSIONAL DEVELOPMENT AND OPPORTUNITY TO AUGMENT ADDITIONAL INCOME FOR FRAGILE FAMILIES IN NEED OF ECONOMIC SUPPORT. COMPONENT 2 WILL REVIEW WHO SHOULD BE INTERVENED WITH.

NAME OF ORGANIZATION OR GOVERNMENT: PREVENT CHILD ABUSE KENTUCKY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROJECT WILL ADDRESS 4 OF THE SIX CORE COMPONENTS - WHAT TO FOCUS ON, WHO TO INTERVENE WITH, WHERE TO BASE THE DELIVERY OF SUPPORTS AND WHAT BRINGS ABOUT CHANGE.

NAME OF ORGANIZATION OR GOVERNMENT: PREVENT CHILD ABUSE INDIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PROCESS OF IMPLEMENTING THE FRAMEWORK AND ITS ACCOMPANYING TOOLKIT IN SELECT COUNTIES; THE PROCESS

Part IV Supplemental Information

WILL INCLUDE THREE COMPONENTS OF TH PUBLIC HEALTH APPROACH TO CHILD
MALTREATMENT.

NAME OF ORGANIZATION OR GOVERNMENT:

FAMILIES FORWARD/PREVENT CHILD ABUSE VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO USE THE THRIVING FAMILIES SAFER
CHILDREN FRC PROJECT WILL BE IMPLEMENTED UTILIZING THE EXISTING
INTERVENTION PROGRAMS AS THEY FOCUS ON CREATING NETWORKS OF
COMMUNITY-BASED SERVICES AND ALIGNING RESOURCES.

NAME OF ORGANIZATION OR GOVERNMENT:

ILLUMINATE COLORADO/PREVENT CHILD ABUSE COLORADO

(H) PURPOSE OF GRANT OR ASSISTANCE: EARLY TIMING OF INTERVENTION,
SPECIFICALLY PRIMARY PREVENTION, IS THE KEY FOCUS OF THE COLORADO
PARTNERSHIP FOR THRIVING FAMILIES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PREVENT CHILD ABUSE AMERICA

Employer identification number

23-7235671

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. MELISSA MERRICK PRESIDENT & CEO	(i)	262,002.	52,500.	693.	19,400.	21,463.	356,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER JONES CHIEF STRATEGY OFFICER	(i)	157,746.	14,950.	0.	5,320.	12,117.	190,133.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KELLY CHRISTOPHER CHIEF DEVELOPMENT OFFICER	(i)	141,206.	10,094.	344.	17,797.	17,187.	186,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFRY B. KLIKA CHIEF RESEARCH OFFICER	(i)	142,284.	4,521.	270.	17,073.	21,316.	185,464.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KERRIE TREBONSKY CHIEF FINANCIAL OFFICER	(i)	131,782.	4,014.	0.	9,846.	14,732.	160,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KATHLEEN STRADER CHIEF PROGRAM OFFICER	(i)	133,106.	4,172.	0.	13,782.	1,900.	152,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

PCAA PAID FOR HEALTH CLUB DUES FOR THE ORGANIZATION'S EMPLOYEES. THIS BENEFIT WAS TAXABLE.

PART I, LINE 3:

CEO COMPENSATION WAS ESTABLISHED BASED ON A COMPARISON OF CEO COMPENSATION AT ORGANIZATIONS WITH COMPARABLE MISSION AND/OR SIZE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

PREVENT CHILD ABUSE AMERICA

Employer identification number

23-7235671

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEY TACKLE THIS ISSUE THROUGH THREE MAIN APPROACHES: INTERVENTION,
ADVOCACY, AND RESEARCH.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PREVENTION EDUCATION AND AWARENESS: GREAT COMMUNICATIONS CAN CHANGE
LIVES. AT PREVENT CHILD ABUSE AMERICA, WE COMMUNICATE VIA A WIDE RANGE
OF INTEGRATED PUBLIC AWARENESS AND ENGAGEMENT EFFORTS TO HELP ENSURE
THE SAFE, STABLE, AND NURTURING RELATIONSHIPS AND ENVIRONMENTS THAT
ENABLE CHILDREN AND FAMILIES TO THRIVE.

EXPENSES \$ 1,369,190. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PREVENTION ADVOCACY. THE PUBLIC POLICY AND ADVOCACY PROGRAM AT PREVENT
CHILD ABUSE AMERICA OPERATES ON THE NATIONAL LEVEL TO MOBILIZE
NONPARTISAN SUPPORT FOR FEDERAL POLICIES AND PROVIDE TECHNICAL SUPPORT
TO HELP FACILITATE EFFECTIVE ADVOCACY AT THE STATE AND LOCAL LEVELS,
TOO. WHEN COMMUNITIES, POLICYMAKERS, AND RESOURCES ARE INVESTED IN
PREVENTION STRATEGIES, WE CAN BEGIN TO ENVISION A WORLD WHERE THE
NEGATIVE IMPACTS AND OUTCOMES FROM CHILD MALTREATMENT WILL BE
NONEXISTENT.

EXPENSES \$ 545,034. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CHAPTER ACTIVITIES: THE PREVENT CHILD ABUSE AMERICA (PCA AMERICA)
NATIONWIDE STATE CHAPTER NETWORK RANGES FROM INDEPENDENT 501(C)(3)
NONPROFIT ORGANIZATIONS TO AGENCIES THAT OPERATE UNDER UMBRELLA
ORGANIZATIONS, SUCH AS GOVERNMENT DEPARTMENTS, HOSPITALS, AND

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

Schedule O (Form 990) 2022

Name of the organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
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UNIVERSITIES. CHAPTERS CONTRIBUTE INVALUABLY TO OUR COMPREHENSIVE PREVENTION EFFORTS, PROVIDING STATE-LEVEL EXPERTISE AND RESOURCES AND ULTIMATELY AMPLIFYING OUR WORK WIDELY IN COMMUNITIES NATIONWIDE. THEY WORK IN TANDEM WITH A WIDE ARRAY OF COMMUNITY PARTNERS TO DELIVER VALUABLE DAY-TO-DAY PREVENTION WORK, INCLUDING THE FORMULATION OF INNOVATIVE STRATEGIES TO ADDRESS ISSUES SUCH AS CHILD SEXUAL ABUSE, RAISING AWARENESS FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT, AND ADVOCATING WITH STATE AND LOCAL GOVERNMENTS TO ENSURE THAT THERE IS FUNDING AVAILABLE FOR PROGRAMS DESIGNED TO BENEFIT CHILDREN AND FAMILIES

EXPENSES \$ 344,230. INCLUDING GRANTS OF \$ 75,000. REVENUE \$ 90,826.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS HAS DELEGATED TO THE EXECUTIVE COMMITTEE THE RESPONSIBILITY FOR REVIEW OF FORM 990 PRIOR TO FILING. FORM 990 IS PROVIDED TO MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INFORMED OF PCAA'S POLICIES WITH RESPECT TO CONFLICTS OF INTEREST. THE CHAIR SHALL BE NOTIFIED OF ANY CONFLICT OF INTEREST ARISING BETWEEN PCAA AND ANY MEMBER OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ARE NOTIFIED OF ANY CONFLICT OF INTEREST ARISING BETWEEN PCAA AND ANY MEMBER OF THE BOARD OF DIRECTORS IF SUCH CONFLICT OF INTEREST IS RELEVANT TO ANY MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS. ANY SUCH INTERESTED DIRECTOR SHALL DISCLOSE TO THE BOARD OF DIRECTORS THE NATURE OF THE CONFLICT AND SHALL PROVIDE THE BOARD OF DIRECTORS WITH ANY INFORMATION RELEVANT TO THE CONFLICTED MATTER. A CONFLICTED DIRECTOR IS REQUIRED TO RECUSE HIMSELF FROM VOTING ON PERTINENT

Name of the organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
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MATTERS.

FORM 990, PART VI, SECTION B, LINE 15A:

CEO COMPENSATION WAS ESTABLISHED BASED ON A COMPARISON OF CEO COMPENSATION AT ORGANIZATIONS WITH COMPARABLE MISSION AND/OR SIZE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,DC,FL,MS,HI,AZ,IN,KS,KY,ID,MD,MI,MN,MO,NC,NH,NJ,NM,NY,OK
OR,PA,RI,SC,TN,UT,VA,WA,WI,WV,DE,IA,LA,MT,NE,NV,ND,OH,SD,TX,VT,WY

FORM 990, PART VI, SECTION C, LINE 19:

PCAA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. ANNUAL REPORTS AND FORMS 990 ARE ALSO AVAILABLE ON PCAA'S WEBSITE (WWW.PREVENTCHILDABUSE.ORG).

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING & OTHER SERVICES:

PROGRAM SERVICE EXPENSES	1,274,126.
MANAGEMENT AND GENERAL EXPENSES	96,164.
FUNDRAISING EXPENSES	92,201.
TOTAL EXPENSES	1,462,491.

PAYROLL FEES:

PROGRAM SERVICE EXPENSES	7,109.
MANAGEMENT AND GENERAL EXPENSES	1,278.
FUNDRAISING EXPENSES	681.
TOTAL EXPENSES	9,068.

Name of the organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
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401K ADMINISTRATION FEE:

PROGRAM SERVICE EXPENSES	1,387.
MANAGEMENT AND GENERAL EXPENSES	237.
FUNDRAISING EXPENSES	134.
TOTAL EXPENSES	1,758.

CONTRACTUAL FEES:

PROGRAM SERVICE EXPENSES	109,050.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	109,050.

STATE REGISTRATION FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	17,140.
TOTAL EXPENSES	17,140.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	52,559.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	52,559.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,652,066.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN CHARITABLE TRUST	-93,714.
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Name of the organization PREVENT CHILD ABUSE AMERICA	Employer identification number 23-7235671
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FORM 990, PART XII, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.

For Office Use Only

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL
Revised 1/19

PMT #	_____
AMT	_____
INIT	_____

Attorney General KWAME RAOUL State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-007107

Report for the Fiscal Period:

Beginning 01/01/2022

& Ending 12/31/2022

MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee
- MO DAY YR

Federal ID # 23-7235671

Are contributions to the organization tax deductible? Yes No

Date Organization was created:

LEGAL NAME PREVENT CHILD ABUSE AMERICA	Year-end amounts	
MAIL ADDRESS 33 NORTH DEARBORN ST., SUITE 2300	A) ASSETS	A) \$ 17,164,170.
CITY, STATE CHICAGO, IL	B) LIABILITIES	B) \$ 2,427,268.
ZIP CODE 60602	C) NET ASSETS	C) \$ 14,736,902.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	84.080 %	D) \$ 6,803,753.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	9.520 %	E) \$ 770,327.
F) OTHER REVENUES	6.400 %	F) \$ 517,889.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 8,091,969.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	64.977 %	H) \$ 6,865,560.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	64.977 %	J) \$ 6,865,560.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	14.906 %	K) \$ 1,574,950.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	79.883 %	L) \$ 8,440,510.
M) MANAGEMENT AND GENERAL EXPENSE	11.621 %	M) \$ 1,227,896.
N) FUNDRAISING EXPENSE	8.496 %	N) \$ 897,662.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 10,566,068.
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS SEE STATEMENT 1		S) \$ 97,500.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: MELISSA MERRICK, PRESIDENT & CEO		T) \$ 315,195.
U) NAME, TITLE: JENNIFER JONES, CHIEF STRATEGY OFFICER		U) \$ 172,696.
V) NAME, TITLE: KELLY CHRISTOPHER, CHIEF DEVELOPMENT OFFICER		V) \$ 151,644.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: FAMILY AND INDIVIDUAL SERVICES		W) # 111
X) DESCRIPTION: PREVENTION SERVICES		X) # 300
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>PNC BANK, 333 S. STATE ST., CHICAGO, IL 60604</u>		
<u>HUNTINGTON NATIONAL BANK, 17 S. HIGH ST., COLUMBUS, OH 43216</u>		
<u>CIBC BANK USA, 120 S. LASALLE ST., CHICAGO, IL 60603</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>DR. MELISSA MERRICK - 312-663-3520</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

MELISSA MERRICK

PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

JODI SCHEURENBRAND

TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

ASHLEY BARSEMA

PREPARER (PRINT NAME) SIGNATURE DATE

PREVENT CHILD ABUSE AMERICA

23-7235671

FORM AG990-IL

PAYMENTS TO FUNDRAISING CONSULTANTS

STATEMENT 1

FUNDRAISING CONSULTANT'S NAME	ADDRESS	AMOUNT PAID
JASCULCA TERMAN STRATEGIC CONSULTING	730 NORTH FRANKLIN ST. SUITE 510, CHICAGO, IL 60654	97,500.
TOTAL AMOUNT TO FORM AG990-IL, PART III, LINE S		97,500.