Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Inspection

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.

A F	or the	<u>2022</u> calendar year, or tax year beginning $JUL 1$, 2022 and ϵ	ending J	<u>UN 30, 2023</u>					
	heck if	THE OUNCE OF PREVENTION FUND		D Employer identific	cation number				
	Addres change								
	Name change	Doing business as		59-29083	67				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r				
	Final return/	111 N. GADSDEN STREET, SUITE 200		850-921-4494					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 35,818,993.					
	Amend return	TALLAHASSEE, FL 32301		H(a) Is this a group re	eturn				
	Application	Finallie and address of principal officer. O LINITE LIK Official		for subordinates	? Yes X No				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	rcluded? Yes No				
<u>I T</u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions				
	Vebsit			H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	A State of legal domicile; ${ m FL}$				
Pa	rt I	Summary							
ø		Briefly describe the organization's mission or most significant activities: TO ID) EVALUATE				
Governance		HEALTH, EDUCATION, AND OTHER SOCIAL SERVICE							
ern		Check this box if the organization discontinued its operations or dispose		1					
30V				3	14 13				
		Number of independent voting members of the governing body (Part VI, line 1b)			40				
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			13				
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.				
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
		vet unrelated business taxable income norm of our 330-1, 1 art i, line 11		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		33,449,761.	35,614,581.				
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.				
ver		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		28,007.	53,293.				
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,088.	138,717.				
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,538,856.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28,664,822.	31,077,397.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
G	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,765,230.	2,825,126.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
<u>pe</u>	b ·	Total fundraising expenses (Part IX, column (D), line 25)215,80	3.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,104,330.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		33,534,382.	35,751,126.				
	19	Revenue less expenses. Subtract line 18 from line 12		4,474.	55,465.				
Net Assets or			Ве	ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)		8,943,955.	11,541,190.				
at As	21	Total liabilities (Part X, line 26)		6,924,141.	9,384,016.				
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20		2,019,814.	2,157,174.				
	rt II	Signature Block			. Lancard and a second back of the form				
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
uue,	COLLEC	s, and complete. Declaration of preparer (other than officer) is based on all information of whi	cii preparei	lias any knowledge.					
C: ~		Signature of officer		I Date					
Sign Her		JENNIFER OHLSEN, PRESIDENT/CEO							
пеі	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN				
Paid	ŀ	MICHAEL C CARTER MICHAEL C CARTER		5/07/24 if self-employ					
Prep	1	Firm's name CARR, RIGGS & INGRAM, LLC	. 10		2-1396621				
Use	1	Firm's address 2633 CENTENNIAL BLVD., STE 200		THIII 3 LIN 7					
	,	TALLAHASSEE, FL 32308		Phone no. 85	0.878.8777				
Max	tha IE	S discuss this return with the preparer shown above? See instructions		1	X Yes No				

	THE OUNCE OF PREVENTION FUND	
Form		Page 2
Par	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:	
	TO IDENTIFY, FUND, AND EVALUATE HEALTH, EDUCATION, AND OTHER SOCIAL	
	SERVICE PROGRAMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	₹7
	prior Form 990 or 990-EZ?	<u>∆</u> No
•	If "Yes," describe these new services on Schedule O.	▼
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	<u>∿</u> No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
 4а	(Code:) (Expenses \$1,645,892. including grants of \$963,912.) (Revenue \$	
ти	OUNCE OF PREVENTION FUND OF FLORIDA	
	IDENTIFIES, FUNDS, SUPPORTS AND TESTS INNOVATIVE PROGRAMS TO IMPROVE	
	THE LIFE OUTCOMES OF CHILDREN, PRESERVE AND STRENGHTEN FAMILIES AND	
	PROMOTE HEALTHY BEHAVIOR AND FUNCTIONING IN SOCIETY, RECOGNIZING THAT	
	THE WISEST MONEY SPENT IS ON PREVENTION. PROGRAMS FOCUS ON IMPROVING	
	EDUCATIONAL ACHIEVEMENT, FACILITATING ECONOMIC INDEPENDENCE, BUILDING	
	STRONG FAMILIES AND MAKING COMMUNITIES DRUG-FREE. IN PARTNERSHIP WITH	H.
	COMMUNITY-BASED ORGANIZATIONS AND COALITIONS, PROGRAMS OFFER HOME	
	VISITATION, EDUCATION AND SUPPORT GROUPS, PROMOTE ACCESS TO HEALTH CAR	RΕ
	AND PROVIDE SERVICES THROUGH SCHOOLS AND COMMUNITY-BASED CENTERS. A	
	STRONG EVALUATION COMPONENT MEASURES PROGRAM EFFECTIVENESS BY ANALYZIN	<u>1G</u>
	SHORT TERM AND LONG TERM OUTCOMES.	
4b	(Code:) (Expenses \$26, 488, 818. including grants of \$24, 550, 822.) (Revenue \$	
	HEALTHY FAMILIES OF FLORIDA	
	A COMMUNITY-BASED, VOLUNTARY HOME VISITING PROGRAM DESIGNED TO PROMOTI POSITIVE PARENT/CHILD INTERACTION AND HEALTHY CHILDHOOD GROWTH AND	<u> </u>
	DEVELOPMENT, THEREBY PREVENTING CHILD ABUSE AND NEGLECT. THE PROGRAM	
	IS MODELED AFTER THE SUCCESSFUL NATIONAL HEALTHY FAMILIES AMERICA	
	INITIATIVE WHICH IS BASED ON OVER TWO DECADES OF RESEARCH AND	
	EXPERIENCE WITH SUCCESSFUL HOME VISITOR PROGRAMS. IT OFFERS PREGNANT	
	MOTHERS AND FAMILIES OF NEWBORNS LIVING IN TARGETED AREAS, AND WHO ARE	 2
	EXPERIENCING STRESSFUL LIFE SITUATIONS, HOME VISITING SERVICES THAT A	
	DELIVERED BY TRAINED FAMILY SUPPORT WORKERS. THERE ARE CURRENTLY 38	
	PROJECTS COVERING 67 COUNTIES.	
4c	(Code:) (Expenses \$6,539,392. including grants of \$5,562,663.) (Revenue \$	
	PREVENT CHILD ABUSE FLORIDA (037)	
	PREVENT CHILD ABUSE FLORIDA'S MISSION IS TO PREVENT THE ABUSE AND	
	NEGLECT OF FLORIDA'S CHILDREN. WE ACCOMPLISH THIS THROUGH ACTIVITIES	
	INCLUDING ADVOCACY, PUBLIC AWARENESS, TRAINING/EDUCATION, PREVENTION	
	PROGRAMMING, COALITION BUILDING, AND CHILD ABUSE PREVENTION MONTH	
	ACTIVITIES. OUR ORGANIZATION RESEARCHES AND DEVELOPS EDUCATIONAL	
	MATERIALS, RESOURCES AND TRAINING OPPORTUNITIES FOR ORGANIZATIONS	
	WORKING WITH AND/OR FOR FAMILIES.	
	MIROURY (175)	
	MIECHV (175)	7 \
	THE FLORIDA MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING (MIECH	/)
4-1	PROGRAM IS A FEDERAL FUNDING SOURCE FOR HEALTHY FAMILIES FLORIDA. THE	
40	Other program services (Describe on Schedule O.)	

Total program service expenses

including grants of \$ 34 , 674 , 102 .

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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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	- 22	
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''	21	
124	Schedule D. Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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? If "Yes," complete Schedule I, Parts I and II	21	Х	

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THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		x
	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C		28c	Х	
20	"Yes," complete Schedule L, Part IV	29	- 22	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₩.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٦,
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			\ .
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	Ь
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	and the state of t			
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes." complete Form 6069.			

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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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 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	financ	cial	
	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			
	SHARON CLARK - 850-921-4494			
	111 N. GADSDEN STREET, SUITE 200, TALLAHASSEE, FL 32301			

Form 990 (2022) 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-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box	not c		ition	l than (s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DOUGLAS SESSIONS, JR. EX. PRESIDENT/CEO	40.00			х				247,373.	0.	59,070.
(2) TERRY RHODES	40.00									
DIRECTOR RES, EVAL & SYS		1				x		108,971.	0.	27,638.
(3) WINIFRED HEGGINS	40.00							,	-	,
VICE PRESIDENT/DIR OF OPF		1		х				107,960.	0.	27,602.
(4) JENNIFER OHLSEN	40.00									-
PRESIDENT/CEO				Х				95,250.	0.	19,108.
(5) T. WAYNE DAVIS	5.00									
CHAIR				Х				0.	0.	0.
(6) FRED W. BAGGETT	5.00									
SECRETARY				Х				0.	0.	0.
(7) C. PATRICK ROBERTS	5.00									
TREASURER				Х				0.	0.	0.
(8) CHRIS EVERT	5.00									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL R. HIGHTOWER	5.00									
DIRECTOR		Х						0.	0.	0.
(10) BILL RUBIN	5.00									
DIRECTOR		Х						0.	0.	0.
(11) GUY SPEARMAN, III	5.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(12) JON SHEBEL	5.00	ļ								
DIRECTOR	 	Х						0.	0.	0.
(13) HONORABLE IRENE H. SULLIVAN	5.00	l								
DIRECTOR		Х						0.	0.	0.
(14) MICHAEL ZAGORAC, JR.	5.00	ļ							•	•
DIRECTOR	F 00	Х						0.	0.	0.
(15) LOURDES GARRIDO	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(16) JENNIFER WOLF	5.00	х						0.	0	^
DIRECTOR (17) ROBERT L. DUGHI	5.00	^	\vdash		\vdash	\vdash		0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
232007 12-13-22		Λ		l	<u> </u>	<u> </u>		1 0.	0.	Form 990 (2022)

232007 12-13-22

Form 990 (2022) OF FLORII									59-29	908	367	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C		, ,				
(A)	(B)				C) ition	,		(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable			timate	
	week		ox, unless per officer and a di		director/trustee)			compensation from	compensation from related		1	ount o	וכ
	(list any	tor						the	organization		1	oensa	tion
	hours for	r direc				pa		organization	(W-2/1099-MIS		1 '	om the	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	anizati	on
	organizations below	al trus	onal tı		employee	comp		1099-NEC)			1	relate	
	line)	Individual trustee or director	Institutional trustee	Officer	y emp	Highest compensated employee	Former				orga	nizatio	ons
		드	드	ð	Key	물 등	요				 		
		1											
		-											
		1											
		1											
		1											
		1											
1b Subtotal								559,554.		0.	133	3,41	
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								559,554.		0.	133	3,41	18.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	oove) wh	o re	eceived more than \$100,	,000 of reportable	Э			_
compensation from the organization													3
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su												,,	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a											_		v
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>nplete Schedule</u>	e <i>J f</i> e	or st	ıch i	oers	on .					5		X
Complete this table for your five highest co	mneneated inc	dono	nda	ot co	ontr	acto	re th	nat received more than	\$100,000 of com		tion fro	m	
the organization. Report compensation for										JCIIJA	11011110		
(A)	tric calcindar y	oai c	, i i Gii	ig w	1011	JI VVI	<u> </u>	(B)	cai.		(C	٠	
Name and business	address	NO	INC	3				Description of s	services	C	Comper		า
										1			
							_						

Total number of independent contractors (including but not limited to those listed above) who received more than

THE OUNCE OF PREVENTION FUND

Part VIII Statement of Revenue

			Check if Schedule O conta	ains a	response (or note to any lin	e in this Part VIII			
			Cricek ii Gerieddie G eerid	an is a	тезропас (or flote to arry iiii	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
										Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					
iz on			Membership dues		1b					
δ, m		С	Fundraising events		1c					
ii ii		d	Related organizations		1d					
ni,			Government grants (contributi		1e	34,202,707.				
Sig			All other contributions, gifts, grant							
je je			similar amounts not included above		1f	1,411,874.				
혍		a	Noncash contributions included in lines		1g \$, ,				
ξū		-	Total. Add lines 1a-1f	ια- 11	·gγ		35,614,581.			
0 10		<u>'''</u>	Total: Add lines 1a-11			Business Code	,,			
	_					Business Code				
<u>8</u>	2	а								
e ≤		b								
Sch		С								
an,		d								
Program Service Revenue		е								
P		f	All other program service reve	nue						
		g	Total. Add lines 2a-2f							
	3		Investment income (including							
							53,293.			53,293.
	4		Income from investment of tax				,			,
	5		Royalties		-					
	3		noyalties		i) Real	(ii) Personal				
	_			<u> </u>	<u> </u>	(ii) i ersoriai				
	6		Gross rents 6a		4,857.					
			Less: rental expenses 6b		12,402.					
		С	Rental income or (loss) 6c		-7,545.					
		d	Net rental income or (loss)				-7,545.	-7,545.		
	7	а	Gross amount from sales of	(i) S	Securities	(ii) Other				
			assets other than inventory 7a							
		b	Less: cost or other basis							
<u>o</u>			and sales expenses 7b							
Revenue		c	Gain or (loss) 7c	_						
ě			Net gain or (loss)	•						
ther	8	а	Gross income from fundraising ev	-						
ŏ			including \$		- 1					
			contributions reported on line	•						
			Part IV, line 18		<u>8a</u>					
		b	Less: direct expenses		8b					
		С	Net income or (loss) from fund	draising	g event <u>s</u>					
	9	а	Gross income from gaming ac	tivities	s. See					
			Part IV, line 19		9a					
		b	Less: direct expenses							
			Net income or (loss) from gam							
	10		Gross sales of inventory, less							
	10	u	and allowances			45,078.				
			Less: cost of goods sold			0.	4F 070	45.070		
		С	Net income or (loss) from sales	s of inv	ventory	D • • •	45,078.	45,078.		
က္						Business Code				
on e	11	а	MISCELLANEOUS REVENUE			900099	101,184.	101,184.		
ane		b								
E ŠE		С								
Miscellaneous Revenue		d	All other revenue							
_			Total. Add lines 11a-11d				101,184.			
	12		Total revenue. See instructions				35,806,591.	138,717.	0.	53,293.
23200	9 12	-13-	22							Form 990 (2022)

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon			(0)	(D)
	not include amounts reported on lines 6b, Bb, 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	31,077,397.	31,077,397.		
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,	E01 //7	262 205	162 402	154 640
_	trustees, and key employees	581,447.	263,305.	163,493.	154,649.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (46 040	1 074 000	250 552	12 404
7	Other salaries and wages	1,646,940.	1,274,893.	358,553.	13,494.
8	Pension plan accruals and contributions (include	1/2 155	106 140	25 (02	1 200
.=	section 401(k) and 403(b) employer contributions)	143,155.	106,142.	35,693.	1,320.
9	Other employee benefits	290,364.	229,391.	59,668.	1,305.
10	Payroll taxes	163,220.	109,063.	36,597.	17,560.
11	Fees for services (nonemployees):	16 426		16 426	
а	Management	16,436.	1 200	16,436.	
b	Legal	1,328.	1,328.	26 110	
	Accounting	36,110.		36,110.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 000	06 040	12 224	
	column (A), amount, list line 11g expenses on Sch O.)	100,307.	86,313.	13,994.	
12	Advertising and promotion	410,250.	410,250.	2 005	
13	Office expenses	196,538.	192,643.	3,895.	
14	Information technology	12,116.	12,116.		
15	Royalties	200 (16	017 600	05 006	F 640
16	Occupancy	308,616.	217,682.	85,286.	5,648.
17	Travel	138,513.	135,956.	906.	1,651.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	00 200	00 200		
19	Conferences, conventions, and meetings	90,388.	90,388.		
20	Interest				
21	Payments to affiliates	10 051		10 051	
22	Depreciation, depletion, and amortization	12,851.	2 000	12,851.	F 2 0
23	Insurance	16,137.	2,889.	12,719.	529.
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 0.)	207 245	207 245		
a	EDUCATION AND RESEARCH	307,245.	307,245.		
b	TRAINERS	121,631.	121,631.	002	
C	DUES & SUBSCRIPTIONS	35,691.	34,888.	803.	
d	ADMIN EXPENSES	18,913.	E00	18,913.	10 647
	All other expenses	25,533.	582.	5,304.	19,647.
25	Total functional expenses. Add lines 1 through 24e	35,751,126.	34,674,102.	861,221.	215,803.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Form 990 (2022)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		350.	1	350.	
	2	Savings and temporary cash investments			426,010.	2	4,316,437.
	3	Pledges and grants receivable, net	937,631.	3	2,034,740.		
	4	Accounts receivable, net	5,554,550.	4	3,001,346		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			94,262.	9	204,655
	10a	Land, buildings, and equipment: cost or other	ı				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			31,838.	10c	23,507
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin	1,899,314.	12	1,354,776		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14	505 050		
	15	Other assets. See Part IV, line 11	0.	15	605,379		
	16	Total assets. Add lines 1 through 15 (must e			8,943,955.	16	11,541,190
	17	Accounts payable and accrued expenses	304,529.	17	424,755.		
	18	Grants payable	5,768,204.	18	7,419,194.		
	19	Deferred revenue			851,408.	19	922,286
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, su					
Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin of Schedule D			0.	25	617,781.
	26	T . I. I. I			6,924,141.	25 26	9,384,016.
	20	Organizations that follow FASB ASC 958, or			0 / 3 2 1 / 2 1 2 1	20	3,001,010
es		and complete lines 27, 28, 32, and 33.	meek nei	·			
nc Suc	27	• , , ,			2,019,814.	27	2,157,174.
3ala	28					28	
<u>ا</u>		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.	, , , , , , , , , , , , , , , , , , , ,				
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				2,019,814.	32	2,157,174.
_	33	Total liabilities and net assets/fund balances			8,943,955.	33	11,541,190.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,80</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	35	,75	<u>1,1</u>	<u> 26.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5	5,4	<u>65.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,01		
5	Net unrealized gains (losses) on investments	5		8	1,8	95.
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	2	,15	7,1	74.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule (D .			
За	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?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

THE OUNCE OF PREVENTION FUND

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

OF FLORIDA 59-2908367 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

OF FLORIDA, INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	32587513.	31862249.	31643675.	33449761.	35614581.	165157779
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	32587513.	31862249.	31643675.	33449761.	35614581.	165157779
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						165157779
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	32587513.	31862249.	31643675.	33449761.	35614581.	165157779
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	124,423.	56,435.	38,303.	32,864.	45,748.	297,773.
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.)				8,668.	101,184.	109,852.
11	Total support. Add lines 7 through 10				_		165565404
12	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	176,625.
	First 5 years. If the Form 990 is for the	•		fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop	_		•			
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (ine 6, column (f), d	ivided by line 11, o	column (f))		14	99.75 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.79 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies						7.7
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				s
							(Form 990) 2022

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Schedule A (Form 990) 2022 OF FLORIDA, INC.

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.)	

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
	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	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
	168	140
1		
2		
За		
Ja		
3b		
3c		
40		
4a		
4b		
4c		
5a		
5 1.		
5b 5c		
33		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	rm 990)	2022

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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization expects for the bonefit of any supported expenization other than the supported.	•		
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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	Tion 6. Type it 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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	_1		
360	tion b. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

Part '	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1 [Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	Depreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	subtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

instructions).

Pai	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	LAGGOOD II OIII LUL I				

Schedule A	. (Form 990) 2022		OUNCE FLORID			ENTION	FUND		59-2908367	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	matior , 2, 3b, 3 lines 2 a	1. Provide t 3c, 4b, 4c, 5 and 3; Part I	the exp sa, 6, 9 V, Sec	olanations i a, 9b, 9c, ¹ tion E, lines	∣1a, 11b, ar s 1c, 2a, 2b	nd 11c; Part , 3a, and 3b;	IV, Section B, line ; Part V, line 1; Pa	or 17b; Part III, line 12; s 1 and 2; Part IV, Sectior rt V, Section B, line 1e; Pa	n C,

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

Employer identification number

59-2908367

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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.								
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 prequirements of Schedule B (Form 990).						

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
THE OUNCE OF PREVENTION FUND
OF FLORIDA, INC.

Employer identification number

Page 2

59-2908367

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF FLORIDA 1317 WINEWOOD BLVD TALLAHASSEE, FL 32399	\$ 34,202,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	-	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
THE OUNCE OF PREVENTION FUND
OF FLORIDA, INC.

Employer identification number

59-2908367

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
_								
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		\$						
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received					
		_						
-								
453 11 ₋ 15 ₋ 4		\$	Schedule B (Form 990)					

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** THE OUNCE OF PREVENTION FUND 59-2908367 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

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 Inspection

Name of the organization

THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

Employer identification number 59-2908367

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		# Offiliar Funds	Complete if the	
		1	dvised 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 v	writing that the asset	ts held in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal contr	ol?	Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	at grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or fo	or any other purpose of	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered	"Yes" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	oly).		
	Preservation of land for public use (for example, recrea	tion 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 qualif	ried conservation cor	ntribution in the form	of a conservation easement on the la	ast
	day of the tax year.			Held at the End of the Ta	ax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a))	2c	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, ai	nd not on a		
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	pection, handling of		
	violations, and enforcement of the conservation easements it	: holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing cons	servation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, an	d enforcing conservat	tion easements during the year	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirer	nents of section 170(h	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	evenue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	note to the organizati	on's financial stateme	ents that describes the	
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical	Treasures, or Ot	her 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 95	8, not to report in its	revenue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ition, or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these item	S.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue statement and b	palance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or research in furth	nerance of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u> _	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical treat				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			\$	
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 99	0) 2022

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

	t III Organizations Maintaining Co		t. Histo	orical Tre	asures. o	r Othe	r Si			00307		age Z
3	Using the organization's acquisition, accessio									COILLII	ieu)	
3	collection items (check all that apply):	ii, and other record	s, crieck	ally of the i	ollowing that	i illane s	sigi iiii	cant	136 01 113			
	Public exhibition	d		l oon or ovo	hange progra	am.						
a		_										
b	Scholarly research	е	•	Otner								
C	Preservation for future generations									Valla Valla		
4	Provide a description of the organization's col	•		•	-			-	se in Part	XIII.		
5	During the year, did the organization solicit or				•					7 v		7 N
Dai	to be sold to raise funds rather than to be mai									_ Yes		No
ı aı	reported an amount on Form 990, Part		ete ir the	organizatio	n answered	res or	1 Fori	11 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodia		lion (for a	ontribution:	o or other ser	note not	inolu	dod				
ıa			•							Yes		No
L	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								∟	_ res] NO
b	ii Yes, explain the arrangement in Part XIII a	ina complete the fol	llowing t	able.			Г			Amount		
_	Designing belongs						ŀ	40		Amount		
	Beginning balance							1c 1d				
	Additions during the year							1e				
_	Distributions during the year							1f				
f 22	Ending balance									Yes		No
	If "Yes," explain the arrangement in Part XIII.						-			_]
Par												
	Complete	(a) Current year		rior year	(c) Two yea			Three v	ears back	(e) Four	vears	back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,		, ,			, ,			,		
	Contributions											
	Net investment earnings, gains, and losses											
	Grants or scholarships											
	Other expenditures for facilities											
·												
f	Administrative expenses											
	End of year balance											
g 2	Provide the estimated percentage of the curre		e (line 1c	r column (a)	// pelq as:					l		
	Board designated or quasi-endowment	•	رااالو از ۵/	j, coluitiii (a)	n rielu as.							
h	Permanent endowment											
C	Term endowment 9											
·	The percentages on lines 2a, 2b, and 2c shou	-										
3a	Are there endowment funds not in the posses	•	ation tha	t are held ar	nd administer	red for th	he					
-	organization by:	order of the organize	2011 0110	t are mora ar	ia aariiiiiotoi	04 101 11				Г	Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	ions listed as requir	ed on S	chedule R?						3b		
4	Describe in Part XIII the intended uses of the											
	t VI Land, Buildings, and Equipme											
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990	, Part X,	, line	10.				
	Description of property	(a) Cost or o			or other			nulate	d T	(d) Book	value	 e
		basis (investr		` '	(other)			iation		(-,		-
1a	Land											
	Buildings	I										
	Leasehold improvements											
	Equipment			1	7,000.		17	7,00	00.			0.
	Other				8,197.			1,69		23	,50)7.
Total	. Add lines 1a through 1e. (Column (d) must ea		X colum	nn (R) line 1	Oc.)						,50	

THE OUNCE OF	F PREVENTION F	UND	
Schedule D (Form 990) 2022 OF FLORIDA,		59-29083	67 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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 mar	ket value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) BOARD RESERVE INVESTMENTS	1,354,776.	END-OF-YEAR MARKET VALUE	
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,354,776.		
Part VIII Investments - Program Related.	1,001,770		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year mar	ket 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.			
Part IX Other Assets. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organ	on Form 000 Port IV line 1	1d Soc Form 000 Port V line 15	
	Description		ok value
(1) OPERATING LEASE RIGHT-OF-U	•		05,379.
(2)	DD ADDDI		05,515
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	6	05,379.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1		
1. (a) Description of liability		(b) Bo	ok value
(1) Federal income taxes			17 701
(2) OPERATING LEASE LIABILITY		6	<u> 17,781.</u>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2022

617,781.

(4) (5) (6) (7) (8)

OF FLORIDA, INC.

59-2908367 Page 4

Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Amounts included on line 1 but not on Form 990, Part VIII, line 12: Amounts included on line 1 but not on Form 990, Part VIII, line 12: Amounts included on line 1 but not on Form 990, Part VIII, line 12: Amounts included on line 1 but not on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Amounts included on Form 990, Part VIII, line 12: Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements 1	Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per Re	turn.	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 d 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4e. (This must expusif Form 990, Part IV, line 12a. 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 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2 Donated services and use of facilities d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 12a. 4 Amounts included on Form 990, Part IV, line 25: a Investment expenses not included on Form 990, Part IV, line 12a. 5 7,782,037. b Prior year adjustments 2 Do Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 7b 4 Amounts included on Form 990, Part IV, line 7b 5 Other (Describe in Part XIII) c Add lines 4a and 4b 4c 0. 0. 1 Fortial measurement expenses not included on Form 990, Part IV, line 7b 1 Other (Describe in Part XIII) 2 Describe Part XIII 3 Subtract line 2e from line 1 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part IV, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 19 Part IV, line 4; Part IV, line 4; Part IV, line 2; Part IV, lines 2d and 4b, Also complete this part to provide any additional information. PART X, LINE 2: THE OUNCE UTILIZES THE ACCOUNTI		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	1	Total revenue, gains, and other support per audited financial statements			1	41,670,523.
b Donated services and use of facilities C Recoveries of prior year grants d Other (Describe in Part XIII.) 2 d 81,895. e Add lines 2a through 2d 3 35,806,591. 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 D Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenses and 1see of add lines 2 and 4c. (This must equal Form 990, Part I, line 12) E Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 4 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) A Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) A Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) A Amounts included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IX, line 25: b Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 5,782,037. 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18) Feart XIII Supplemental Information. Provide the descripti	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
b Donated services and use of facilities C Recoveries of prior year grants d Other (Describe in Part XIII.) 2 d 81,895. e Add lines 2a through 2d 3 35,806,591. 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 D Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenses and 1see of add lines 2 and 4c. (This must equal Form 990, Part I, line 12) E Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d 4 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) A Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) A Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities C Other losses d Other (Describe in Part XIII.) A Amounts included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IX, line 25: a Investment expenses not included on Form 990, Part IX, line 25: b Other (Describe in Part XIII.) c Add lines 2a through 2d 2e 5,782,037. 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25: but not on line 1: a Investment expenses Add lines 3 and 4c. (This must equal Form 990, Part IX, line 18) Feart XIII Supplemental Information. Provide the descripti	а	Net unrealized gains (losses) on investments	2a			
c. Recoveries of prior year grants d. Other (Describe in Part XIII.) e. Add lines 2a through 2d 3. Subtract line 2e from line 1 d. A mounts 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 b. Other (Describe in Part XIII.) c. Add lines 4a and 4b 5. Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part IV, line 12) c. Add lines 4b and 4b 5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) c. Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1. Total expenses and losses per audited financial statements 2	b			5,782,037.		
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) c Add lines 3 and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). 1 Total expenses and losses 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 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities c Other losses 2 a 5 , 782 , 037 . b Prior year adjustments c Other losses 2 a 5 , 782 , 037 . b Prior year adjustments c Other losses 2 a 5 , 782 , 037 . b Prior year adjustments c Other losses 2 a 5 , 782 , 037 . b Other (Describe in Part XIII.) e Add lines 2a through 2d 3 3 35, 751 , 126 . 4 Amounts included on Form 990, Part IV, line 25; but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I line 1b.) 5 Total expenses and losses per audited financial statements Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: THE OUNCE UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740 , INCOME TAXES. USING THAT GUIDANCE , TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN	С					
e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII.) 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part III, line 12) Part XIII Pacconciliation 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 With Expenses per Return. Complete in the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 41,533,163. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 2a 5,782,037. b Prior year adjustments 2b 2b 2c 2c 2d 2d 2d 2d 2d 2d	d		1 1	81,895.		
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PART X, LINE 2: THE OUNCE UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN	Pa	t XIII Supplemental Information.				, , ,
PART X, LINE 2: THE OUNCE UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN	Prov	de the descriptions required for Part II. lines 3. 5. and 9: Part III. lines 1a and 4: Part I	V. lines	1b and 2b: Part V. line 4	: Part :	X. line 2: Part XI.
PART X, LINE 2: THE OUNCE UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN					,	,
THE OUNCE UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN						
THE OUNCE UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN						
UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN	PAI	RT X, LINE 2:				
UNCERTAINITY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN						
STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN	THI	E OUNCE UTILIZES THE ACCOUNTING REQUIREMENT	S AS	SOCIATED WIT	<u>H</u>	
POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN	UNG	CERTAINITY IN INCOME TAXES USING THE PROVIS	IONS	OF FINANCIA	L A	CCOUNTING
	ST	ANDARDS BOARD (FASB) ASC 740, INCOME TAXES.	USI	NG THAT GUID	ANC:	E, TAX
IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON	POS	SITIONS INITIALLY NEED TO BE RECOGNIZED IN	THE	FINANCIAL ST	ATE	MENTS WHEN
	<u>IT</u>	IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL	BE	SUSTAINED UP	ON	

EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR

INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2023, THE OUNCE

DISCLOSURE IN THE FINANCIAL STATEMENTS.

THE OUNCE OF PREVENTION FUND

Schedule D (Form 990) 2022 OF FLORIDA, INC.	59-2908367 Page 5
Schedule D (Form 990) 2022 OF FLORIDA, INC. Part XIII Supplemental Information (continued)	*
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
,	
UNREALIZED GAINS AND LOSSES ON INVESTMENTS	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization THE OUNCE OF FLORID.		NTION FUND					Employer identification number 59-2908367
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's property II Grants and Other Assistance to I recipient that received more than \$	tance? cedures for monit Domestic Organiz	oring the use of grant	funds in the United	States.			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HEALTHY START COALITION OF HILLSBOROUGH COUNTY, INC - 2806 N. ARMENIA AVE #100 - TAMPA, FL 33607	59-3127943	501(C)(3)	1,021,945.	0.			DCF
KIDS HOPE ALLIANCE 1095 A. PHILIP RANDOLPH BLVD. JACKSONVILLE, FL 32206	59-6000344	501(C)(3)	670,046.	0.			DCF
HOWARD PHILLIPS CENTER FOR CHILDREN AND FAMILIES - 601 W. MICHIGAN STREET - ORLANDO, FL 32806	59-1726273		1,887,710.	0.			DCF
FLORIDA DEPARTMENT OF HEALTH - PINELLAS COUNTY - 205 DR. MLK STREET N ST. PETERSBURG, FL 33701	59-3502843		554,392.	0.			DCF
POLK COUNTY BOARD OF COUNTY COMMISSIONERS - PO BOX 9005 DRAWER HS06 - BARTOW, FL 33831	59-6000809		1,268,103.	0.			DCF
UNIVERSITY OF FLORIDA P.O. BOX 100294 GAINESVILLE, FL 32610	59-6002052		928,406.	0.			DCF
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 	•						30. 18.

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IFE MANAGEMENT CENTER OF							
NORTHWEST FLORIDA, INC - 525 EAST							
15TH STREET - PANAMA CITY, FL							
32405	59-1375195	501(C)(3)	357,500.	0.			DCF
UNITED WAY OF BREVARD COUNTY, INC							
ROCKLEDGE, FL 32955	59-0836384	501(C)(3)	1,061,918.	0.			DCF
BROWARD REGIONAL HEALTH PLANNING COUNCIL, INC - 200 OAKWOOD LANE,							
SUITE 100 - HOLLYWOOD, FL 33020	59-2274772	501(C)(3)	386,824.	0.			DCF
CHILDREN'S HOME SOCIETY OF FLORIDA - SOUTHEASTERN DIVISION - 800 NW 15TH STREET - MAIMI, FL 33136	59-0192430	501(C)(3)	1,396,299.	0.			DCF
IJIII DIKEBI MAIMI, FE 33130	33 0132430	501(0)(5)	1,330,233.	٠.			ber
FLORIDA DEPARTMENT OF HEALTH - FRANKLIN - 139 12TH STREET -							
APALACHICOLA, FL 32320	59-3502843		393,729.	0.			DCF
FLORIDA DEPARTMENT OF HEALTH - HENDRY & GLADES COUNTIES - 1140							
PRATT BLVD LABELLE, FL 33935	59-3502843		431,273.	0.			DCF
HABILITATIVE SERVICES OF NORTH FLORIDA - 4440 PUTNAM ST -							
MARIANNA, FL 32446	59-3077111	501(C)(3)	600,113.	0.			DCF
STEP UP SUNCOAST, INC. 6428 PARKLAND DRIVE							
SARASOTA, FL 34243	59-6208766	501(C)(3)	933,415.	0.			DCF
HELPING PEOPLE SUCCEED, INC							
STUART, FL 34994	59-1051699	501(C)(3)	1,075,500.	0.			DCF

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY HOUSE FAMILY SERVICES							
1304 TRUMAN AVENUE KEY WEST, FL 33040	59-0624461	501(C)(3)	433,946.	0.			DCF
122 (1201, 12 00010	05 0021102	002(0)(0)	100,510.	J.			
PASCO KIDS FIRST, INC 7344 LITTLE ROAD							
NEW PORT RICHEY, FL 34654	59-3010809	501(C)(3)	1,428,551.	0.			DCF
HEALTHY START COALITION OF ST. LUCIE - 117 ATLANTIC AVENUE - FORT	65 046540		204 004				
PIERCE, FL 34950	65-0466549	501(C)(3)	381,234.	0.			DCF
CHILDREN'S HOME SOCIETY OF FLORIDA - CENTRAL FLORIDA DIVISION - 1010							
E. ROSE STREET - LAKELAND, FL							
33801	59-0192430	501(C)(3)	1,400,675.	0.			DCF
HEALTHY START COALITION OF FLAGLER							
& VOLUSIA COUNTIES, INC - 109							
EXECUTIVE CIRCLE - DAYTONA BEACH,	50 0460540	504 (5) (0)					L
FL 32114	59-3163742	501(C)(3)	571,781.	0.			DCF
CHILDREN'S HOME SOCIETY OF FLORIDA							
- NORTHEAST DIVISION - 3027 SAN DIEGO ROAD - JACKSONVILLE, FL							
32207	59-0192430	501(C)(3)	593,916.	0.			DCF
CHILDREN'S HOME SOCIETY OF FLORIDA	33 0132430	301(0)(3)	333,310.	٠.			
- SUNCOAST DIVISION - 3333 FOREST							
HILL BOULEVARD, 2ND FLOOR - WEST							
PALM BEACH, FL 33406	59-0192430	501(C)(3)	586,593.	0.			DCF
·			,				
BREHON INSTITUTE FOR FAMILY							
SERVICES, INC - PO BOX 7643 -							
TALLAHASSEE, FL 32314-7643	59-1865406	501(C)(3)	633,840.	0.			DCF
INDIAN RIVER COUNTY HEALTHY START							
COALITION, INC 1555 INDIAN							
RIVER ROAD, SUITE B241 - VERO							
BEACH, FL 32960	65-0363222	501(C)(3)	336,700.	0.			DCF

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILDREN'S HOME SOCIETY OF FLORIDA							
WESTERN DIVISION - 17 S.							
EVILLIERS STREET - PENSACOLA, FL							
2502	59-0192430	501(C)(3)	1,675,274.	0.			DCF
HILDREN'S HOME SOCIETY OF FLORIDA BUCKNER DIVISION - 3027 SAN							
DIEGO ROAD - JACKSONVILLE, FL							
32207	59-0192430	501(C)(3)	251,973.	0.			DCF
STODIDA DEDADEMENTO OF HEALTH							
FLORIDA DEPARTMENT OF HEALTH - PUTNAM - 2801 KENNEDY STREET -							
	59-3502843	E01/G\/2\	426 011	0.			DCF
PALATKA, FL 32177	59-3502643	501(C)(3)	426,911.	0.			DCF
FLORIDA DEPARTMENT OF HEALTH -							
LEVY COUNTY - 66 W. MAIN STREET -							
BRONSON, FL 32621	59-3502843	501/0\/3\	345,630.	0.			DCF
BRONSON, FE 32021	33 3302043	501(0/(5/	343,030.	0.			ber
CHILDHOOD DEVELOPMENT SERVICES INC							
1515 E. SILVER SPRINGS ROAD, SUITE							
OCALA, FL 34470	59-1262700	501(C)(3)	318,371.	0.			DCF
561221, 12 511,6	33 1202700	301(0)(3)	310,371.				501
HIGHLANDS COUNTY COMMISSIONERS							
500 S COMMERCE AVE							
SEBRING, FL 33870	59-6000655		320,996.	0.			DCF
HEALTHY START COALITION OF			127,220.				
JEFFERSON, MADISON, AND TAYLOR							
COUNTIES, INC - PO BOX 568 -							
GREENVILLE, FL 32331	59-3179955	501(C)(3)	226,701.	0.			DCF
FAMILIES FIRST OR PALM BEACH				•			
COUNTY - 3333 FOREST HILL							
BOULEVARD, 2ND FLOOR - WEST PALM							
BEACH, FL 33406	65-0166352	501(C)(3)	542,569.	0.			DCF
, ==							
DRUG ABUSE FOUNDATION OF PALM							
BEACH - 400 SOUTH SWINTON AVENUE -							
DELRAY BEACH, FL 33444	23-7074625	501(C)(3)	131,657.	0.			DOH

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS TOWN NORTH FLORIDA, INC.							
3555 COMMONWEALTH BLVD.							
TALLAHASSEE, FL 32303	20-0655144	501(C)(3)	105,629.	0.			рон
OVERTOWN CHILDREN AND YOUTH							
COALITION - 1951 NW 7TH AVENUE,				_			
3RD FLOOR - MIAMI, FL 33136	35-2330538	501(C)(3)	1,257,659.	0.			DOH/DOA/DCF/DOE
SULPHUR SPRINGS NEIGHBORHOOD OF							
PROMISE, INC 8117 N. 13TH							
STREET - TAMPA, FL 33604	47-1216272	501(C)(3)	1,153,236.	0.			DOH/DOA/DCF/DOE
·							
BELAFONTE TACOLCY							
6161 NW 9TH AVENUE							
MIAMI, FL 33127	59-1376077		117,830.	0.			рон
CARTERS CORNER COMMUNITY SERVICES,							
INC 1349 E. LAFAYETTE STREET -	05 0616404		07 202	_			DOIL
TALLAHASSEE, FL 32301	05-0616494		87,293.	0.			рон
GIRLS, INC. OF PINELLAS							
7700 61ST N							
PINELLAS PARK, FL 33781	59-0970201		82,837.	0.			рон
GIRLS 2 DIVAS							
1872 MILL STREET, UNIT B6							
TALLAHASSEE, FL 32310	46-5174968		6,100.	0.			рон
NEW TOWN SUCCESS							
1401 GRUNTHAL STREET							
JACKSONVILLE, FL 32209	59-1146751		511,943.	0.			DOA/DCF/DOE
32207	33 1140/31		311,343.				DOI.1 DOI 1 DOI
PARRAMORE KIDZ ZONE							
595 NORTH PRIMROSE DRIVE							
ORLANDO, FL 32803	65-0572536		1,218,349.	0.			DOA/DCF/DOE

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	π II.) Τ	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI CHILDREN'S INITIATIVE 5400 NW 22ND AVENUE, 4TH FLOOR							
MIAMI, FL 33142	27-5025010		752,545.	0.			DOA/DCF/DOE
METROPOLITAN MINISTRIES 2002 N. FLORIDA AVENUE							
TAMPA, FL 33602	59-1477007		115,468.	0.			рон
GIRLS, INC. OF JACKSONVILLE 100 FESTIVAL PARK AVENUE							
JACKSONVILLE, FL 32702	51-1317194		95,196.	0.			рон
FL CENTER FOR EARLY CHILDHOOD, INC 4620 17TH STREET -							
SARASOTA, FL 34235	59-1947024	501(C)(3)	1,971,376.	0.			DCF

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.						
PART I, LINE 2:										
THE GRANTS ARE MONITORED ONE OF TWO	WAYS DE	PENDING ON	THE PROGR	AM. THE						
OPFF PROGRAM STAFF MONITORS THE REC	CIPIENTS	QUARTERLY.	THE HFF	PROGRAM						
STAFF CONDUCTS QUALITY ASSURANCE VI	SITS OF	RECIPIENTS	ANNUALLY .	AND PROVIDES						
TECHNICAL ASSISTANCE VISITS THROUGH	OUT THE	YEAR. ALL	OTHER PRO	GRAM						
RECIPIENTS ARE MONITORED QUARTERLY.	PROGRA	M STAFF VI	SITS THE R	ECIPIENT AND						
PERFORMS QUALITY ASSURANCE AND TECH	INICAL AS	SURANCE ON	THEIR PRO	GRAM						
ERVICES PERFORMED. THE PROGRAM STAFF MAKING THE VISIT IS REQUIRED TO										

THE OUNCE OF PREVENTION FUND

Schedule I (F	orm 990)		OF FLORIDA, INC.		59-2908367	Page 2
Part IV	Suppleme	ental In	OF FLORIDA, INC. formation			
DURING	THEIR	SITE	VISIT.			
ē						
-						

Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

THE OUNCE OF PREVENTION FUND

OF FLORIDA, INC.

Employer identification number 59-2908367

Pa	art 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.					
	First-class or charter travel					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees					
	Discretionary spending account 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	X			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study					
	Form 990 of other organizations X 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:					
а	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		
С	c Participate in or receive payment from an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:			37		
	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:			37		
	The organization?	6a		X		
b	Any related organization?	6b		Х		
_	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			77		
	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			37		
	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		<u> </u>		

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.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) DOUGLAS SESSIONS, JR. (i	247,373.	0.	0.	25,000.	34,070.	306,443.	0.	
EX. PRESIDENT/CEO (ii		0.	0.	0.	0.	0.	0.	
(i								
(ii								
(i								
(ii								
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(ii								
(i								
(ii								

Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
PART I, LINE 1A:							
THE ORGANIZATION PAID DOUG SESSIONS' GOVERNORS CLUB DUES IN THE AMOUNT OF							
\$1,320.							

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service Name of the organization THE OUNCE OF PREVENTION FUND **Employer identification number** OF FLORIDA, INC. 59-2908367 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (i) Written (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (e) Purpose of (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

(a) Name of Intere	otod novoc:	(h) Deletionabin between interests of	28b, or 28c.	(d) December of	(e) Sha	arina of
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization's revenues?	
C. PATRICK ROB	ERTS	TREASURER OF OUNCE	300,000.	PUBLIC EDUC	Yes	No X
	tal Information. onal information for re	esponses to questions on Schedule L (see	instructions).			
SCH L. PART IV	. BUSINESS	TRANSACTIONS INVOLVI	NG INTERESTE	D PERSONS:		
		ATRICK ROBERTS				
			0000000	-017		
(B) RELATIONSH	IP BETWEEN	INTERESTED PERSON ANI	D ORGANIZATI	.ON:		
TREASURER OF O	UNCE OF PRE	EVENTION, PRESIDENT OF	F FLORIDA AS	SSN OF BROAD	CAST	ERS
(D) DESCRIPTIO	N OF TRANSA	ACTION: PUBLIC EDUCAT	ION THROUGH	NON-COMMERC	IAL	
SUSTAINING ANN	OUNCEMENTS					

SCHEDULE 0 (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.

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OMB No. 1545-0047

Name of the organization

THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.

Employer identification number 59-2908367

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: GOAL OF FLORIDA MIECHV IS TO FUND PROVEN PROGRAMS THAT LEVERAGE ESTABLISHED COMMUNITY RESOURCES AND WORK WITH FAMILIES TO SEEK HELP IN TRUSTED ENVIRONMENT, THEIR HOMES. MIECHV FUNDS HEALTHY FAMILIES FLORIDA TO OFFER HOME VISITING TO EXPECTANT AND NEW FAMILIES IN TWO HIGH NEED COMMUNITIES AND WORK WITH PARENTS TO BUILD THEIR SKILLS AND KNOWLEDGE IN RAISING HEALTHY, SAFE AND SUCCESSFUL CHILDREN. FCI (206 / 212 / 213) FLORIDA CHILDREN'S INITIATIVE (FCI) IS A NEIGHBORHOOD OR COMMUNITY IN

FLORIDA WHERE THE OPPORTUNITIES THAT MIDDLE-CLASS COMMUNITIES TAKE FOR GRANTED ARE NONEXISTENT OR INEFFECTIVE. FCLS ARE MODELED AFTER THE NATIONALLY RECOGNIZED HARLEM CHILDREN'S ZONE. FLORIDA STATUTE 409.147 ESTABLISHES A PROCESS THAT CLEARLY IDENTIFIES SEVERELY DISADVANTAGED AREAS AND PROVIDES GUIDANCE FOR DEVELOPING A NEW SOCIAL SERVICE THIS MODEL SYSTEMATICALLY COORDINATES PROGRAMS THAT ADDRESS PARADIGM. THE CRITICAL NEEDS OF CHILDREN AND THEIR FAMILIES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION ELECTS NEW BOARD MEMBERS AS NECESSARY.

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

THE RETURN IS GIVEN TO THE BOARD OF DIRECTORS FOR REVIEW AND TO APPROVE.

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

THE PRESIDENT PERSONALLY MONITORS THE CONFLICT OF INTEREST WHEN APPROVING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE OUNCE OF PREVENTION FUND OF FLORIDA, INC.	Employer identification number 59-2908367
CONTRACTS OR NEW HIRES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO/PRESIDENT PROVIDES A LIST OF ALL EMPLOYEES' SALARI	ES WHEN THE
BUDGET IS PROPOSED. IF THERE IS SUFFICIENT BUDGET, THE BO	ARD WILL
DETERMINE THE INCREASE BASED ON EVALUATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	
FORM 990, PART XI, LINE 2C	
THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.	