

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.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD PROTECTION CENTER, INC.		D Employer identification number 59-2113850
	Doing business as		E Telephone number (941) 365-1277
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	720 S. ORANGE AVENUE		G Gross receipts \$ 4,736,237.
	City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34236		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: DOUG STALEY SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.CPCSARASOTA.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CHILD PROTECTION CENTER (CPC) OPERATES MULTIPLE PROGRAMS TO AID IN THE PREVENTION,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	42
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,855,036.	3,266,628.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,038.	28,500.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64,676.	19,662.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	393,191.	521,549.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,337,941.	3,836,339.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,116,905.	2,269,021.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	358,419.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	761,388.	878,575.
19 Revenue less expenses. Subtract line 18 from line 12	2,878,293.	3,147,596.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,459,648.	688,743.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	9,774,922.	10,509,685.
		902,089.	822,494.
		8,872,833.	9,687,191.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	DOUG STALEY, EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	REBECCA U. STONER		
	Firm's name	Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
	KERKERING, BARBERIO & CO.	59-1753337	P00585910
	Firm's address	Phone no.	
	P.O. BOX 49348 SARASOTA, FL 34230-6348	941-365-4617	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

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

4a (Code:) (Expenses \$ 2,626,122. including grants of \$) (Revenue \$ 77,890.) 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), EXPENSES \$357,787).

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.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SUZANNE TAKERIAN - (941) 365-1277
720 S. ORANGE AVENUE, SARASOTA, FL 34236

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUG STALEY EXECUTIVE DIRECTOR	40.00			X			146,180.	0.	16,475.	
(2) SUZANNE TAKERIAN CFO	40.00			X			108,258.	0.	8,548.	
(3) SHEILA MILLER VP PHILANTHROPY/SECRETARY	40.00			X			107,190.	0.	8,323.	
(4) CHARLIE BROOKS DIRECTOR	1.00	X					0.	0.	0.	
(5) JEN DOUGLAS DIRECTOR	1.00	X					0.	0.	0.	
(6) JEN FOX DIRECTOR	1.00	X					0.	0.	0.	
(7) ED GRIESE DIRECTOR	1.00	X					0.	0.	0.	
(8) TAMMY KARP DIRECTOR	1.00	X					0.	0.	0.	
(9) DONNA KOFFMAN DIRECTOR	1.00	X					0.	0.	0.	
(10) MARK KOWALSKI DIRECTOR	1.00	X					0.	0.	0.	
(11) FREYA ROBBINS DIRECTOR	1.00	X					0.	0.	0.	
(12) GRACI MCGILLICUDDY DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
(13) TOM MCLAUGHLIN GOVERNANCE CHAIR	1.00	X					0.	0.	0.	
(14) DAN STAROSTECKI ADVANCEMENT CHAIR	1.00	X					0.	0.	0.	
(15) TINA GRANTHON CHAIR	1.00	X		X			0.	0.	0.	
(16) JEN STEUBE VICE CHAIR	1.00	X		X			0.	0.	0.	
(17) ALINA CEMITIER FINANCE CHAIR	1.00	X		X			0.	0.	0.	

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 17,068.					
	b	Membership dues	1b					
	c	Fundraising events	1c 530,268.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 1,392,305.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 1,326,987.					
	g	Noncash contributions included in lines 1a-1f	1g \$					
	h	Total. Add lines 1a-1f						3,266,628.
Program Service Revenue	2 a	CLIENT FEES	Business Code 624410	28,500.	28,500.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			28,500.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		50,230.			50,230.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b 765,867.					
c	Gain or (loss)	7c -30,568.						
d	Net gain or (loss)			-30,568.		-30,568.		
8 a	Gross income from fundraising events (not including \$ 530,268. of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b 134,031.						
c	Net income or (loss) from fundraising events			472,159.		472,159.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER INCOME	Business Code 624410	49,390.	49,390.			
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			49,390.			
12	Total revenue. See instructions			3,836,339.	77,890.	0.	491,821.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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.
11 Fees for services (nonemployees):				
a Management				
b Legal	91.		91.	
c Accounting	24,300.	21,870.	2,430.	
d Lobbying				
e 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 O.)	117,295.	91,740.	16,372.	9,183.
12 Advertising and promotion	50,830.	5,528.	2,481.	42,821.
13 Office expenses	102,921.	83,244.	4,259.	15,418.
14 Information technology				
15 Royalties				
16 Occupancy	206,337.	184,122.	22,210.	5.
17 Travel	36,449.	32,642.	247.	3,560.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,317.	27,840.	1,477.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,584.	119,496.	21,088.	
23 Insurance	43,259.	39,516.	3,663.	80.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL AND MA	76,781.	69,817.	6,919.	45.
b TELEPHONE	19,403.	17,058.	1,566.	779.
c DUES AND SUBSCRIPTIONS	10,880.	4,165.	759.	5,956.
d DONOR STEWARDSHIP	2,549.			2,549.
e All other expenses	12,286.	3,217.	8,132.	937.
25 Total functional expenses. Add lines 1 through 24e	3,147,596.	2,626,122.	163,055.	358,419.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,077,605.	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 former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,670.	9	22,604.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,586,392.		
	b Less: accumulated depreciation	10b 1,031,969.		
	11 Investments - publicly traded securities	5,385,622.	10c	5,554,423.
	12 Investments - other securities. See Part IV, line 11	922,461.	11	1,646,666.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	6,284.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,774,922.	15	3,298.	
		16	10,509,685.	
Liabilities	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 Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	788,745.	24	738,018.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	902,089.	26	822,494.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,657,193.	27	9,306,639.
	28 Net assets with donor restrictions	215,640.	28	380,552.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,872,833.	32	9,687,191.
33 Total liabilities and net assets/fund balances	9,774,922.	33	10,509,685.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,836,339.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,147,596.
3	Revenue less expenses. Subtract line 2 from line 1	3	688,743.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,872,833.
5	Net unrealized gains (losses) on investments	5	125,615.
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	9,687,191.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,453,019.	3,031,093.	3,051,078.	3,855,036.	3,266,628.	15,656,854.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	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.
6 Public support. Subtract line 5 from line 4.						14,488,436.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	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 ...	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.	95,903.
11 Total support. Add lines 7 through 10						15,957,690.
12 Gross receipts from related activities, etc. (see instructions)					12	1,521,438.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	90.79 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	92.30 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
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.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

CHILD PROTECTION CENTER, INC.

Employer identification number

59-2113850

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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).

Name of organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>568,261.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>394,561.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>229,247.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>174,236.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>170,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1	 <hr/> <hr/> <hr/>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	<hr/> <hr/> <hr/>	\$ <u>146,667.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>107,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>88,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>74,011.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILD PROTECTION CENTER, INC.	Employer identification number 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CHILD PROTECTION CENTER, INC.** Employer identification number **59-2113850**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	990,772.	1,191,111.	920,713.	923,533.	835,004.
b Contributions	9,948.	974.	9,960.		4,500.
c Net investment earnings, gains, and losses	124,986.	-201,313.	260,438.	4,824.	52,293.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				7,644.	8,764.
g End of year balance	1,125,706.	990,772.	1,191,111.	920,713.	923,533.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.0000 %
 - b Permanent endowment .0000 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,921,197.		2,921,197.
b Buildings		3,353,258.	799,944.	2,553,314.
c Leasehold improvements				
d Equipment		307,585.	228,265.	79,320.
e Other		4,352.	3,760.	592.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,554,423.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,964,461.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	125,615.
b	Donated services and use of facilities	2b	5,800.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,293.
b	Other (Describe in Part XIII.)	4b	-2,000.
c	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.

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

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

1	Total expenses and losses per audited financial statements	1	3,150,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,800.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,000.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,293.
b	Other (Describe in Part XIII.)	4b	
c	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.

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

Part XIII Supplemental Information (continued)

\$250,000 ENDOWMENT FOR THE BENEFIT OF CPC AT THE GULF COAST COMMUNITY FOUNDATION. MR. CHAPMAN ADDED AN ADDITIONAL \$253,194 TO THE ENDOWMENT IN DECEMBER 2022. THIS IS AN IRREVOCABLE ENDOWMENT WHICH DISBURSES APPROXIMATELY 4% ANNUALLY TO CPC AND HAS GROWN WITH ADDITIONAL DONATIONS AND EARNINGS TO \$935,723 AT 6/30/23. THE FY2023 DISBURSEMENT TO THE CHILD PROTECTION CENTER WAS \$20,409.

PART X, LINE 2:

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 -2,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

BAD DEBT EXPENSE 2,000.

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BLUE TIES & BUTTERFLIES (event type)	NOHH (event type)	NONE (total number)	
Revenue	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.
Direct Expenses	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.
	8	Entertainment	9,151.	9,739.	18,890.
	9	Other direct expenses	17,161.	9,858.	27,019.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			134,031.
11	Net income summary. Subtract line 10 from line 3, column (d)			472,159.	

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **CHILD PROTECTION CENTER, INC.** Employer identification number **59-2113850**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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

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

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

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHILD PROTECTION CENTER, INC.

Employer identification number

59-2113850

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.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
---	--

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 MEDICALLY DIRECTED,

Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
---	--

MULTIDISCIPLINARY PROGRAM BASED ON THE IDEA THAT CHILD ABUSE AND NEGLECT INVOLVE COMPLEX ISSUES. CPT BEGAN IN 1980 AND IS A LEGISLATIVELY MANDATED PROGRAM WORKING IN PARTNERSHIP WITH CHILD PROTECTION INVESTIGATORS OF THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AND LOCAL LAW ENFORCEMENT AGENCIES IN CASES OF CHILDREN WHO ARE SUSPECTED VICTIMS OF SEXUAL ABUSE, PHYSICAL ABUSE AND NEGLECT. THIS MULTIDISCIPLINARY PROGRAM PROVIDES EXPERTISE IN EVALUATING ALLEGATIONS OF ABUSE AND NEGLECT, ASSESSING RISK FACTORS, AND PROVIDING RECOMMENDATIONS FOR INTERVENTIONS TO PROTECT CHILDREN. SERVICES PROVIDED BY CPT INCLUDE FORENSIC INTERVIEWS, PSYCHOLOGICAL AND PSYCHOSOCIAL ASSESSMENTS, FORENSIC MEDICAL ASSESSMENTS AND COURT TESTIMONY. CPT IS THE ONLY PROVIDER AUTHORIZED BY THE STATE TO PERFORM THESE FUNCTIONS IN SARASOTA AND DESOTO COUNTIES. IN FY 2023, CPT PROVIDED 343 MEDICAL EXAMS AND CONSULTS, AND 740 FORENSIC 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

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 THE NON-CUSTODIAL PARENT. OVER 50 SARASOTA COUNTY CITIZENS SERVE AS CFSVP VOLUNTEERS. IN FY 2023, CFSVP PROVIDED 425 SUPERVISED VISITS.

CPC'S PREVENTION PROGRAM IS THE PERSONAL SAFETY AND COMMUNITY AWARENESS PROGRAM (PSCA) WHICH BEGAN IN EARLY 1992. PSCA PROVIDES PRIMARY ABUSE PREVENTION EDUCATION TO CHILDREN FROM PRESCHOOL THROUGH HIGH 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

Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
---	--

CHILD-ON-CHILD SEXUAL ABUSE, AND PREVENTING FURTHER IMPAIRMENT. THROUGH EFFECTIVE, EVIDENCE BASED TRAUMA TREATMENT, THE CPCTHERAPY PROGRAM RESTORES TYPICAL, HEALTHY DEVELOPMENTAL FUNCTIONING, PROMOTES HEALTHY NON-ABUSIVE RELATIONSHIPS, AND ENHANCES THE ONGOING SAFETY 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 AWARDED FULL ACCREDIATION STATUS BY THE NATIONAL CHILDREN ALLIANCE (NCA) IN JULY 2021.

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.

Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
---	--

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/](https://www.facebook.com/childprotectioncenter/)

INSTAGRAM- [HTTPS://WWW.INSTAGRAM.COM/CPCSARASOTA/](https://www.instagram.com/cpcsarasota/)

TWITTER- [HTTPS://TWITTER.COM/CPCSRQ](https://twitter.com/cpcsrq)

YOUTUBE- [HTTPS://WWW.YOUTUBE.COM/USER/CPCSARASOTA](https://www.youtube.com/user/cpcsarasota)

YOUTUBE-[HTTPS://WWW.YOUTUBE.COM/USER/CPCSRQ](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.

Name of the organization CHILD PROTECTION CENTER, INC.	Employer identification number 59-2113850
---	--

AMENDED AND RESTATED ARTICLE 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 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, (I) 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 (II) 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

Name of the organization

CHILD PROTECTION CENTER, INC.

Employer identification number

59-2113850

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](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.