Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

<u> </u>	For th	e 2022 calend	lar year, or tax year begin	ning	09-01	, 2022, a	nd endin	ıg	08-	31 , 20 23
В	Check if	applicable:	C Name of organization Pa	rent Aid - Child A	Abuse Preve	ntion C	enter	D	Employe	r identification number
	Address	change	Doing business as							74-2591577
П	Name cl	nange	Number and street (or P.O. bo	x if mail is not delivered to street add	dress)		Room/suite	9 E	Telephon	e number
一	Initial ref	•	2580 E 22nd St		,					(520) 798-3304
一		urn/terminated		country, and ZIP or foreign postal c	ode			G	Gross re	
一	Amende		Tucson, AZ 857				2.00	ľ	\$	483,460
一					•			H/a) is this a second		
ш	Applicat	on pending	F Name and address of principa		-		1	H(a) Is this a grou H(b) Are all sub		
			Same as C above 501(c)(3) 501(c) (Д 507					
<u> </u>) (insert no.) 4947(a	a)(1) or 527					See instructions
	Website		w.parentaid.org					H(c) Group exe		
		_		ociation U Other	L Ye	ear of formation	on: 199	O M Sta	te of legal of	domicile: AZ
F	art I	Summai	· · · · · · · · · · · · · · · · · · ·							
	1	•	•	on or most significant activit				***		of every child
ě				safe and free fro	om violence	by str	engthe	ning fam	ilies	and preventing
& Governance		child ab	ouse.							
ern										
ò	2	*	_ ,	iscontinued its operations o	•	re than 25%	% of its ne	et assets.		
ن مخ	3		•	rning body (Part VI, line 1a)				+	3	8
es	4	4		s of the governing body (Pa					4	8
Activities	5	Total numbe	er of individuals employed in	calendar year 2022 (Part V	', line 2a)				5	5
Ċŧ	6	Total numbe	er of volunteers (estimate if i	necessary)					6	65
٩	78	Total unrelat	ted business revenue from	Part VIII, column (C), line 12	2			[7a	0
	t	Net unrelate	ed business taxable income	from Form 990-T, Part I, line	e 11				7b	0
								Prior Year		Current Year
ne n	8	Contribution	s and grants (Part VIII, line	217,	242	393,079				
	9	Program ser	rvice revenue (Part VIII, line	e 2g)					646	1,487
Revenue	10	-		A), lines 3, 4, and 7d)					180	5,044
Š	11	Other reven	ue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 1	1e)				150	28,602
_	12		, , , , , , , , , , , , , , , , , , , ,	must equal Part VIII, columr	*			255,		428,212
	13		similar amounts paid (Part I							0
	14		d to or for members (Part I)	• • • • • • • • • • • • • • • • • • • •						0
	15	•	•	e benefits (Part IX, column (182,	003	225,113
es	16:		I fundraising fees (Part IX, o	· ·					-	0
Expenses			ising expenses (Part IX, col	, ,		5,402				
Q X	17		nses (Part IX, column (A), li					77	670	84,332
ш	18			equal Part IX, column (A), li					678	
		•	,	•	•			259,		309,445
	<u>π</u> 19	Revenue les	ss expenses. Subtract line	18 from line 12		· · · · ·	+		463)	118,767
S	uces	Total acces	(Dod V line 40)				Begin	ning of Current		End of Year
sset	20		(Part X, line 16)					746,		1,099,181
et A	20 And Balance 21 22		es (Part X, line 26)				-		992	22,016
Z	문 22 art II		or fund balances. Subtract	ine 21 from line 20				706,	282	1,077,165
				rn, including accompanying schedul	les and statements an	d to the best o	of my knowle	edge and helief	it ic	
				icer) is based on all information of w			of fifty Kilowii	euge and belief,	11.15	
			7							1/5/24
Sig	าก	Signature of offi	inor							
		_	sa Pedroza-Hayes,	Treasurer					Date	
He	re									
		Type or print na		T						
_		Print/Type pr	reparer's name	Preparer's signature		Date 1	N	Check	X if P	TIN
Pa			er J Phillips	/ June /	enverse.	11	<i>f</i> (self-emplo	oyed	P01607578
	epare		Jennife	TPhillips CPA P	LLC		Fi	rm's EIN		<u> </u>
Us	e On	ly Firm's addres	ss 4911 N.	Camino Luz			PI	hone no.		
			Tucson A	AZ 85718					520-24	17-7087
Ma	v the IF	S discuss this	return with the preparer sh	own above? See instruction	ns					X Yes No

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_ ا		
c	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	Ė		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
_	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
124	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10		v
20 a		19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-35		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Parent Aid - Child Abuse Prevention Center

Part IV | Checklist of Required Schedules (continued)

	1 (Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		
27	controlled entity or family member or any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		X
20	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Dan	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par	Objects if Oak add to Oak add to a supple of the control of the Co			П
	Check if Schedule O contains a response or note to any line in this Part V		Yes	L Na
1.2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	х	
	- separation gamming (gamming) thinnings to prize thinkers.		Λ	Ь

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Pai	rt 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 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		.,
А	If "Yes," indicate the number of Forms 8282 filed during the year	7c		Х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Λ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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?	15		v
		15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х
17	Section 501(c)(21) organizations. Did the trust, or any 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?	17		
	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 in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			x
Se	ction 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	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>1</i> a	one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	14		_x_
b	stockholders, or persons other than the governing body?	7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5		X
0	the year by the following:			
•	The governing body?	8a	v	
a b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>
	The decide (The decide is requeste information about policies not required by the internal revenue dead.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed			
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13	and financial statements available to the public during the tax year.			
	and interior octomorio dyanabio to the pablic during the tax year.			

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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-01111	990	IZUZZ

Parent Aid - Child Abuse Prevention Center

74-2591577

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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 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.

				(C)					
(A)	(B)	Position (do not check more than one box, unless person is both an Reportable		(E)	(F)					
Name and title	Average			Reportable	Reportable	Estimated amount				
rune and title	hours					trustee)		compensation	compensation	of other
	per week					,		from the	from related	compensation
	(list any	악声	'n	Q	ž	욕 표	FC	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	hours for related	divid dire	stitut	Officer	y er	ghes	Former	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	/ee				
	below	ruste	trus		yee	mpel				
	dotted line)	Ö	tee			Highest compensated employee				
						8				
(1) Allan Stockellburg	40.00									
Executive Director					Х			55,000	0	5,994
(2) Josh Groch	1.00									
Director		Х						0	0	0
(3) Madeline Harris-Coons	1.00									
Director		Х						0	0	0
(4) Rachel Briggs	1.00									
Director		Х						0	0	0
(5) David Payne	2.00									
Director		Х		_				0	0	0
(6) Rosy Pedroza-Hayes	5.00									
Treasurer		Х		х				0	0	0
(7) Jacqueline Atkins	<u>5.0</u> 0									
Secretary		Х		Х				0	0	0
(8) Ernie Huber	30.00									
President		Х		Х				0	0	0
(9) Berti Brodsky	2.00									
Vice-President		Х		х				0	0	0
<u>(10)</u>										
(44)				\dashv						
(11)										
<u>(12)</u>										
(13)										
<u>(14)</u>			\Box							
										E 000 (0000)

EEA Form **990** (2022)

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	(A) Name and title		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/	(E) Reportable compensation from related organizations (W-2/		cor	(F) ated am of other mpensat	l amount ther nsation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-N	IISC/	orga	nization d organiz	and
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u>														
1b	Subtotal			• •		• •								
d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		 	<u> </u>	· ·	<u> </u>	 		55,000		0		5,	994
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	ted ab	ove)	who	o rec	eived	more	e than \$100,000 of					0
	reportable compensation from the organization												Yes	No
3	Did the organization list any former officer, director			-		_						_		
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of re											3		Х
•	organization and related organizations greater that	•	•											
	individual											4		х
5	Did any person listed on line 1a receive or accrue			-			_		ition or individual					
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	' complete So	chedule	J fo	or su	ich p	erson					5		X
1	Complete this table for your five highest compensa	ated indepen	dent co	ontra	ctor	s tha	ıt recei	ved	more than \$100 00	00 of				
•	compensation from the organization. Report comp										ax year.			
	(A)				•				(B)			(C)		
	Name and business addres	ss							Description of service	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation fro			hose	liste	ed al	oove) v	who						

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Part VIII

		Check if Schedule O contains	a response or n	ote to any line in this	Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
vice Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Government grants (contribution All other contributions, gifts, gran and similar amounts not included Noncash contributions included lines 1a-1f	1b 1c 1c 1d 1s) 1e 1ts, d above 1f in 1g	47,906 239,919 105,254 \$ Business Code 900099	393,079	1,487		
Program Service Revenue	l		e		1,487			
	b	Investment income (including divother similar amounts) Income from investment of tax-exe Royalties	(i) Real 41,512	eeds (ii) Personal	5,044			5,044
evenue	d 7a b	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	25,785 (i) Securities	(ii) Other	25,785			25,785
Other Rev	d 8a b	Net gain or (loss) Gross income from fundraising	47,906 8.	a 42,338	2,817			2,817
	9a b c 10a b	Gross income from gaming activities, See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, less returns and allowances Less: cost of goods sold	9; activities	a b 	2/01/			2,017
Miscellanous Revenue	11a b c							
	12	Total revenue. See instructions			428,212	1,487	0	33,646

Parent Aid - Child Abuse Prevention Center Statement of Functional Expenses Part IX

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

Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		Схропаса	general expenses	САРСПЭСЭ
•	and domestic governments. See Part IV, line 21				
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	61,458	56,760	3,758	940
6	Compensation not included above to disqualified		00,100	2,.22	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	134,079	123,829	8,200	2,050
8	Pension plan accruals and contributions (include			-,	=,:::
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,641	13,214	1,088	339
10	Payroll taxes	14,935	13,793	914	228
11	Fees for services (nonemployees):	,	-,		
а	Management				
b	Legal				
С	Accounting	8,451	7,311	912	228
d	Lobbying	·	,		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	11,500	11,500		
12	Advertising and promotion	6,763	6,763		
13	Office expenses	27,745	24,944	1,400	1,401
14	Information technology	·	·	·	
15	Royalties				
16	Occupancy	3,531	3,330	161	40
17	Travel	4,209	4,150	47	12
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,728	6,344	307	77
23	Insurance	7,201	6,982	175	44
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Training	4,061	4,061		
b	Repairs/maintenance	869	819	40	10
С					
d					
е	All other expenses	3,274	730	2,511	33
25	Total functional expenses. Add lines 1 through 24e	309,445	284,530	19,513	5,402
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	14,346	1	87,969
	2	Savings and temporary cash investments	81,611	2	132,590
	3	Pledges and grants receivable, net	54,449	3	32,149
	4	Accounts receivable, net	5,035	4	993
	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	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	9,668	9	4,923
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 192,923			
	b	Less: accumulated depreciation	95,861	10c	89,637
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	485,304	15	750,920
	16	Total assets. Add lines 1 through 15 (must equal line 33)	746,274	16	1,099,181
	17	Accounts payable and accrued expenses	28,992	17	22,016
	18	Grants payable		18	
	19	Deferred revenue	11,000	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
iit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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		25	
	26	Total liabilities. Add lines 17 through 25	39,992	26	22,016
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
ılan	27	Net assets without donor restrictions	706,282	27	1,077,165
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
rΕ		and complete lines 29 through 33.			
o S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	706,282	32	1,077,165
	33	Total liabilities and net assets/fund balances	746,274	33	1,099,181

orm	n 990 (2022) Parent Aid - Child Abuse Prevention Center	74-25915	17	Pa	age 12
Pa	rt 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		428,	212
2	Total expenses (must equal Part IX, column (A), line 25)	2		309,	445
3	Revenue less expenses. Subtract line 2 from line 1	3		118,	767
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		706,	282
5	Net unrealized gains (losses) on investments	5		252,	
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-		
	32, column (B))	10	1.	077,	165
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990:				
	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?		2a		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			Λ	
	separate basis, consolidated basis, or both:				
	X Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	.,	
	If the organization changed either its oversight process or selection process during the tax year, explain on		20	Х	
	Schedule O.				
2-					
sа	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		1 25		
1-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х

To

EEA

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)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

		Aid - Child Abuse Preve					74-259157	
Par	t I	Reason for Public Char	rity Status. (All	l organizations mus	t comple	te this p	art.) See instruction	ons.
The c	rgan	ization is not a private foundation be	cause it is: (For line	es 1 through 12, check or	ly one box	i.)		
1		A church, convention of churches, o	r association of chu	rches described in section	on 170(b)(1)(A)(i).		
2		A school described in section 170(b	o)(1)(A)(ii). (Attach	Schedule E (Form 990).)				
3		A hospital or a cooperative hospital	service organizatio	n described in section 17	'0(b)(1)(A)	(iii).		
4		A medical research organization ope	erated in conjunctio	n with a hospital describe	ed in sectio	on 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the ber	nefit of a college or	university owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	or governmental u	nit described in section '	170(b)(1)(<i>A</i>	A)(v).		
7	X	An organization that normally receiv	es a substantial pa	rt of its support from a go	vernmenta	I unit or fro	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)				
8		A community trust described in sect	ion 170(b)(1)(A)(vi). (Complete Part II.)				
9		An agricultural research organization	n described in sect i	ion 170(b)(1)(A)(ix) opera	ated in con	junction w	ith a land-grant college	
		or university or a non-land-grant coll	ege of agriculture (see instructions). Enter th	ne name, c	ity, and sta	te of the college or	
		university:						
10		An organization that normally receiv receipts from activities related to its support from gross investment incoracquired by the organization after Ju	exempt functions, s ne and unrelated b ine 30, 1975. See s	subject to certain exception usiness taxable income (lection 509(a)(2). (Comp	ons; and (2 less sectio lete Part II) no more i n 511 tax) i l.)	than 33 1/3% of its	
11	닏	An organization organized and opera	•	•				
12	Ш	An organization organized and oper						
		one or more publicly supported orga						heck
		the box on lines 12a through 12d tha	• • •					
а		Type I. A supporting organization						
		the supported organization(s) th		• • • • • • • • • • • • • • • • • • • •	ity of the d	irectors or	trustees of the	
		supporting organization. You m						
b		Type II. A supporting organization	•				. , , ,	
		control or management of the su			ersons that	control or	manage the supported	
		organization(s). You must com						
С		☐ Type III functionally integrated		•			•	i
_		its supported organization(s) (se		· · · · · · · · · · · · · · · · · · ·				
d		☐ Type III non-functionally integ						*
		that is not functionally integrated	•	• •			ent and an attentiveness	3
		requirement (see instructions).	-					
е		Check this box if the organization				is a Type I,	Type II, Type III	
		functionally integrated, or Type I	· · · · · · · · · · · · · · · · · · ·	ntegrated supporting orga	anization.			
f		nter the number of supported organiz						• • •
g		rovide the following information abou	i i	()				I
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
رد,								
(E)								
Total								

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

Calen	dar 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.")	145,083	121,353	198,157	217,242	393,079	1,074,914
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	145,083	121,353	198,157	217,242	393,079	1,074,914
5	The portion of total contributions by	·			·		
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 .						1,074,914
Secti	on B. Total Support						, ,
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	145,083	121,353	198,157	217,242	393,079	1,074,914
8	Gross income from interest, dividends,	,	·	,	,	,	,
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	38,907	34,282	31,842	46,125	46,556	197,712
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.)						
11	Total support. Add lines 7 through 10						1,272,626
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	124,003
13	First 5 years. If the Form 990 is for the or	ganization's firs	st, second, third	d, fourth, or fifth	n tax year as a	section 501(c)	
	organization, check this box and stop her	e					<u> </u>
Secti	on C. Computation of Public Support	rt Percentage	е				
14	Public support percentage for 2022 (line 6	i, column (f), di	vided by line 1°	1, column (f))		14	84.46 %
15	Public support percentage from 2021 Sch	edule A, Part II	, line 14			15	84.34 %
16a	33 1/3% support test - 2022. If the organi	zation did not	check the box of	on line 13, and	line 14 is 33 1	/3% or more, c	
	box and stop here. The organization qual	ifies as a public	cly supported o	organization .			x
b	33 1/3% support test - 2021. If the organi	zation did not	check a box on	line 13 or 16a	, and line 15 is	33 1/3% or mo	ore, check
	this box and stop here. The organization	qualifies as a p	ublicly support	ed organization	n		
17a	10%-facts-and-circumstances test - 202	2. If the organi	zation did not d	check a box on	line 13, 16a, c	or 16b, and line	14 is
	10% or more, and if the organization meet	ts the facts-and	l-circumstance:	s test, check th	nis box and sto	p here. Explai	n in
	Part VI how the organization meets the fac-						
	organization						
b	10%-facts-and-circumstances test - 202	1. If the organi	zation did not d	check a box on	line 13, 16a, 1	16b, or 17a, an	d line
	15 is 10% or more, and if the organization	meets the fact	s-and-circums	tances test, ch	eck this box ar	nd stop here. E	Explain
	in Part VI how the organization meets the	facts-and-circu	ımstances test	. The organizat	tion qualifies a	s a publicly suլ	oported
	organization						
18	Private foundation. If the organization did	d not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and se	ee
	instructions	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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(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.)

Secu	on A. Public Support						
Calen	dar 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thir	d, fourth, or fift	th tax year as a	section 501(c)(3)
	organization, check this box and stop her	е					
Secti	on C. Computation of Public Suppor	rt Percentag	e				
15	Public support percentage for 2022 (line 8	, column (f), d	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Scho	edule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2022 (li	ne 10c, colum	ın (f), divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2021	Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the organ	nization did no	t check the box	on line 14, an	ıd line 15 is mor	re than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this bo	ox and stop h	ere. The organi	zation qualifie	s as a publicly s	supported or	ganization 🗌
b	33 1/3% support tests - 2021. If the organization	n did not check a	a box on line 14 o	r line 19a, and lir	ne 16 is more than	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box	and stop here .	The organization	qualifies as a pul	olicly supported or	rganization	
20	Private foundation. If the organization did	d not check a l	oox on line 14,	19a, or 19b, cl	neck this box ar	nd see instru	ctions

Schedule A (Form 990) 2022 EEA

Page 4

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
 - **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI**.
 - **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI*.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		res	NO
	1		
	2		
r	3a		
t			
3)	3b		
-,	3с		
	4a		
	41-		
	4b		
	4c		
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	9b		
	9с		
	100		
	10a		
	10b		
edu	le A (Fo	orm 990	0) 2022

EEA Schedule A (Form 990) 202:

ıaıı	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
secti	on 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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
N 4!	supervised, or controlled the supporting organization.	2		
secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
N 4"	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
2 o o t i	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			- \
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	iction	S).
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)	s).	V	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	24		
2	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedul	e A (Form 990) 2022 Parent Aid - Child Abuse Prevention Cent	er	74-2591	1577	Page 6
Part	7 1 1 1 1 1 1 1 1 1 1				
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying				•
	instructions. All other Type III non-functionally integrated supporting organized	zatio	ns must complete Section	`	<u> </u>
Secti	on A - Adjusted Net Income		(A) Prior Year	1 ` ′	rrent Year
	<u> </u>		()	(op	otional)
	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			
Socti	on B - Minimum Asset Amount		(A) Prior Year	(B) Cu	rrent Year
Jecti	ON B - Minimum Asset Amount		(A) I IIOI Teal	(op	otional)
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Secti	on C - Distributable Amount			Curre	ent Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
	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			
	Income tax imposed in prior year	5			
-		1 ~ 1			

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2022

6

Excess from 2022

ı art	Type in Non-i unctionally integrated 303(a)(3) Supporting Organi	zations (continue	u)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	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 resp	onsive		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	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				
<u>u</u>	Excess from 2019				
C	Excess from 2020				
d					

EEA Schedule A (Form 990) 2022 Schedule A (Form 990) 2022 Page 8 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.)

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Parent Aid - Child Abuse Prevention Center 74-2591577 Organization type (check one): Filers of: Section: **X** 501(c)(**3** Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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 Name of organization

Employer identification number

Parent Aid - Child Abuse Prevention Center

74-2591577

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Community Foundation for So AZ 5049 E Broadway Ste 201	\$35,000	Person 🛣 Payroll 🔲 Noncash 🗍
	Tucson AZ 85711		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	United Way of Tucson and So AZ 330 N. Commerce Park Loop 200 Tucson AZ 85726	\$18,144	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Hamstra Heating and Cooling 4389 N Highway DR Tucson AZ 85705	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	The Centurions 5049 E Broadway Blvd Ste 135 Tucson AZ 85711	\$ 25,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Casa de los Ninos 1120 N 5th Ave Tucson AZ 85705	\$159,609	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	US Department of Treasury Internal Revenue Service Ogden UT 84201	\$62,166	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Parer	t Aid - Child Abuse Prevention Center		74-2591577
Pa	t I Organizations Maintaining Donor Advised F	Funds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiza	_	
6	Did the organization inform all grantees, donors, and donor a	_	
	only for charitable purposes and not for the benefit of the dor		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" o	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	` `	istorically important land area
	Protection of natural habitat	<i>'</i>	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of a d	conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired		
ŭ	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, re		
Ŭ	tax year	oasea, extinguished, or terminated by the orga	anization during the
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
·	cian and volunteer nours devoted to morntoning, inspecting,	landing of violations, and officioning conscivati	and casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation of	easements during the vear
•	7 tillounit of expended informating, inepedanty, name	ining of violations, and officing concervation of	sacomonic damig the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	.)(B)(i)
9	In Part XIII, describe how the organization reports conservati		
•	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		That according to the
Par		of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 95		alance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		ice sheet works of
-	art, historical treasures, or other similar assets held for public	•	
	provide the following amounts relating to these items:	and the state of t	
	(i) Revenue included on Form 990, Part VIII, line 1 · · ·		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
-	following amounts required to be reported under FASB ASC	_	ii, provide tile
а	Revenue included on Form 990, Part VIII, line 1		\$
a b	Assets included in Form 990, Part X		
D.	, accommonded in Form 200, Fall A		Ψ

EEA

Par	III Organizations Maintaining	Collections of	Art, Hist	torical T	reasures,	or Oth	ner Similar <i>A</i>	Assets (co	ontinu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check an	y of the fol	llowing that m	nake sign	ificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange pi	rogram				
b	Scholarly research		е	Other		•				
С	Preservation for future generations			_						-
4	Provide a description of the organization's co	ollections and explain	how thev	further the	organization'	s exempt	t purpose in Part	•		
	XIII.	'	,		5					
5	During the year, did the organization solicit o	or receive donations o	of art histor	rical treasu	ires or other	similar				
•	assets to be sold to raise funds rather than to							Ye	,	No
Par			art or the o	rgariizatioi	10 001100110111			<u> </u>		,
	Complete if the organization		on Form	n 990. Pa	art IV. line	9. or re	eported an ar	mount on	Form	ı
	990, Part X, line 21.				,	-,				-
	Is the organization an agent, trustee, custodi	ian or other intermedi	iary for con	tributions (or other asset	ts not				
ıu			-					Ye	. 🗆	No
h	If "Yes," explain the arrangement in Part XIII							🗆 16	' ∟	, 140
b	ii res, explain the arrangement in Fart Ain	and complete the for	lowing tabl	c .			1	mount		
•	Beginning balance					10	1	anount		
C	Additions during the year									
d							+			
e	Distributions during the year					. 1e				
f	Ending balance									1
2a	Did the organization include an amount on F					_			_ =	No
Do:	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation b	nas been p	rovided on P	art XIII			· _	
Par		anayyanad "Vaa"	an Farm	- 000 D	aut IV / lina	10				
	Complete if the organization									
_		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years bad	ck (e) Fou	r years b	oack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, d	column (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse		ition that ar	e held and	administered	d for the				
	organization by:	ŭ							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par			THE INTERIOR	u.J.						
	Complete if the organization		on Form	1 990. Pa	art IV. line	11a. S	ee Form 990	. Part X. I	ine 1	0.
	Description of property	(a) Cost or other			r other basis		Accumulated	(d) Boo		<u> </u>
	Description of property	(a) Cost of othe		l ' '	other)		preciation	(u) BOO	n value	
1a	Land	,	,	,	· ·				40	E00
_		• •			40,500		06 217		40,	
b	Buildings	• •		-	133,810		86,317		47,4	493
C	Leasehold improvements	• •			10.610		16.000			
d	Equipment	• •			18,613		16,969		1,0	644
<u>e</u>	Other			<u> </u>						
ı otal.	Add lines 1a through 1e. (Column (d) must eq	ıuaı ⊢orm 990, Part X	i, column (E	s), iine 10c	:)				89,0	637

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12					
- Complete il the organization answered Mes on Form 990 Part IV line 110 See Form 990 Part X line 12	Camplete if the avacuiration of		Carra 000 Dart IV	/ line 44h Caa Fam	000 Dawl V line 10
	Complete if the organization at	iswered yes on r	Form 990 Pan IV	line i in See For	m 990 Pan X line 17

Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Fore	m 990, Part IV, line	e 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)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(8) (9)

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
(1Duplex (donated rental property)	750,920
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	750,920
Dord V Other Liebilities	

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) Descri	ription of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal F	Form 990, Part X, col. (B) line 25.)	

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

	e D (Form 990) 2022 Parent Aid - Child Abuse Prevention Center	74-2591577	Page
Part	·	r 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	680,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	<u>5</u>	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	252,116
3	Subtract line 2e from line 1	3	428,212
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	428,212
Part	· ·	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	309,445
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	309,445
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	309,445
Part	XIII Supplemental Information.		
Provide	e 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; l	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.		
01. E	Footnote for uncertain tax position under FIN 48 (Part X)		
Manag	gement of Parent Aid considers the likelihood of changes by taxing authori	ties in its	filed tax
retur	ens and recognizes a liability for or discloses potential significant change	ges if manag	ement
belie	eves it is more likely than not for a change to occur, including changes to	o the organi	zation's
statu	is as a not-for-profit entity. Management believes that Parent Aid met the	requirement	s to
maint	tain its tax-exempt status and has no income subject to unrelated business	income tax,	
there	efore, no provision for income taxes has been provided in these financial s	statements.	

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

2022
Open to Public Inspection

Pare	nt Aid - Child Abuse Prev	ention Cente	r			74-259	1577
Part					ered "Yes" on F	orm 990, Part IV,	line 17.
Form 990-EZ filers are not required to complete this part.							
1	Indicate whether the organization rais	sed funds through a	·			•	
а	☐ Mail solicitations		e L		of non-government		
b	☐ Internet and email solicitations		f		of government gran	ts	
С	☐ Phone solicitations		g L	_l Special fun	draising events		
d	In-person solicitations						
2a	Did the organization have a written or		-		-		
	or key employees listed in Form 990,	,		•	•		∐ Yes ∐ No
b	If "Yes," list the 10 highest paid individ		ndraisers) pi	ursuant to agr	eements under whic	h the fundraiser is to be)
	compensated at least \$5,000 by the c	organization.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		July (1)	
1				1	1		
2							
3							
4							
5							
6							
			1				
7							
8							
9							
10							
F-4-1							
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from							
registration or licensing.							
							_

74-2591577

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 (add col. (a) through We Care Jim Click None col. (c)) (event type) (total number) (event type) Revenue Gross receipts 87,212 3,032 90,244 2 Less: Contributions 47,906 47,906 Gross income (line 1 minus 39,306 3,032 42,338 4 Cash prizes Noncash prizes Rent/facility costs Direct Expenses 2,000 2,000 Food and beverages 23,092 23,092 5,070 5,070 Other direct expenses 9,359 9,359 Direct expense summary. Add lines 4 through 9 in column (d) 10 39,521 Net income summary. Subtract line 10 from line 3, column (d) 11 2,817 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:

SCHEDULE O (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Parent Aid - Child Abuse Prevention Center

Employer identification number

Parent Aid -	- Child Abuse Prevention Center	74-2591577
•		
01. Form 990	governing body review (Part VI, line 11)	
The Ferm 990	will be reviewed in detail by the Executive Committee and the	Fyecutive
THE FOLK 990	will be leviewed in detail by the Executive Committee and the	Executive
Director. It	will also be made available to other board members if they wou	ld like to
review it.		
02. Conflict	of interest policy compliance (Part VI, line 12c)	
The Executiv	ve Committee requires all board members to sign a new conflict o	f interest form
annually. Th	me Executive Committee has authority to investigate any conflict	s and take
appropriate	disciplinary or corrective action.	
<u> </u>		
03 CEO. exe	ecutive director, top management comp (Part VI, line 15a)	
05. CLO, CRC	Stative director, top management comp (rare vi, rine isa)	
The Executiv	re Committee forms a Compensation Review Committee. This Committ	ee meets to
discuss stra	ategies for analyzing the Executive Director's (ED) pay rate. Th	on analyzing
discuss sera	tegies for analyzing the Executive Director 3 (ED) pay rate. In	en, anaryzing
available re	esources (salary surveys/studies & 990s of other orgs), the Comm	ittee will meet
again to dis	cuss current pay rate and recommended pay rate for the upcoming	waar Tha
again to dis	cuss current pay race and recommended pay race for the apcoming	year. The
Committee ta	kes into consideration the ED's performance, amount of	
rosponsibili	ty/activities undertaken by the ED, organization budget & goals	ota and
1630011310111	ty/activities undertaken by the Bb, Organization budget a goals	, ecc., and
then makes t	the determination on maintaining salary at previous year's amoun	t. The
Committee	11 then proceed to the Board of Directors before making the off	or to the ED
COMMITTEE WI	.ll then present to the Board of Directors before making the off	er to the ED.
04 - Garage and in	an deciments at a socilable to mublic (Pout III line 10)	
04. Governin	ng documents, etc, available to public (Part VI, line 19)	
990s are ava	ailable through Guidestar or upon request can be mailed to the a	requester.
Financial st	catements are also available upon request. Our conflict of inte	rest policy has
never been r	equested, but if there were a request, we would provide it elec	tronically.

Part III Line 4a Statement of Program Accomplishments:

Mission: Preventing child abuse by strengthening families and our community.

Vision: All children are raised in homes, knowing they are loved, cherished and cared for by caregivers, who can rely on and contribute to a community that appreciates and supports them.

Parent Aid's home visitation program utilizes the evidence-based SafeCare Augmented model and Parent Aid continues to be Arizona's only SafeCare accredited agency. The community-based parent education program implements the evidence-based Active Parenting curriculum for its main source of parenting classes and adds curricula of PAX Tools, Children in Between, Positive Discipline, Parent Café, Boot Camp for New Dads and 24/7 Dad for supplemental education and/or for specific populations.

In the fiscal year ending August 31, 2022, Parent Aid provided in-home support to 52 families, including 59 parents/caregivers. These families represent a total of 127 children who benefitted. Families strengthened their relationship with their children, learned how to identify home-safety hazards and enhanced their home-health skills.

Parent Aid provided 257 parent education workshops and parent support groups in the fiscal year. These programs had 974 total caregivers participate. Families built skills and knowledge in areas of:

- Child development
- Interpersonal communication
- Parental self-care
- Emotional regulation and expression
- Life skills (healthy nutrition, budgeting and safety)
- Handling problem behaviors
- Establishing family rules and expectations
- Community resources and supports

The primary goal of all programming is the reduction of child maltreatment, with a secondary goal of strengthening families by building their parental knowledge, confidence, and support systems.