TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2023

Prepared for	
	Child Protection Center, Inc. 720 S. Orange Avenue Sarasota, FL 34236
Prepared by	Kerkering, Barberio & Co. P.O. Box 49348 Sarasota, FL 34230-6348
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

		** PUBLIC DISCLOSURE COPY *	*	
	Ω	n Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forr	n Y	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	cept private foundation	2022
Depa	rtment	Do not enter social security numbers on this form as it may be of the Treasury		Open to Public
Interr	al Reve	nue Service Go to www.irs.gov/Form990 for instructions and the latest		Inspection
			JUN 30, 2023	- 41
B C a	heck if pplicab	C Name of organization	D Employer identific	ation number
	Addre Chang	e CHILD PROTECTION CENTER, INC.		
	Name Chang	e Doing business as	59-211385	50
	Initial returr			4 4 5 5 5
	Final returr termi		(941)365-	
_	ated Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,736,237.
	Ireturr	SARASOIA, FL 54250	H(a) Is this a group ret	
	Appli tion pend	^{ra-} F Name and address of principal officer:DOUG STALEY SAME AS C ABOVE	for subordinates?	
<u> </u>			H(b) Are all subordinates inc	
	Vebsi		H(c) Group exemption	ist. See instructions
			r of formation: 1981 M	
	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities: THE CHILD	PROTECTION C	CENTER
nce	-	(CPC) OPERATES MULTIPLE PROGRAMS TO AID IN TH	E PREVENTION,	,
Governance	2	Check this box if the organization discontinued its operations or disposed of mo	re than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		15
	4	Number of independent voting members of the governing body (Part VI, line 1b)		15
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		42
iviti	6	Total number of volunteers (estimate if necessary)		150
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year 3,855,036.	Current Year 3,266,628.
Revenue	8	Contributions and grants (Part VIII, line 1h)	25,038.	28,500.
ver	9 10	Program service revenue (Part VIII, line 2g)	64,676.	19,662.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	393,191.	521,549.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,337,941.	3,836,339.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ş	15		2,116,905.	2,269,021.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 358, 419.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	761,388.	878,575.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,878,293.	3,147,596.
5	19	Revenue less expenses. Subtract line 18 from line 12	1,459,648.	688,743.
Net Assets or Fund Balances		—	Beginning of Current Year	End of Year
Sse. Bala	20	Total assets (Part X, line 16)	9,774,922.	10,509,685.
let A Ind	21	Total liabilities (Part X, line 26)	902,089. 8,872,833.	822,494. 9,687,191.
	22 Irt II	Net assets or fund balances. Subtract line 21 from line 20	0,012,033.	9,007,191.
			mente and to the best of mu	Includes and halisf it is

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

Sign Here	Signature of officer DOUG STALEY, EXECUTIVE DI Type or print name and title	RECTOR		Date
Paid	Print/Type preparer's name REBECCA U. STONER	Preparer's signature	Date	Check PTIN if self-employed P00585910
Preparer	Firm's name KERKERING, BARBER	IO & CO.	F	irm's EIN 59-1753337
Use Only	Firm's address P.O. BOX 49348			
	SARASOTA, FL 3423	0-6348	F	Phone no. 941-365-4617
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2022) CHILD PROTECTION CENTER, INC. 59-2113850
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE MISSION OF THE CHILD PROTECTION CENTER, INC. IS THE PREVENTION,
	INTERVENTION AND TREATMENT OF CHILD ABUSE. WE ENVISION A COMMUNITY
	WHERE CHILDREN ARE SAFE FROM ABUSE AND FREE TO THRIVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
	THE CHILD PROTECTION CENTER OPERATES FOUR PROGRAMS IN THE PREVENTION
	INTERVENTION AND TREATMENT OF CHILD ABUSE. THE PREVENTION AND
	EDUCATION PROGRAM (PSCA) EDUCATES CHILDREN, TEACHERS AND COMMUNITY
	MEMBERS ABOUT MEASURES TO PREVENT AND REPORT CHILD ABUSE. (FY2023
	PROGRAM REVENUE: \$258,880 (WHICH INCLUDES GRANTS OF \$78,000), EXPENSI \$357,787).
	\$557,7677.
	THE INTERVENTION PROGRAMS FORENSICALLY ASSESS ALLEGATIONS OF CHILD
	ABUSE, AND PROVIDE A SAFE PLACE FOR CHILDREN TO VISIT PARENTS WHO ARE
	IN UNHEALTHY DOMESTIC RELATIONSHIPS. (PROGRAM REVENUE \$1,138,276
	(WHICH INCLUDES GRANTS OF \$127,755), EXPENSES \$1,200,679).
	CONTINUED ON SCHEDULE O
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,626,122. Form 990
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⊢orm	990	(2022)

Part IV Checklist of Required Schedules

CHILD PROTECTION CENTER, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,		х	
	Part VI	11a	Δ	
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	an		- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1/1		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
13	foreign organization Per Ves, " complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	.5		<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	X (2022)
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Form 990 (2	2022)	CHILD	PROTECTION	CENTER,	INC.
Part IV	Checklist of	Required S	chedules (continue	d)	

CHILD PROTECTION CENTER, INC.

1 41				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	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		v	
	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			v
	Schedule K. If "No," go to line 25a	24a		X
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		
	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	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	0.51		x
~~	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
Ŀ	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		- 23
32		32		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
24	Sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34		x
25.0		34 35a		X
		55a		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	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 19?	–		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	5			,

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2022)		PROTECTION		
Statements	Regarding	Other IRS Filing	s and Tax C	ompliance (continued)

Form 990 (2022)

			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 42			
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
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00		
, N		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	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	х	
		7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C		70		x
ام	to file Form 8282?	7c		- 21
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
т	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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 13b			
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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CHILD PROTECTION CENTER, INC.

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

X

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

er the number of voting members of the governing body at the end of the tax year	he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the Revenue Code.) chapters, affiliates, dy before filing the form	3 4 5 5 6 7a 7b 7b 8a 8b 9 9 10a 10b 11a	X X Yes X	X
y delegated broad authority to an executive committee or similar committee, explain on Schedule 0. er the number of voting members included on line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business relationshicer, director, trustee, or key employees to a management company or other person? the organization delegate control over management duties customarily performed by or under the officers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form the organization become aware during the year of a significant diversion of the organization's as the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or a re members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, sons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the yea governing body? the committee with authority to act on behalf of the governing body? the organization fairector, trustee, or key employee listed in Part VII, Section A, who cannot be re anization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies (<i>This Section B requests information about policies not required by the Internal F</i> the organization have local chapters, branches, or affiliates? (es," did the organization have written policies and procedures governing the activities of such of branches to ensure their operations are consistent with the organization's exempt purposes? is the organization provided a complete copy of this Form 990 to all members of its governing bo scribe on Schedule O the process, if any, used by the organization to review this Form 990. the organization have a written conflict of interest policy? <i>If "No," go to line</i>	ip with any other he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the Revenue Code.) chapters, affiliates, dy before filing the form	2 3 4 5 6 7a 7b 8a 8b 9 9 10a 10b 1? 11a	X X Yes	
er the number of voting members included on line 1a, above, who are independent	ip with any other he direct supervision 990 was filed? ssets? appoint one or stockholders, or ear by the following: ached at the Revenue Code.) chapters, affiliates, dy before filing the form	2 3 4 5 6 7a 7b 8a 8b 9 9 10a 10b 1? 11a	X X Yes	
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e governing body?	ached at the Revenue Code.) Chapters, affiliates, dy before filing the form	9 10a 10b 111a	X Yes	No
the organization have local chapters, branches, or affiliates?	ached at the Revenue Code.) chapters, affiliates, dy before filing the forn	9 10a 10b 111a	X Yes	X No X
the organization have local chapters, branches, or affiliates?	ached at the Revenue Code.) chapters, affiliates, dy before filing the forn	9 10a 10b 111a	Yes	No
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e officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		40-		
	a to conflicte?	12a	Х	
the organization regularly and consistently monitor and enforce compliance with the policy? If "		12b	Х	
	Yes," describe			
Schedule O how this was done		12c	Х	
the organization have a written whistleblower policy?		13	Х	
the organization have a written document retention and destruction policy?		14	Х	
the process for determining compensation of the following persons include a review and approv				
sons, comparability data, and contemporaneous substantiation of the deliberation and decision'	?			
organization's CEO, Executive Director, or top management official		15a	X	
er officers or key employees of the organization		15b	X	
Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
able entity during the year?		16a		Х
Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation			
pint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anization's			
mpt status with respect to such arrangements?	<u></u>	16b		
n C. Disclosure				
the states with which a copy of this Form 990 is required to be filed $_{ m FL}$				
	and 990-T (section 501	(c)(3)s only) avail	able
public inspection. Indicate how you made these available. Check all that apply.				
Own website X Another's website X Upon request Other (explain	n on Schedule O)			
scribe on Schedule O whether (and if so, how) the organization made its governing documents, o	conflict of interest polic	y, and fina	ncial	
	•			
tements available to the public during the tax year.				
	ooks and records			
	ooks and records			
te the name, address, and telephone number of the person who possesses the organization's b	ooks and records			
	Impt status with respect to such arrangements? C. Disclosure the states with which a copy of this Form 990 is required to be filed FL tion 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain cribe on Schedule O whether (and if so, how) the organization made its governing documents, or the organization made its govern	the states with which a copy of this Form 990 is required to be filed <u>FL</u> tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501) public inspection. Indicate how you made these available. Check all that apply. Own website <u>X</u> Another's website <u>X</u> Upon request Other <i>(explain on Schedule O)</i> cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy ements available to the public during the tax year.	Imposed status with respect to such arrangements? If b C. Disclosure C. Disclosure the states with which a copy of this Form 990 is required to be filed FL tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finarements available to the public during the tax year. e the name, address, and telephone number of the person who possesses the organization's books and records	Impt status with respect to such arrangements? Ifeb C. Disclosure Ifeb the states with which a copy of this Form 990 is required to be filed FL tion 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial ements available to the public during the tax year. e the name, address, and telephone number of the person who possesses the organization's books and records

2022.05050 CHILD PROTECTION CENTER, IN 39237_2

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0))	-		(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	uau	recio	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			Isated		organization (W-2/1099-MISC/	(00-2/1099-0013C/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	idual	Institutional trustee	ar.	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			-
(1) DOUG STALEY	40.00									
EXECUTIVE DIRECTOR				Х				146,180.	0.	16,475.
(2) SUZANNE TAKERIAN	40.00									
CFO				Х				108,258.	0.	8,548.
(3) SHEILA MILLER	40.00									
VP PHILANTHROPY/SECRETARY				Х				107,190.	0.	8,323.
(4) CHARLIE BROOKS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JEN DOUGLAS	1.00									
DIRECTOR		Х						0.	0.	0.
(6) JEN FOX	1.00									
DIRECTOR		Х						0.	0.	0.
(7) ED GRIESE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(8) TAMMY KARP	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(9) DONNA KOFFMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(10) MARK KOWALSKI	1.00									
DIRECTOR		Х						0.	0.	0.
(11) FREYA ROBBINS	1.00									
DIRECTOR		X						0.	0.	0.
(12) GRACI MCGILLICUDDY	1.00								0	•
DIRECTOR EMERITUS	1 00	X						0.	0.	0.
(13) TOM MCLAUGHLIN	1.00	37						0	0	0
GOVERNANCE CHAIR	1 00	X						0.	0.	0.
(14) DAN STAROSTECKI	1.00	37						0	0	0
ADVANCEMENT CHAIR	1 00	X						0.	0.	0.
(15) TINA GRANTHON	1.00	37		37				0	0	0
CHAIR	1 00	Х		Х				0.	0.	0.
(16) JEN STEUBE	1.00	v		v				0	0	0
VICE CHAIR	1 00	X		Х				0.	0.	0.
(17) ALINA CEMITIER	1.00	v		v				0.	0.	0.
FINANCE CHAIR		Х		Х				0.	0.	
232007 12-13-22						~				Form 990 (2022)

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8 2022.05050 CHILD PROTECTION CENTER, IN 39237_2

	990 (2022) CHILD PRO	OTECTION	1 (CEN	1TI	ER	,]	[N	с.	59-21	13	850	Pa	age 8
Par			ploy	ees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	oensa om the anizati I relate nizatie	e ion ed
	TONY DEMPSEY	1.00	x		x				0.		0.			0.
	DIATE PAST CHAIR													
1b	Subtotal								361,628.		0.	33	3,3	-
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		0.	33	3,3	$\frac{0.}{46.}$
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100	,000 of reportable	•		-	3
	· ·										r		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual	, 				, 		· · · · ·			3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									0		4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	-				-			-			5		X
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pens	ation fr	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithiı I		year.			•	
FNC	(A) Name and business LEWOOD GLASS & MIRROR	address							(B) Description of s CONSTRUCTION		С	(C omper) Isatio	n
299		TH PORT	, I	7L	34	423	38		REMODELING	/		201	7,3	13.
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis 1	stec	d above) who received n	nore than		Form S	390 (*	2022)

232008 12-13-22

Forn	ו 99	0 (2	2022) CHILD PROTEC'	TION CEN	NTER, INC.		59-2113	850 Page 9
Pa	rt \	/						
			Check if Schedule O contains a response	e or note to an	y line in this Part VIII	(D)	(A)	
					(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h	All other contributions, gifts, grants, and	Business Co 624410	8. 5. 7. 3,266,628.			
⁰ B		е						
ā			All other program service revenue					
		g	Total. Add lines 2a-2f		28,500.			
	3 4		Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond		50,230.			50,230.
	5 6	a b	Royalties (i) Real Gross rents 6a Less: rental expenses 6b	(ii) Persona				
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities		_			
			assets other than inventory 7a 735, 299	•	_			
ē		b	Less: cost or other basis and sales expenses					
evenue		c	$\begin{array}{c} \text{Gain or (loss)} \\ \text{Gain or (loss)} \\$	•	-			
			Net gain or (loss)					-30,568.
Other R	8		Gross income from fundraising events (not including \$ 530,268. of contributions reported on line 1c). See					
		L.		a 606,190 b 134,031				
			Less: direct expenses 8 Net income or (loss) from fundraising events	-	172 150			472,159.
	9		Gross income from gaming activities. See Part IV, line 19					
		b	Less: direct expenses 9	_				
			Net income or (loss) from gaming activities	· · · · · · · · · · · · · · · · · · ·				
	10	а	Gross sales of inventory, less returns					
			and allowances 10		_			
			Less: cost of goods sold 10					
		С	Net income or (loss) from sales of inventory	Business Co				
Miscellaneous Revenue	11		OTHER INCOME	62441		49,390.		
ellar ven		b						
lisc. Re		c d	All other revenue					
Σ			Total. Add lines 11a-11d		49,390.			
	12		Total revenue. See instructions		3,836,339.	77,890.	0.	491,821.
23200	9 12	- 13						Form 990 (2022)

10

	rt IX Statement of Functional Expense	CTION CENTER		59-21	13850 _{Page} 1
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		oxpendee	general expenses	CAPCILOGO
-	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	360,323.	233,355.	25,928.	101,040
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,540,267.	1,374,802.	30,932.	134,533
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	72,170.	65,855.	1,139.	5,176
9	Other employee benefits	160,905.	137,106.	4,115.	19,684
10	Payroll taxes	135,356.	114,749.	3,954.	16,653
1	Fees for services (nonemployees):				
а	Management				
	Legal	91.		91.	
	Accounting	24,300.	21,870.	2,430.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,293.		5,293.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	117,295.	91,740.	16,372.	9,183
2	Advertising and promotion	50,830.	5,528.	2,481.	42,821
3	Office expenses	102,921.	83,244.	4,259.	15,418
4	Information technology				
5	Royalties				
6	Occupancy	206,337.	184,122.	22,210.	<u>[</u>
7	Travel	36,449.	32,642.	247.	3,560
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	29,317.	27,840.	1,477.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	140,584.	119,496.	21,088.	
3	Insurance	43,259.	39,516.	3,663.	80
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				

76,781.

19,403.

10,880.

12,286.

3,147,596.

2,549.

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 232010 12-13-22

DONOR STEWARDSHIP

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

EQUIPMENT RENTAL AND MA

DUES AND SUBSCRIPTIONS

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined

Form **990** (2022)

45.

779.

937.

5,956.

2,549.

358,419.

10210216 759428 39237

TELEPHONE

All other expenses

а

b

С

d

е

25

26

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69,817.

17,058.

4,165.

3,217.

2,626,122.

11

6,919.

1,566.

8,132.

163,055.

759.

Т

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,077,605.	1	2,913,419.
	2	Savings and temporary cash investments			56,368.	2	54,560.
	3	Pledges and grants receivable, net				3	54,770.
	4	Accounts receivable, net		321,912.	4	259,945.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disquality	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges			4,670.	9	22,604.
	10a	Land, buildings, and equipment: cost or other		<			
		basis. Complete Part VI of Schedule D	10a	6,586,392. 1,031,969.			
	b	Less: accumulated depreciation	5,385,622.	10c	5,554,423.		
	11	Investments - publicly traded securities	922,461.	11	1,646,666.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	C 004	14	2 200		
	15	Other assets. See Part IV, line 11	6,284.	15	3,298.		
	16	Total assets. Add lines 1 through 15 (must equa			9,774,922.	16	10,509,685.
	17	Accounts payable and accrued expenses	113,344.	17	84,476.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form					
bilid		trustee, key employee, creator or founder, subst					
Lial		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			788,745.	23	738,018.
	24	Unsecured notes and loans payable to unrelated			700,743.	24	750,010.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			902,089.		822,494.
	20	Organizations that follow FASB ASC 958, che		X	50270050	20	02271911
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			8,657,193.	27	9,306,639.
Bal	28	Net assets with donor restrictions			215,640.	28	9,306,639. 380,552.
pu	20	Organizations that do not follow FASB ASC 9		20	,		
μ		and complete lines 29 through 33.	00, enev				
o	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or eq				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			8,872,833.	32	9,687,191.
2	33	Total liabilities and net assets/fund balances			9,774,922.	33	10,509,685.
					, ,-==•		, ,

Form **990** (2022)

Form 990 (2022)

Form	1990 (2022) CHILD PROTECTION CENTER, INC.	59-2113	850	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 3	,836	<u>, 3</u>	<u>39</u> .
2	Total expenses (must equal Part IX, column (A), line 25)		,147		
3	Revenue less expenses. Subtract line 2 from line 1	3			43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 8	,872		
5	Net unrealized gains (losses) on investments	5	125	, 6	15.
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 9	,687	/,1	91.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	iedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form S	990 (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of	the organization	Ŭ					Employe	r identification number	
	CHIL	D PROTECTI	ON CENTER, I	NC.			5	9-2113850	
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	ıs.		
The orga	nization is not a private found	lation because it is: ((For lines 1 through 12, c	heck only	one box.))			
1 🗌	A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).			
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
	section 170(b)(1)(A)(iv).	Complete Part II.)							
6	A federal, state, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A))(v).			
7 X	An organization that norma	Illy receives a substa	antial part of its support f	rom a gov	ernmenta	l unit or from t	he general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8 🛄	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9	An agricultural research or	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conji	unction with a	land-grant	college	
	or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	ge or	
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from	
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment	
	income and unrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.	
	See section 509(a)(2). (Co	mplete Part III.)							
11	An organization organized		•	•					
12	An organization organized	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or	
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section !	509(a)(3). (Check the box on	
_	lines 12a through 12d that				-		-		
a 🗆	Type I. A supporting orga		-	•	-				
	the supported organization		• • • • •	a majority	of the dire	ectors or truste	ees of the s	supporting	
	organization. You must o	-							
b 🗆	Type II. A supporting org	-				-		-	
	control or management o			ame perso	ons that c	ontrol or mana	age the sup	oported	
	organization(s). You mus								
c L	Type III functionally inte						lly integrat	ed with,	
	its supported organizatio							• •• • • •	
d 🗌	Type III non-functionally					••	°,		
	that is not functionally int			•		-	d an atten	liveness	
. [requirement (see instruct		-						
e 🗆	Check this box if the orga					а туре ї, туре	п, туре п		
f Ent	functionally integrated, of		, , , , , , , , , , , , , , , , , , , ,	0 0					
	er the number of supported of supported of the following information	•	nd arganization(a)						
g Pro	vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other	
	organization	,,,	(described on lines 1-10	in your governi Yes	ng document?	support (see in	,	support (see instructions)	
			above (see instructions))						
						I			

Schedule A (Form 990) 2022

CHILD PROTECTION CENTER, INC.

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

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

Se	ction A. Public Support						
Cale	ndar 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.")	2,453,019.	3,031,093.	3,051,078.	3,855,036.	3,266,628.	15,656,854.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	2,453,019.	3,031,093.	3,051,078.	3,855,036.	3,266,628.	15,656,854.
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)						1,168,418.
	Public support. Subtract line 5 from line 4.						14,488,436.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,453,019.	3,031,093.	3,051,078.	3,855,036.	3,266,628.	15,656,854.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	56,355.	26,838.	35,957.	35,553.	50,230.	204,933.
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.)	10,561.	7,789.	9,189.	18,974.	49,390.	
11	Total support. Add lines 7 through 10						15,957,690.
	Gross receipts from related activities,						,521,438.
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						·····
	ction C. Computation of Publ		-				00 70
	Public support percentage for 2022 (I					14	90.79 % 92.30 %
	Public support percentage from 2021					15	,,
16a	33 1/3% support test - 2022. If the c	-			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances tes	•					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circl						
18	Private foundation. If the organizatio	n dia not check a	box on line 13, 16a	a, 100, 17a, or 17b	D, CHECK THIS DOX 2		s (Form 990) 2022

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CHILD PROTECTION CENTER, INC	CHILD	PROTECTION	CENTER.	INC.
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	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 Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	l					
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	iization,
0.	check this box and stop here						
	ction C. Computation of Publ					1 1	
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Investion						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3% , and li	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	9%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organizat	ion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
23202	23 12-09-22					Schedu	ıle A (Form 990) 2022
210	216 759428 39237	20	22.05050	16 CHILD PRO	TECTION C	ENTER,]	IN 392372

10210216 759428 39237

CHILD PROTECTION CENTER, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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 box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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dule A (Form 990) 202	2 CHILD	PROTECTION	CENTER,	INC.
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1

2

Yes No

No Yes

			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 line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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			

Sec	tion C. Type II Supporting Organizations
	supervised, or controlled the supporting organization.
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
2	Did the organization operate for the benefit of any supported organization other than the supported
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

0000001 0. 19	pe ii ouppoi u	ng organizat		

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	

Part IV Supporting Organizations (continued)

Sche

			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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy	iv the Integral Part Test during the yealsee instructions).
	Chook the best let the method that the organization aced to eater)	

- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

2a

2b

За

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2022.05050 CHILD PROTECTION CENTER, IN 39237_2

Schedule A	(Form 990) 2022	CHILD	PROTECTIO	ON CE	INTER,	INC.	
Part V	Type III	Non	-Functionally Int	tegrated 509(a)	(3) Sup	oporting	J Organiza	tions

CHILD PROTECTION CENTER, INC.

1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on I	Nov. 20, 1970 (explain in	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations m	ust complete	Sections A through E.	1
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	et short-term capital gain	1		
2 Re	ecoveries of prior-year distributions	2		
3 Ot	her gross income (see instructions)	3		
4 Ad	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Po	ortion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7 Ot	her expenses (see instructions)	7		
8 Ad	ljusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	rerage monthly value of securities	1a		
b Av	rerage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other factors			
(ex	kplain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	ljusted net income for prior year (from Section A, line 8, column A)	1		
	iter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	Iter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting or	 nanization (see

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

1 0			(Continu	<u></u>	
Sect	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	he organization is responsive	9		
	(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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able 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				
	From 2021				
	Total of lines 3a through 3e				
	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, <i>explain in</i> 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:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> </u>	Excess from 2022				

CHILD PROTECTION CENTER, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

59-2113850 Page 7

Schedule A (Form 990) 2022

Part VI	(Form 990) 2022		PROTECTION				2113850	Ра
	Part IV. Section A.	lines 1, 2, 3b, 3c, 4b	. 4c. 5a. 6. 9a. 9b. 9c	. 11a. 11b. and	art II, line 10; Part II, lir 11c; Part IV, Section	B. lines 1 and 2:	Part IV. Section	۱C,
	Section D, lines 5, 0	tion D, lines 2 and 3; 6, and 8; and Part V,	Part IV, Section E, lin Section E, lines 2, 5,	es 1c, 2a, 2b, 3 and 6. Also co	3a, and 3b; Part V, line mplete this part for an	1; Part V, Section y additional infor	n B, line 1e; Pa mation.	rt V
	(See instructions.)					-		
2028 12-09-2	22					Sche	dule A (Form 9	90
				21				
10216	759428 392	237	2022.0505	0 CHILD	PROTECTION	CENTER.	IN 3923	7

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Organ

Filers

Form 9

Name of the organization

	CHILD PROTECTION CENTER, INC.	59-2113850
ization type(che	ck one):	
of:	Section:	
990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	

	527	political	organization
--	-----	-----------	--------------

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

Form 990-PF

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

X 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 for an *exclusively* religious is received *nonexclusively* religious.

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

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

Schedule B	(Form	990)	(2022)
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Name of organization

Employer identification number

59-2113850

CHILD PROTECTION CENTER, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 568,261. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution X 6 Person Payroll 394,561. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 229,247. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 Х Person Payroll 174,236. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 170,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 X Person Pavroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 23

10210216 759428 39237 2022.05050 CHILD PROTECTION CENTER, IN 39237_2

Schedule B	(Form	990)	(2022)
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Name of organization

Employer identification number

59-2113850

CHILD PROTECTION CENTER, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$146,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$107,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$88,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$74,011.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-15	5-22 24	4	Schedule B (Form 990) (2022)

2022.05050 CHILD PROTECTION CENTER, IN 39237_2

CHILD	PROTECTION CENTER, INC.		59-2113850
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-1	5-22 25		Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

> 25 2022.05050 CHILD PROTECTION CENTER, IN 39237_2

Page 3

Employer identification number

Schedule E	B (Form 990) (2022)			Page 4		
Name of or	rganization			Employer identification number		
CHILD	PROTECTION CENTER, INC			59-2113850		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	ons to organizations described in through (e) and the following line en haritable, etc., contributions of \$1,000 o	ntry For organizations			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
-		(e) Transfer of g	 ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
		(e) Transfer of g	ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	(d) Description of how gift is held		
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held		
-		(e) Transfer of g	ift			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee		
223454 11-15	5-22	26		Schedule B (Form 990) (2022)		

2022.05050 CHILD PROTECTION CENTER, IN 39237_2

Department of the Treasury

(Form 990)

Part I

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.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

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



Employer identification number

59-2113850

Internal Revenue Service Name of the organization

CHILD PROTECTION CENTER, INC.

	organization answered "Yes" on Form 990, Part IV, li		(b) [ada and other appoints
		(a) Donor advised funds	(a) Fui	nds 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	-		
_	are the organization's property, subject to the organization'			Yes
6	Did the organization inform all grantees, donors, and donor			
	for charitable purposes and not for the benefit of the donor		0	
Dar	impermissible private benefit? rt II Conservation Easements. Complete if the o			<u>Yes</u>
			t iv, iii e i	•
1	Purpose(s) of conservation easements held by the organiza	· · · · · · · · · · · · · · · · · · ·	aiatariaallu	important land area
	Preservation of land for public use (for example, recre	Preservation of a Preservation of a	-	/ important land area
			certified n	istoric structure
•	Preservation of open space	lifted an exciting an ship, diam is the former of		ation concert on the la
2	Complete lines 2a through 2d if the organization held a qua day of the tax year.	lifted conservation contribution in the form of	a conserv	Held at the End of the Tax
_			20	
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic s		2 c	
d	Number of conservation easements included in (c) acquired	-	2d	
3	historic structure listed in the National Register Number of conservation easements modified, transferred, r			l n during the tax
		eleased, extinguished, or terminated by the o	ryanizatio	in during the tax
	year Number of states where property subject to conservation e	asoment is located		
1 5	Does the organization have a written policy regarding the p			
,	violations, and enforcement of the conservation easements			Yes
6	Staff and volunteer hours devoted to monitoring, inspecting			······ — · · · · —
J		g, narioning of violations, and enforcing conser	valionea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservatio	n easeme	ents during the year
		5 , 5		5 ,
3	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes
)	In Part XIII, describe how the organization reports conserva			and
	balance sheet, and include, if applicable, the text of the foo	-		
	organization's accounting for conservation easements.	C C		
ar	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Simi	lar Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.		
а	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	d balance	sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in furth	nerance o	f public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and ba	lance she	et works of
	art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in further	ance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for financial g	ain, provid	de
	the following amounts required to be reported under FASB	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990)
	1 09-01-22			. ,
		27		
10	216 759428 39237 2022.	05050 CHILD PROTECTION	CENT	ER, IN 39237

Sche		ROTECTION (59-21			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	or Othe	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of t	he following tha	at make si	gnificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	xchange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	how they furthe	r the organizati	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of tl	ne organization's	collection?				Yes		No
Par	t IV Escrow and Custodial Arran							line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribut	ions or other as	sets not i	included				
	on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
			C					Amount	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					ty?		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par						0.				
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance	990,772.	1,191,11	1. 92	0,713.	9	23,533.		835,	004.
	Contributions	9,948.	97	4.	9,960.				4,	500.
	Net investment earnings, gains, and losses	124,986.	-201,31	3. 26	0,438.		4,824.		52,	293.
	Grants or scholarships		-						-	
	Other expenditures for facilities									
	and programs									
f	Administrative expenses						7,644.		8,	764.
	End of year balance	1,125,706.	990,77	2. 1,19	1,111.	9	20,713.		923,	533.
2	Provide the estimated percentage of the cur		e (line 1a. colum		· 1					
а	Board designated or quasi-endowment	100.0000	%	()/						
b	Permanent endowment .0000	%	_							
c	Term endowment .0000									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	tion that are hel	d and administe	ered for th	e				
	organization by:	5						Γ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule	R?				3b		
4	Describe in Part XIII the intended uses of the								•	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a	a. See Form 990), Part X, I	line 10.				
	Description of property	(a) Cost or ot	her (b) C	ost or other	(c) Ac	cumulate	d	(d) Bool	k value	e
		basis (investm		is (other)		reciation		(4) 2000		-
	Land		2,9	21,197.				2,92	1,1	97.
	Buildings			353,258.	7	99,9		2,55		
	Leasehold improvements									
	Equipment			307,585.	2	28,2	65.	7	9,3	20.
	Other			4,352.		3,7				92.
-	Add lines 1a through 1e. (Column (d) must e		X. column (R) lin	-				5,55		
		e 000, i aiti	., 20.0 (D), III				Schedule	-	-	

S	Schedule D	(Form 990)) 2022	CHILD	PROTECTION	CENTER,	INC.
Γ	Part VII	Investn	nents - O	ther Secu	rities.		

(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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(, , , , ,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	o 15)		
Part X Other Liabilities.	· · ···		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of lightlifts	on rom 330, Fart IV, III e	The or Fill Oce Form 330, Fait A, III e 23.	(b) Book value
			(b) BOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)	e 25.)		
(5) (6) (7) (8) (9)			nat 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... 🗴

Schedule D (Form 990) 2022

232053 09-01-22

	5	9-	21	13	85	0	Page 4
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orm 990) 2022	CHILD	PROTECTION	CENTER,	INC.

			2113850 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturr	า.
	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	3,964,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 125,615.		
b	Donated services and use of facilities 2b 5,800.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	131,415.
3	Subtract line 2e from line 1	3	3,833,046.
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		
b	Other (Describe in Part XIII.) 4b -2,000.		
С	Add lines 4a and 4b	4c	3,293.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,836,339.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,150,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 5,800.		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 2,000.		
е	Add lines 2a through 2d	2e	7,800.
3	Subtract line 2e from line 1	3	3,142,303.
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 5, 293.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	5,293.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,147,596.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE CENTER HAS AN OVERALL GOAL TO INCREASE THE PNC BOARD DIRECTED

ENDOWMENT TO APPROXIMATELY \$3 MILLION. ENDOWMENT FUNDS SHALL BE USED TO

PROVIDE PERPETUAL FINANCIAL SUPPORT TO THE CENTER. DURING JULY 2016, THE

ENDOWMENT FUND PRINCIPAL WAS INVESTED WITH PNC BANK AND REMAINS THERE.

THE DIRECTION OF THE BOARD OF DIRECTORS, AN ANNUAL PAYOUT OF 4% APPLIED ΑТ

TO THE SMOOTHED, AVERAGE MARKET VALUE OF THE ENDOWED ASSETS, TO SUPPORT

APPROVED STRATEGIC INITIATIVES OF THE CENTER, WILL BE DETERMINED EACH

FISCAL YEAR.

IN DECEMBER 2018, DOUG AND SHERRY CHAPMAN, SUPPORTERS OF CPC, SET UP A Schedule D (Form 990) 2022 232054 09-01-22 30 10210216 759428 39237 2022.05050 CHILD PROTECTION CENTER, IN 39237_2

PART X, LINE 2:

PROTECTION CENTER WAS \$20,409.

THE CENTER IS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES EXCEPT FOR NET REVENUE FROM UNRELATED BUSINESS ACTIVITIES. AS SUCH, NO PROVISION FOR INCOME TAX EXPENSE HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE CENTER RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION OF THE TAXING AUTHORITIES. MANAGEMENT EVALUATED THE CENTER'S TAX POSITIONS AND CONCLUDED THAT THE CENTER HAD NO MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF JUNE 30, 2023, AND 2022.

THE CENTER FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE TAX PERIODS OPEN TO EXAMINATION BY THE MAJOR TAXING JURISDICTIONS TO WHICH THE CENTER IS SUBJECT TO INCLUDE FISCAL YEARS ENDED JUNE 30, 2019, THROUGH JUNE 30, 2023.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

232055 09-01-22

Schedule D (Form 990) 2022

-2,000.

10210216 759428 39237

Schedule D (Form 990) 2022

CHILD PROTECTION CENTER, INC.

Part XIII Supplemental Information (continued)
--

BAD DEBT EXPENSE

2,000.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2022
Department of the Treasury		Attach to Form 990 o						Open to Public Inspection
Internal Revenue Service Name of the organization		o www.irs.gov/Form990 for instrue	ctions	and t	he latest informatio	n.	Emplover id	entification number
		ROTECTION CENTER,	INC	•			59-211	
	complete this part	Complete if the organization answe t.	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-I	Z filers are not
 a Mail solicitat b Internet and c Phone solici d In-person sc 2 a Did the organization key employees list 	ions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	🗌 Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrik	outions	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

CHILD PROTECTION CENTER, INC.

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		ATOTITI I	NONE	(add col. (a) through
	(event type)	NOHH (event type)	(total number)	col. (c))
1 Gross receipts	914,305.	222,153.		1,136,458
2 Less: Contributions	444,755.	85,513.		530,268
3 Gross income (line 1 minus line 2)	469,550.	136,640.		606,190
4 Cash prizes				
5 Noncash prizes	18,639.	234.		18,873
6 Rent/facility costs	2,230.	13,505.		15,735
7 Food and beverages	52,169.	1,345.		53,514
		9,739.		18,890 27,019
		•		134,031
11 Net income summary. Subtract line 10 from	line 3, column (d)			472,159
	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
7 Direct expense summary. Add lines 2 throug	h 5 in column (d)			
8 Net gaming income summary. Subtract line	7 from line 1, column (d)			
Enter the state(s) in which the organization conduct gaming a list the organization licensed to conduct gaming a	lucts gaming activities: activities in each of these			Yes No
		-	year?	Yes No
	 5 Noncash prizes	5 Noncash prizes 18,639. 6 Rent/facility costs 2,230. 7 Food and beverages 52,169. 8 Entertainment 9,151. 9 Other direct expenses 17,161. 0 Direct expense summary. Add lines 4 through 9 in column (d) 1 1 Net income summary. Subtract line 10 from line 3, column (d) 1 1 It income summary. Subtract line 10 from line 3, column (d) 1 1 Rent/facility costs (a) Bingo 1 Gross revenue 1 2 Cash prizes 1 3 Noncash prizes 1 4 Rent/facility costs 1 5 Other direct expenses 1 4 Rent/facility costs 1 5 Other direct expenses 1 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 5 Net gaming income summary. Subtract line 7 from line 1, column (d) 5 s the organization licensed to conduct gaming activities in each of these in "No," explain: Were any of the or	5 Noncash prizes 18,639. 234. 6 Rent/facility costs 2,230. 13,505. 7 Food and beverages 52,169. 1,345. 9 9,151. 9,739. 9,739. 9 Other direct expenses 17,161. 9,858. 0 Direct expense summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) (a) Bingo (b) Pull tabs/instant 1 Gensing. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant 1 Gross revenue	5 Noncash prizes 18,639. 234. 3 Rent/facility costs 2,230. 13,505. 7 Food and beverages 52,169. 1,345. 3 Entertainment 9,151. 9,739. 9 Other direct expenses 9,151. 9,739. 9 Other direct expenses 17,161. 9,858. 0 Direct expense summary. Add lines 4 through 9 in column (d)

232082 10-27-22

Schedule G (Form 990) 2022

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Schedule G (Form 990) 2022	CHILD	PROTECTION	CENTER,	INC.	59-2	113850	Page 3
11 Does the organization conduct g						Yes	No
to administer charitable gaming	?					Yes	No No
						1 1	
							%
						13b	%
14 Enter the name and address of	the person wh	o prepares the organiz	zation's gaming,	/special events bo	oks and records:		
Namo							
Address							
15a Does the organization have a co	ontract with a t	hird party from whom	the organization	n receives gaming	revenue?	Yes	└── No
					and the amount		
c If "Yes," enter name and addres	s of the third p	barty:					
Name							
Address							
16 Gaming manager information:							
Name							
Gaming manager compensation	n \$						
Departmention of convision provides	ı						
Description of services provided							
Director/officer	Employ	/ee 🗌 I	ndependent co	ntractor			
17 Mandatory distributions:							
•••						. La res	
	-		nouted to other	r exempt organizat	ions or spent in the		
			s required by Pa	art I. line 2b. colum	Ins (iii) and (v): and Pa	rt III. lines 9.	9b. 10b.
						,	, · ,
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable ganing? Imiciate charitable ganingable ganing Imiciate charit							
232083 10-27-22			25		Sched	ule G (Form	990) 2022
			35				

Schedule	G (Form	990)

Part IV Supplemental Informatio	on (continued)
	Schedule G (For
32084 04-01-22	36
10216 759428 39237	2022.05050 CHILD PROTECTION CENTER, IN 39237

SC	HEDULE J	Compensation Information		OMB No.	1545-00	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	F	2022			
		Compensated Employees					
Dena	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.			Open to			
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ction		
Nan	e of the organizatio			r identification numbe			
		CHILD PROTECTION CENTER, INC.	59-2	211385	0		
Pa	rt I Question	s Regarding Compensation					
				_	Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	, i i i i i i i i i i i i i i i i i i i					
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)				
	If any of the state						
b		on line 1a are checked, did the organization follow a written policy regarding payment or		41.			
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2	х		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	21		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	c				
U		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	compensation consultant Compensation survey or study					
	·	ther organizations X Approval by the board or compensation of	committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re						
а	Receive a severand	e payment or change-of-control payment?		4a		Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X	
с		eive payment from an equity-based compensation arrangement?				X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r						
а	The organization?			5a		X	
b	Any related organiz	ation?		5 b		X	
		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on				
	contingent on the r					37	
а	The organization?			<u>6a</u>		X	
b		ation?		6b		X	
-		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment		_		x	
~		nes 5 and 6? If "Yes," describe in Part III		7		_ A	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the return departies in Part VII.				x	
•		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8			
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?			n 000		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	11 990	1 2022	

232111 10-18-22

Schedule J (Form 990) 2022

59-2113850

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DOUG STALEY	(i)	132,338.	0.	13,842.	9,264.	7,211.	162,655.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



59-2113850

CHILD PROTECTION CENTER, INC.

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

INTERVENTION & TREATMENT OF CHILD ABUSE, BY PROVIDING THERAPY,

EDUCATION, ASSESSING ALLEGATIONS, AND PROVIDING SAFE PLACES FOR

CHILDREN TO VISIT PARENTS / CARETAKERS.

FORM 990, PART I, LINE 6 VOLUNTEERS

VOLUNTEERS IN THE SUPERVISED VISITATION PROGRAM OBSERVE AND DOCUMENT

THE INTERACTIONS OF THE ADULT AND CHILD DURING THE VISIT, WITH A

PRIORITY ON THE SAFETY OF THE CHILD. THE VOLUNTEER'S NOTES ARE

SUMARIZED BY STAFF AND SUBMITTED TO THE JUDGES WHO ORDERED THE

SUPERVISED VISIT, UPON REQUEST. VOLUNTEERS ALSO ENSURE THAT ALL

PARTICIPANTS FOLLOW PROGRAM RULES AND PROCEDURES TO FACILITATE A

POSITIVE AND SAFE VISIT. LAW ENFORCEMENT IS ON SITE FOR THE SAFETY OF

ALL PARTICIPANTS.

COMMUNITY VOLUNTEERS ALSO PARTICIPATE IN AND ASSIST CPC STAFF IN

FUNDRAISING ACTIVITIES FOR THE CHILD PROTECTION CENTER, WHICH HAS

RESULTED IN SUBSTANTIAL FUNDRAISING REVENUE USED TO HELP SUPPORT CPC'S

PROGRAMS.

 FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

 POST COVID, CPC CONTINUES TO PROVIDE VIRTUAL AND IN-PERSON SERVICES FOR

 THERAPY AND SUPERVISED VISITS DURING FY2023. THE VIRTUAL SERVICES

 OPTION ALLOWS FOR A CONTINUOUS TREATMENT OR VISIT PLAN WHEN CERTAIN

 CIRCUMSTANCES PREVENT THE CHILD AND PARENT FROM TRAVELING AND MEETING

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

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Name of the organization

CHILD PROTECTION CENTER, INC.

FACE TO FACE.

FORM 990, PART III STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS LINE 4A THE TREATMENT PROGRAMS (CPC THERAPY PROGRAM) PROVIDE SPECIALIZED THERAPY TO VICTIMS OF PHYSICAL OR SEXUAL ABUSE, BOTH CHILD VICTIMS (AGES 3-17) AND ADULTS WHO WERE ABUSED AS CHILDREN. THE TREATMENT PROGRAM ALSO PROVIDES THERAPY FOR CHILDREN WITH PROBLEMATIC SEXUAL BEHAVIORS. THERAPY IS ALSO AVAILABLE TO SIBLINGS AND/OR NON-OFFENDING CAREGIVERS OF ANY CLIENTS. (PROGRAM REVENUE \$877,952 WHICH INCLUDES GRANTS OF \$106,357), EXPENSES \$917,162).

IN 1978, THE JUNIOR LEAGUE OF SARASOTA CONDUCTED A COMMUNITY NEEDS ASSESSMENT, WHICH LED TO THE ESTABLISHMENT OF THE COMMUNITY COALITION OF CHILDREN AND FAMILIES IN 1980. IT WOULD LATER BE NAMED THE CHILD PROTECTION CENTER (CPC).

THE MISSION OF THE CHILD PROTECTION CENTER IS THE PREVENTION, INTERVENTION AND TREATMENT OF CHILD ABUSE. WE ENVISION A COMMUNITY WHERE CHILDREN ARE SAFE FROM ABUSE AND FREE TO THRIVE. TO SUCCESSFULLY ADDRESS THE ISSUE OF CHILD ABUSE, EFFORTS IN PREVENTION, INTERVENTION AND TREATMENT MUST BE IMPLEMENTED. THE UNIQUE COMPREHENSIVE CONTINUUM OF SERVICES DEVELOPED OVER THE MORE THAN FORTY- YEAR HISTORY OF THE CHILD PROTECTION CENTER, INC. EXEMPLIFIES SUCH AN EFFORT.

CPC'S INTERVENTION PROGRAMS ARE THE CHILD PROTECTION TEAM (CPT) AND THE CHILDREN AND FAMILIES SUPERVISED VISITATION PROGRAM (CFSVP).

THE	CHILD	PROTECTION	TEAM	(CPT)	IS A	A ME	DICALI	Y DIRECTE	D,			
232212 10	-28-22						41		Sche	dule O ((Form 990)	2022
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Schedule O (Form 990) 2022	Page 2				
Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850				
MULTIDISCIPLINARY PROGRAM BASED ON THE IDEA THAT CHILD AB	USE AND				
NEGLECT INVOLVE COMPLEX ISSUES. CPT BEGAN IN 1980 AND IS	A				
LEGISLATIVELY MANDATED PROGRAM WORKING IN PARTNERSHIP WIT	H CHILD				
PROTECTION INVESTIGATORS OF THE FLORIDA DEPARTMENT OF CHI	LDREN AND				
FAMILIES (DCF) AND LOCAL LAW ENFORCEMENT AGENCIES IN CASE	S OF CHILDREN				
WHO ARE SUSPECTED VICTIMS OF SEXUAL ABUSE, PHYSICAL ABUSE	AND NEGLECT.				
THIS MULTIDISCIPLINARY PROGRAM PROVIDES EXPERTISE IN EVAL	UATING				
ALLEGATIONS OF ABUSE AND NEGLECT, ASSESSING RISK FACTORS, AND PROVIDING					
RECOMMENDATIONS FOR INTERVENTIONS TO PROTECT CHILDREN. SERVICES					
PROVIDED BY CPT INCLUDE FORENSIC INTERVIEWS, PSYCHOLOGICA	L AND				
PSYCHOSOCIAL ASSESSMENTS, FORENSIC MEDICAL ASSESSMENTS AN	D COURT				
TESTIMONY. CPT IS THE ONLY PROVIDER AUTHORIZED BY THE STATE TO PERFORM					
THESE FUNCTIONS IN SARASOTA AND DESOTO COUNTIES. IN FY 20	23, СРТ				
PROVIDED 343 MEDICAL EXAMS AND CONSULTS, AND 740 FORENSI	C AND				
SPECIALIZED INTERVIEWS.					

THE CHILDREN AND FAMILIES SUPERVISED VISITATION PROGRAM (CFSVP) BEGAN IN 1995. CFSVP PROVIDES SUPERVISED VISITATIONS IN A SAFE AND SECURE SETTING BETWEEN CHILDREN AND THEIR NON-CUSTODIAL PARENTS WHO HAVE BEEN COURT ORDERED TO ENGAGE IN SUPERVISED VISITATIONS. NON-CUSTODIAL PARENTS HAVE BEEN COURT ORDERED DUE TO THEIR HISTORY OF CHILD ABUSE AND/OR NEGLECT, DRUG ABUSE, ALCOHOL ABUSE, STALKING, DOMESTIC VIOLENCE, MENTAL ILLNESS, THREAT OF PARENTAL ABDUCTION, RESTRAINING OR NO CONTACT ORDERS, AND/OR CRIMINAL HISTORY. CFSVP FACILITATE COURT ORDERED VISITS BETWEEN OUT OF HOME PARENTS AND THEIR CHILDREN, PROVIDES A SAFE PLACE FOR CHILDREN TO INTERACT WITH PARENTS WITHOUT THE STRESS OF BEING IN THE MIDDLE OF A FAMILY ARGUMENT, OBSERVING A PARENT WHO IS IMPAIRED BY SUBSTANCE ABUSE AND WITHOUT UNCOMFORTABLE CONVERSATIONS THAT INCLUDE 232212 10-28-22 Schedule O (Form 990) 2022 42 10210216 759428 39237 2022.05050 CHILD PROTECTION CENTER, IN 39237_2

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Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850				
ADULT TOPICS. ASSESSMENTS BY CFSVP STAFF ENABLE THE RISK OF VIOLENCE					
TO CHILDREN TO DECREASE. ONGOING PARENT AND CHILD CONTACT	, THROUGH				
SUPERVISED VISITATION, HAS BEEN SHOWN TO BE CRUCIAL TO A	CHILD'S MENTAL				
HEALTH AND ABILITY TO BUILD A HEALTHY RELATIONSHIP WITH T	'HE				
NON-CUSTODIAL PARENT. OVER 50 SARASOTA COUNTY CITIZENS SE	RVE AS CFSVP				
VOLUNTEERS. IN FY 2023, CFSVP PROVIDED 425 SUPERVISED VIS	SITS.				
CPC'S PREVENTION PROGRAM IS THE PERSONAL SAFETY AND COMMU	NITY AWARENESS				
PROGRAM (PSCA) WHICH BEGAN IN EARLY 1992. PSCA PROVIDES PRIMARY ABUSE					
PREVENTION EDUCATION TO CHILDREN FROM PRESCHOOL THROUGH H	IIGH SCHOOL.				
THE PROGRAM ALSO FACILITATES WORKSHOPS FOR THEIR CAREGIVERS, CHILDCARE					
PROFESSIONALS, TEACHERS, SCHOOL BOARD STAFF AND THE GREATER COMMUNITY.					
PSCA HAS OVER 20 WORKSHOPS, SUCH AS INTERNET SAFETY, SEXUAL ABUSE					
PREVENTION, AND ANTI-BULLYING. THE FOCUS IS THE CREATION OF A FUTURE IN					
WHICH CHILDREN ARE EMPOWERED AND EDUCATED, ADULTS ARE AWARE AND					
EQUIPPED, AND OUR COMMUNITY IS A SAFER PLACE FOR CHILDREN	AND FAMILIES.				
IN FY 2023, PSCA PROVIDED EDUCATIONAL WORKSHOPS TO 51,606	CHILDREN AND				
ADULTS IN THE COMMUNITY.					

 CPC'S TREATMENT PROGRAM IS PROVIDED BY CPC'S THERAPY PROGRAM, WHICH

 BEGAN IN 1986. THE CPC THERAPY PROGRAM PROVIDES INDIVIDUAL, FAMILY, AND

 GROUP THERAPY TO CLIENTS IN SARARSOTA AND DESOTO COUNTIES. THE CPC

 THERAPY PROGRAM SERVES CHILDREN WHO HAVE BEEN PHYSICALLY OR SEXUALLY

 ABUSES, CHILDREN WHO ARE EXHIBITING PROBLEMATIC SEXUAL BEHAVIORS, AS

 WELL AS SIBLINGS, AND/OR NON-OFFENDING CAREGIVERS OF THESE CHILDREN.

 THE CPCTHERAPY PROGRAM ALSO SERVES ADULTS WHO WERE VICTIMS OF CHILDHOOD

 ABUSE. THE FOCUS OF TREATMENT IS ON ADDRESSING ABUSE SPECIFIC SYMPTOMS

 AND IMPAIRMENTS, REDUCING PROBLEMATIC SEXUAL BEHAVIORS AND/OR

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Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
CHILD-ON-CHILD SEXUAL ABUSE, AND PREVENTING FURTHER IMPAI	RMENT. THROUGH
EFFECTIVE, EVIDENCE BASED TRAUMA TREATMENT, THE CPCTHERAP	Y PROGRAM
RESTORES TYPICAL, HEALTHY DEVELOPMENTAL FUNCTIONING, PROM	OTES HEALTHY
NON-ABUSIVE RELATIONSHIPS, AND ENHANCES THE ONGOING SAFET	Y OF CHILDREN
AND FAMILIES. IN FY 2023, CPC'S THERAPY PROGRAM PROVIDED	3,634 HOURS OF
THERAPY.	

CPC'S PET ADVOCATE WORKING IN THE SUNCOAST (PAWS) PROGRAM BEGAN IN 2010 AND PROVIDES COMFORT AND AID TO CHILDREN AND FAMILIES IN TIMES OF TRAUMA AND CRISIS THROUGH CERTIFIED PET THERAPY ANIMALS AND SCREENED HANDLERS.

CPC WAS AWARDED THE 2015 FRANK G. BERLIN, SR. SMALL BUSINESS AWARDS NON-PROFIT OF THE YEAR BY THE GREATER SARASOTA CHAMBER OF COMMERCE. CPC WAS AWARDED THE 2019 NON-PROFIT OF THE YEAR BY THE VENICE AREA CHAMBER OF COMMERCE. CPC WAS AWARED FULL ACCREDIATION STATUS BY THE NATIONAL CHILDREN ALLIANCE (NCA) IN JULY 2021.

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THIS PAST YEAR MARKS THE 43RD ANNIVERSARY OF CPC AND ITS FIGHT AGAINST
CHILD ABUSE. AS WE LOOK BACK ON THESE 43 YEARS, WE SEE THE THOUSANDS OF
CHILDREN WHO LEARNED PERSONAL SAFETY FROM PSCA, WHO BUILT STRONGER
RELATIONSHIPS WITH THEIR PARENTS IN CFSVP, WHOSE HEALTH AND SAFETY WERE
ASSESSED BY CPT, AND WHO TOOK THE FIRST STEPS ON THEIR PATH TO HEALING
IN THERAPY. WE SEE THE DEDICATION OF OUR STAFF AND VOLUNTEERS, WHO WAKE
UP EVERY DAY DETERMINED TO BUILD A SAFER WORLD FOR CHILDREN. WE SEE YOU
- OUR SUPPORTERS, ADVOCATES, SUPERHEROES - AND YOUR INSPIRING
GENEROSITY AS YOU PROTECT THOSE WHO CANNOT PROTECT THEMSELVES. WE SEE
HOPE.
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Name of the organization

CHILD PROTECTION CENTER, INC.

PLEASE VISIT WWW.CPCSARATSOTA.ORG OR CPC'S SOCIAL PLATFORMS TO LEARN

MORE ABOUT THE CHILD PROTECTION CENTER AND HOW YOU CAN MAKE A

DIFFERENCE!

FACEBOOK- HTTPS://WWW.FACEBOOK.COM/CHILDPROTECTIONCENTER/

INSTAGRAM- HTTPS://WWW.INSTAGRAM.COM/CPCSARASOTA/

TWITTER- HTTPS://TWITTER.COM/CPCSRQ

YOUTUBE- HTTPS://WWW.YOUTUBE.COM/USER/CPCSARASOTA

YOUTUBE-HTTPS;//WWW.YOUTUBE.COM/USER/CPCSRQ

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED AND RESTATED EFFECTIVE DECEMBER 13,

2022 AS FOLLOWS:

PREVIOUS ARTCILE V, SECTION 3 REGARDING DIRECTORS' SERVICE TERM(S):

EXCEPT AS OTHERWISE PROVIDED HEREIN, DIRECTORS SHALL SERVE THREE (3) YEAR TERMS. DIRECTORS SHALL SERVE NO MORE THAN SIX (6) CONSECUTIVE YEARS ON THE BOARD OF DIRECTORS WITHOUT A ONE-YEAR (1-YEAR) HIATUS ENSUING.

THE BOARD MAY FILL VACANCIES IN THE BOARD DURING THE YEAR BY MAJORITY VOTE.

THE MEDICAL DIRECTOR OF THE CORPORATION SHALL BE AN EX-OFFICIO (NON-VOTING) MEMBER OF THE BOARD OF DIRECTORS AND SHALL NOT BE SUBJECT TO THE TERM

LIMITS SET FORTH ABOVE.

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Name of the organization

CHILD PROTECTION CENTER, INC.

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AMENDED AND RESTATED ARTICLE V, SECTION 3 REGARDING DIRECTORS' SERVICE

EXCEPT AS OTHERWISE PROVIDED HEREIN, DIRECTORS SHALL SERVE THREE (3) YEAR TERMS. DIRECTORS SHALL SERVE NO MORE THAN NINE (9) CONSECUTIVE YEARS ON THE BOARD OF DIRECTORS WITHOUT A ONE (1) YEAR HIATUS ENSUING. DURING THE FINAL SIX MONTHS OF A DIRECTOR'S THREE (3) YEAR TERM, SUCH DIRECTOR SHALL COMMUNICATE WITH THE CHAIR OR VICE CHAIR THE DIRECTOR'S INTENT TO SERVE AN ADDITIONAL THREE (3) YEAR TERM IF NOT LIMITED BY THE NINE (9) TERM LIMIT. NOTWITHSTANDING THE FOREGOING OR ANYTHING CONTAINED HEREIN TO THE CONTRARY, (1) THE BOARD MAY ELECT A DIRECTOR TO BE A LIFETIME DIRECTOR IN RECOGNITION OF HER OR HIS DEDICATION, CONTRIBUTIONS, AND SERVICE TO THE CORPORATION AND ANY SUCH LIFETIME DIRECTOR WILL NOT BE REQUIRED TO SERVE A ONE (1) YEAR HIATUS FROM THE BOARD; AND (11) A DIRECTOR THAT IS SERVING AS A COMMITTEE CHAIR OR AS THE CORPORATION'S CHAIR WHEN SUCH DIRECTOR'S TERM WOULD OTHERWISE REQUIRE A ONE (1) YEAR HIATUS SHALL BE PERMITTED TO SERVE AN ADDITIONAL ONE (1) YEAR TERM TO ALLOW FOR A SMOOTH TRANSITION OF SUCH DIRECTOR'S ROLE(S TO ANOTHER DIRECTOR.

THE BOARD MAY FILL VACANCIES IN THE BOARD DURING THE YEAR BY MAJORITY VOTE.

THE MEDICAL DIRECTOR OF THE CORPORATION SHALL BE AN EX-OFFICIO (NON-VOTING)

MEMBER OF THE BOARD OF DIRECTORS AND SHALL NOT BE SUBJECT TO THE TERM

LIMITS SET FORTH ABOVE.

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

THE 990 DRAFT IS EMAILED TO ALL BOARD DIRECTORS FOR THEIR REVIEW PRIOR TO 232212 10-28-22 46 10210216 759428 39237 2022.05050 CHILD PROTECTION CENTER, IN 39237_2

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THE BOARD MEETING.

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

COMPLIANCE WITH THE CONFLICT-OF-INTEREST POLICY IS REVIEWED WITH OFFICERS

AND DIRECTORS AT THE ANNUAL BOARD MEETING IN JUNE, AS WELL AS DURING

RECRUITMENT AND ADDITION OF NEW BOARD MEMBERS.

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

LINE 15A: COMPARABILITY DATA IS PERIODICALLY OBTAINED FROM AN OUTSIDE CONSULTANT OR CPC'S PAYROLL/ HR SERVICE PROVIDER TO VALIDATE KEY LEVEL COMPENSATION. EXECUTIVE DIRECTOR COMPENSATION IS APPROVED BY THE BOARD.

LINE 15B: COMPARABILITY DATA IS PERIODICALLY OBTAINED FROM AN OUTSIDE CONSULTANT OR CPC'S PAYROLL/ HR SERVICE PROVIDER TO VALIDATE KEY MANAGEMENT LEVEL COMPENSATION.

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

CPC'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, ETC. ARE AVAILABLE ON THE WEBSITE HTTP: //THEGIVINGPARTNER.GUIDESTAR ORG. FOR 3 YEARS, THE SAME PERIOD AS SET FORTH IN IRC SECTION 6104 (D). ADDITIONALLY, CPC'S FINANCIALS AND 990 REPORTS ARE AVAILABLE ON CPC'S WEBSITE AT WWW.CPCSARASOTA.ORG. CURRENTLY, CPC'S AUDITED FINANCIALS AND 990S ARE LISTED FROM FY 2016 THROUGH FY 2023.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

THE AUDIT COMMITTEE'S PROCESS OF AUDIT EVALUATION HAS NOT CHANGED FROM

THE PRIOR YEAR.

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