Form	99 0
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(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

2019

Depa Inter	artment of the Tr nal Revenue Ser	easury rv ce	► Do not en ► Go to www.i	ter social securi	ity numbers on this 190 for instructi	s form as it ons and	t may be mad the latest	de public. information			Inspection	
A	For the 201	9 calenda	r year, or tax year begin				and ending		-	,		
	Check if applica			3		, ,		-	Employ	/er identif	ication number	
	X Address ch		rug Prevention	Resource	s. Inc.				75-	09116	571	
	Name char	0	01 Ferris Avenu		<i>o</i> , 110.			E	-	one numbe		
	Initial retur	<u> </u>	axahachie, TX 7	5165					(97	2) 51	8-1821	
	Final return/t							-	()/	2, 31	1021	
	Amended r							G	Gross r	ece pts 💲	1,469	605
	Application		Name and address of principa		Wanga			H(a) Is this a g		-		
	, application	C C	ame As C Above	Beck	ty vance			H(b) Are all sul If "No," at	oord nates	included		
<u> </u>	Tax-exempt :		K 501(c)(3) 501(c) ()◀ (ins	ert no.) 494	7(a)(1) or	527	If "No," at	ach a list	. (see inst	tructions)	
J	Website:		.drugfreegenerat	, (404			H(c) Group exe	motion n	imber >		
ĸ	Form of organ		Corporat on Trust	Association	Other ►			on: 1935			gal domicile: ΤΣ	7
		mmary		Association	Other			JII. 1933	III (<u> </u>
10	1 Briefly	/ describe	the organization's missi	ion or most si	unificant activit	ies:To	create	a drug-	free	aene	ration	
	+ h m	ough ea	ducation, collab	poration	innovati	on. ar	nd advo		1100	gene		
nce		<u>ougn o</u>		<u>, , , , , , , , , , , , , , , , , , , </u>		<u>/ _u.</u>	<u></u>	<u>ouoj</u>				
rna												
Governance	2 Check	this box	 if the organizatio 	n discontinue	d its operations	or dispo	sed of mo	re than 25%	6 of its	net ass	ets.	
ğ			ng members of the gover							3		12
Activities &			pendent voting members	-			•			4		11
/itie			f individuals employed in							5		0
Gţ			f volunteers (estimate if business revenue from I							6 7a		200
4			usiness taxable income							7a 7b		0.
	Dineru	li ciuteu b			, inte 65			1	or Year	75	Current Y	
	8 Contri	butions a	nd grants (Part VIII, line	1h)					118,6	63		, 928.
Revenue			e revenue (Part VIII, line			265,4			, 596.			
Ven	-		ome (Part VIII, column (A	.						937.		,277.
Re			(Part VIII, column (A), lir			25,4			,804.			
	12 Total	revenue -	- add lines 8 through 11	(must equal	Part VIII, colum	n (A), lin	ne 12)	1,	417,4			,605.
	13 Grants	s and sim	ilar amounts paid (Part I	X, column (A), lines 1-3)							- -
	14 Benef	its paid to	o or for members (Part I)	K, column (A)	, line 4)							
	15 Salari	es, other	compensation, employee	e benefits (Pa	art IX, column (/	A), lines	5-10)		839,6	577.	937	,201.
Expenses	16a Profes	ssional fur	ndraising fees (Part IX, o	column (A), lii	ne 11e)							
ben	b Total	fundraisin	g expenses (Part IX, col	umn (D), line	25) ►	Q	5,159.					
ň	17 Other		s (Part IX, column (A), li						720,8	200	666	,540.
			. Add lines 13-17 (must						<u>720,8</u> 560,5			,741.
			xpenses. Subtract line 1					/	143,0			,136.
- 8		100 1033 0						Beginning			End of Y	
Net Assets or Fund Balances	20 Total	assets (Pa	art X, line 16)						298, (,642.
Aese Bali	21 Total		(Part X, line 26)						64,3			,042.
und .	22 Net as		und balances. Subtract li					-	233,7			,575.
		nature			10 20				233,1			,575.
		/		including page		and statem	ante and to t	he heat of my k	nowlodgo	and hal a	f it is true correc	tand
com	plete. Declaration	n of preparer	are that I have examined this retu- (other than officer) is based on	all information of	which preparer has a	iny knowled	ge.	The best of my k	nowieuge			t, anu
Sig	ın 📕	S gnature of	of off cer					Date				
He	re 🕨	Becky	v Vance					Execut	ivel	Direc	tor	
			int name and title					Liioouo	110 1	01100		
	Pr	rint/Type prep	oarer s name	Preparer s s gna	ature		Date	Cł	neck	if F	PT N	
Ра	id l.T	aye Ga	sawav	Jaye Gas	sawav				If-employ		201223882	2
		rm s name	Gasaway & Cor				1		. ,		0000	
Us		rm s address						Fi	m s EIN	▶ 81-	3303027	
	-		Little Rock,								650-8291	
Ma	y the IRS dis	scuss this	return with the preparer			ons)						No
-												I

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2019)	Drug Prevention	Resources,	Inc.		75-0	911671	Page 2
Par	t III State	ement of Program Se	rvice Accompli	shments				
		if Schedule O contains a		o any line in this Pa	art III			Х
1	Briefly descri	ibe the organization's miss	ion:					
	<u>See Sche</u>	<u>dule_0</u>						
	<u> </u>							
2	Form 990 or	ization undertake any signifi						
							Yes	Х Ио
2		ribe these new services on S		t abangaa in haw it	andusta any pr	arom convises?		V No
3		nization cease conducting, ribe these changes on Sche		t changes in now it	conducts, any pr	ogram services?	Yes	X No
4		organization's program se		opto for open of its	three largest prov	rom convione ocu	monocured by	02000000
-	Section 501(c)(3) and 501(c)(4) organi	zations are required	d to report the amo	unt of grants and	allocations to othe	rs, the total e	xpenses,
	and revenue,	, if any, for each program	service reported.					
		A			*		A	
4 a	(Code:			ncluding grants of) (Revenue		0,524.)
		e-based school an	<u>d community</u>	<u>coalition pr</u>	<u>rograms</u> for	the prevent	ion_of	
	substanc	ce_abuse					·	
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	(O			- lucilia a success of	ć		Ċ	
4 t	(Code:) (Expenses \$	Ir	ncluding grants of	ې) (Revenue	२)
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	: (Code:) (Expanses ¢	ir	ncluding grants of	ć) (Revenue	ć)
40) (Expenses \$		iciuuling grants of	ې 		ې)
							·	
							·	
							·	
4 ი	Other progra	m services (Describe on S	chedule O.)					
	(Expenses	\$	including grants	of \$) (Rev	enue \$)
4 e		n service expenses	1,450,7		7 (0)	· · ·		
RAA			±,±00,7	10. TEEA01021 07/21/10			Forn	1 990 (2019)

Inc. ,

1 01	onecknist of required benedites		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	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
ł	bid the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
C	c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ł	• Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21		Х
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Form 990 (20	019) Г)rua	Prevention	Resources

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Form 990 (2019) Drug Prevention Resources, Inc. Part IV Checklist of Required Schedules (continued)

1 41	onceknist of Required beneatles (continued)			
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	Yes	No 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	23		x
24 a	Schedule J 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	23 24a		X
ł	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	A 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
ł	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? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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> 'Yes,' complete Schedule L, Part IV	28a		Х
ł	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i> Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34		X
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a6b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0			-
Ċ	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
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Form 990 (2019) Drug Prevention Resources, Inc. 75-0911671	L	F	age 5									
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)	r											
	•	Yes	No									
2.2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tay State.												
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a												
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b											
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)												
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х									
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b											
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37									
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	_	Х									
b If 'Yes,' enter the name of the foreign country►												
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?												
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?												
-												
6 a 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?												
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were												
not tax deductible?	6 b											
7 Organizations that may receive deductible contributions under section 170(c).												
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		Х									
services provided to the payor?	7 a		Λ									
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b											
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х									
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d												
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?												
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g											
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h											
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	/ 11											
organization have excess business holdings at any time during the year?	8											
9 Sponsoring organizations maintaining donor advised funds.												
a Did the sponsoring organization make any taxable distributions under section 4966?	9a											
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b											
10 Section 501(c)(7) organizations. Enter:												
a Initiation fees and capital contributions included on Part VIII, line 12 10a												
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b												
11 Section 501(c)(12) organizations. Enter:												
a Gross income from members or shareholders 11 a												
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)												
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a											
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b												
13 Section 501(c)(29) qualified nonprofit health insurance issuers.												
a Is the organization licensed to issue qualified health plans in more than one state?	13a											
Note: See the instructions for additional information the organization must report on Schedule O.												
 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 												
c Enter the amount of reserves on hand												
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х									
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	14 b											
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or oxees parachute payment(s) during the year?	15		Х									
excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N.			Λ									
16 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.												

 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	ction A. Governing Body and Management											
			Yes	No								
1:	a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad 1 12											
	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 1b 11											
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	5										
	since the prior Form 990 was filed?	4		X X								
5												
6												
7 :	7 a 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?											
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?											
•		7 b		Х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
	a The governing body?	8 a	Х									
I	b Each committee with authority to act on behalf of the governing body?	8 b	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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)								
			Yes	No								
10 :	a Did the organization have local chapters, branches, or affiliates?	10 a		Х								
I	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?	10 b										
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х									
I	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O											
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х									
I	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х									
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SeeSchedule.0	12c	Х									
13	Did the organization have a written whistleblower policy?	13	Х									
14	Did the organization have a written document retention and destruction policy?	14	Х									
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?											
i	a The organization's CEO, Executive Director, or top management official See Schedule O	15a	Х									
I	b Other officers or key employees of the organization	15b	Х									
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).											
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х								
I	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?	16 b										
	ction C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright <u>TX</u>											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5 available for public inspection. Indicate how you made these available. Check all that apply.	01(c)(3	3)s or	nly)								
10	X Own website Another's website X Upon request Other (explain on Schedule O)	hla ta										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ►	ນເອ ເບ										
20	State the name, address, and telephone number of the person who possesses the organization's books and fecords 🗖											

.0	State the hame, auc	iress, ai	iu telephoni		the person who poss	50350	s the organ	11201101131		s
	Becky Vance	201	Ferris	Avenue	Waxahachie	ТΧ	75165	(972)	518-1821	

Form 990 (2019) Drug Prevention Resources, Inc.	75-0911671	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C Independent Contractors	ompensated Employe	es, and								
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										
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending wit organization's tax year.	h or within the									
 List all of the organization's current officers, directors, trustees (whether individuals or organization) 	s), regardless of amount of									

 List all of the organization's current officers, directors, trustees (whether individual compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. organizations), rega

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

				(C))					
(A) Name and title	(B) Average hours per	thar	n one Ì s both	box, an o ector/	unles officer /truste		on	(D) Reportable compensation from	(E) Reportable compensat on from related organizat ons	(F) Estimated amount of other
	week (list any hours for related organiza- t ons below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizat ons
(1) Becky Vance	40									
Executive Dir.	0	Х		Х						
(2) Bill Miller	1									
Chairman	0	Х		Х				0.	0.	0.
(3) Paul Schneekloth	1									
Vice President	0	Х		Х				0.	0.	0.
(4) Stuart Bright	1									
Treasurer	0	Х		Х				0.	0.	0.
_(5) Lisa_Gomes	1									
Director	0	Х						0.	0.	0.
(6) Jay Wallace	1									
Director	0	Х						0.	0.	0.
(7) James L. Capra	1									
Director	0	Х						0.	0.	0.
(8) Sylvia Fuentes	1									
Director	0	Х						0.	0.	0.
(9) Carol Dodson	1									
Director	0	Х						0.	0.	0.
(10) Lance Sumpter	1									
Director	0	Х						0.	0.	0.
(11) Katie Woodiel	1									
Secretary	0	Х		Х				0.	0.	0.
(12) Bobby J. Barker	1									
Director	0	Х						0.	0.	0.
(13)										
(14)										
ВАА	TEEAC	0107L	07/31	/19	<u> </u>					Form 990 (2019)

Form 9	90 (2019) Drug Prevention Resourc	es, Ir	nc.	-						75-091167			ge 8
Part	VII Section A. Officers, Directors, Tru		ney	Em	-	-	es, a	anc	a Hignest Cor	ipensated Emp	loyees	(contin	nued)
	(A) Name and title	(B) Average hours per week	box	, unle	heck ss pe	sit on more erson	than o is both pr/trust	n an tee)	(D) Reportable compensat on from	(E) Reportable compensat on from	Estima	(F) ted amo	ount
		(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizat on (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	the or and	nsation f ganizat I related nizat on:	on
(15)													
(16)													
(17)		İ											
(18)													
(19)													
(20)		 											
(21)													
(22)													
(23)													
(24)													
(25)													
c T	ubtotal otal from continuation sheets to Part VII, Secti otal (add lines 1b and 1c).	on A					!						
_	tal number of individuals (including but not limited from the organization \triangleright_{1}	I to those	listed	abov	/e) v	who i	receiv	ved	more than \$100,00	0 of reportable comp	pensation)	-
3 D	d the organization list any former officer, direc	tor truste	ee ke	ev er	nnla	nvee	ort	hiah	est compensated	employee		Yes	No
01	n line 1a? If 'Yes,' complete Schedule J for suc	h individu	ual		• • •						. 3		X
th su	or any individual listed on line 1a, is the sum of e organization and related organizations greate uch individual	er than \$1	150,0	00?	lf 'γ	'es,'	com	plei	te Schedule J for		. 4		Х
to	d any person listed on line 1a receive or accru r services rendered to the organization? If 'Yes	e comper s,' comple	nsatio e <i>te So</i>	on fro ched	om a lule	any <i>J fo</i> i	unrel r <i>suc</i>	late h p	d organization or erson	individual	. 5		Х
	on B. Independent Contractors omplete this table for your five highest compen	sated ind	lepen	dent	cor	ntrac	tors	tha	t received more th	nan \$100.000 of			
co	ompensation from the organization. Report compen	isation for	the c	alen	dar y	year	endir	ng w	vith or within the or	ganization's tax year			
	(A) Name and business add	ress							(B) Description o	of services	Comper	;) nsatio	n
	otal number of independent contractors (including to 100,000 of compensation from the organization		nited to	o thc	se l	isted	l abov	ve) v	who received more	than			

Form 990 (2019) Drug Prevention Resources, Inc.

Part VIII Statement of Revenue

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	Check if Schedule O contains a response or note to	any line in this Part V	π		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a				
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1 b				
	c Fundraising events 1 c				
	d Related organizations 1 d				
ini,	e Government grants (contributions) 1 e				
ar S	f All other contributions, gifts, grants, and similar amounts not included above 1 f 344, 928				
the	similar amounts not included above 1 f 344, 928 g Noncash contributions included in	<u>.</u>			
d of	lines 1a-1f 1g				
	h Total. Add lines 1a-1f	► <u>344,928</u> .			1
nue	Business Code				
Program Service Revenue	2a Prevention Programming 900099	1,075,596.	1,075,596.	8	10 () A
eB	b	5 3 3 S	18	8	10 () A
Nic	°	0.03 D	18 K.	8	0.08
Se	d		20 0.0	8	
ram	e	200 E	2	8	0.0
rog	f All other program service revenue g Total. Add lines 2a-2f	► 1 075 596			
<u> </u>		► 1,075,596.			-
	3 Investment income (including dividends, interest, and other similar amounts)	► 4,277.			4,277.
	4 Income from investment of tax-exempt bond proceeds.	-/-//		*	
	5 Royalties	•	27	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(i) Real (ii) Personal				
	6 a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)	•			
	7 a Gross amount from (i) Secur ties (ii) Other				
	sales of assets 7a	-			
	b Less: cost or other basis	-			
	and sales expenses 7b				
	c Gain or (loss) 7c				
	d Net gain or (loss)	•			(4 4).
P	8 a Gross income from fundraising events				
en	(not including \$ of contributions reported on line 1c).				
šev					
7	See Part IV, line 18 8 a b Less: direct expenses 8 b	-			
Other Revenue	c Net income or (loss) from fundraising events	•			
0	9 a Gross income from gaming activities.				
	See Part IV, line 19 9 a b Less: direct expenses 9 b				
	c Net income or (loss) from gaming activities	•	-		
		100			
	10a Gross sales of inventory, less returns and allowances 10a				
	b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory	•			
S	Business Code				
Miscellaneous Revenue	11a Miscellaneous Revenue 900099	44,804.	44,804.		02.03
scellaneo Revenue	b	80.08	28	I8	20. 214
elk Sve	c	80.08	28	I8	20. 214
Si &	d All other revenue	86.98	38	18	90 CJ8
Σ	e Total. Add lines 11a-11d	► 44,804.			
-	12 Total revenue See instructions	1 169 605	1 120 400	0	1 277

Section 501(c)(3) and 501(c)(4) organiza			ner organizations must co	mplete column (A).	
		sponse or note to any	line in this Part IX		
Do not include amounts reported on 1 6b, 7b, 8b, 9b, and 10b of Part VIII.	lines	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to do organizations and domestic gove See Part IV, line 21	rnments.				
2 Grants and other assistance to de individuals. See Part IV, line 22.	omestic				
3 Grants and other assistance to for organizations, foreign governments, eign individuals. See Part IV, line	. and for-				
 4 Benefits paid to or for members. 5 Compensation of current officers, trustees, and key employees 	, directors,				
 6 Compensation not included above disqualified persons (as defined u section 4958(f)(1)) and persons of in section 4958(c)(3)(B) 	e to under described	0.	0.	0.	0.
7 Other salaries and wages					
8 Pension plan accruals and contri (include section 401(k) and 403(k employer contributions)	D)				
9 Other employee benefits					
10 Payroll taxes					
11 Fees for services (nonemployees					
a Management					
b Legal					
c Accounting		38,389.	34,727.	1,624.	2,038.
d Lobbying					
e Professional fundraising services. See Par	· · · · · · · · · · · · · · · · · · ·				
 f Investment management fees g Other. (If line 11g amount exceeds 10% of 					
(A) amount, list line 11g expenses on Sch					
12 Advertising and promotion		7,846.	7,097.	332.	417.
13 Office expenses		23,883.	21,605.	1,010.	1,268.
14 Information technology					
15 Royalties					
16 Occupancy		38,175.	34,533.	1,615.	2,027.
17 Travel		46,251.	41,839.	1,956.	2,456.
18 Payments of travel or entertainm expenses for any federal, state, o public officials	or local				
19 Conferences, conventions, and m	neetings				
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amo	ortization	5,258.	4,757.	222.	279.
23 Insurance					
24 Other expenses. Itemize expenses covered above (List miscellaneou on line 24e. If line 24e amount exce of line 25, column (A) amount, lis expenses on Schedule O.)	us expenses eeds 10% st line 24e				
a General and Administ	rative	459,373.	415,549.	19,431.	24,393.
<pre>b Supplies</pre>		47,365.	42,846.	2,004.	2,515.
c			, • • • • •	_, •••••	_, • _ • ·
d					
e All other expenses					
25 Total functional expenses. Add lines 1 th	hrough 24e	1,603,741.	1,450,745.	67,837.	85,159.
26 Joint costs. Complete this line or the organization reported in colur joint costs from a combined educ campaign and fundraising solicita Check here ► ☐ if following	nly if mn (B) cational ation.				<u> </u>
SOP 98-2 (ASC 958-720)					

Form 990 (2019) Drug Prevention Resources, Inc. Part X Balance Sheet

	General Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	96,819.	1	33,202
2	Savings and temporary cash investments.		2	
3	Pledges and grants receivable, net	122,089.	3	86,720
4	Accounts receivable, net	5,078.	4	2,406
5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disgualified persons (as defined under			
	section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net.		7	
2 8	Inventories for sale or use		8	
8 9 8	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		_	
	b Less: accumulated depreciation	16,884.	10 c	16,740
11		· · · · · · · · · · · · · · · · · · ·	11	10,710
12			12	
13			13	
14			14	
15	-		15	8,574
16			16	147,642
17		64,383.	17	48,067
18			18	
19			19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
21 22 22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
23			23	
24			24	
25			25	
26	Total liabilities. Add lines 17 through 25.	64,383.	26	48,067
ces	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			·
27	Net assets without donor restrictions	223,817.	27	89,681
č 28	Net assets with donor restrictions	9,894.	28	9,894
27 28 29 20 201 27 28 29 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
<u>2</u> 30			30	
§ 31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	233,711.	32	99,575
		298,094.	33	147,642

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Form 990 (2019)

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Forn	990 (2019) Drug Prevention Resources, Inc. 75-0	911671		Pa	ge 12
Pa	t 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	1,4	69,6	505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	03,7	/41.
3	Revenue less expenses. Subtract line 2 from line 1	3			.36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).	4		33,7	
5	Net unrealized gains (losses) on investments.	5			
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		99,5	575
Pa	t XII Financial Statements and Reporting			,	<u>,,,,,</u>
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
28	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 separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e			
(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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Х	
I	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	Х	
BAA	TEEA0112L 01/21/20		Form	990 ((2019)

SCHEDULE A
(Form 990 or 990-EZ

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.

2019

OMB No. 1545-0047

Departr Internal	nent of the Treasury Revenue Serv ce	► (Go to www.irs.gov/Fo	Inspection				
Name o	of the organization						Employer identifica	ation number
Dru	g Preventio						75-091167	
Part				rganizations must o			1 1	tions.
The o	<u> </u>	•	· · · · · ·	For lines 1 through 12,		5	,	
1				nurches described in sec			i).	
2				Schedule E (Form 990 or				
3		•		ization described in sec				
4		-	tion operated in conju	unction with a hospital	describe	d in sec	:tion 170(b)(1)(A)(iii). E	nter the hospital's
-	name, city, a							
5	An organizati section 170(b	ion operated for b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6	A federal, sta	ate, or local gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(∨).	
7	X An organizatio	on that normally i 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part I	II.)			
9	An agricultural	l research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ge
	or university of university:		5 5	e (see instructions). Enter			and state of the college of)r
10	from activities	s related to its encome and unre	exempt functions-sub	33-1/3% of its support fr oject to certain exceptic e income (less section Part III.)	ons, and	(2) no I	more than 33-1/3% of i	ts support from gross
11				ely to test for public safe	ety. See	sectior	n 509(a)(4).	
12	or more publi	icly supported o	rganizations describe	ely for the benefit of, to d in section 509(a)(1) of upporting organization	or sectic	on 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box in
а	Type I. A supp	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported a	, rganizat	ion(s), typically by giving	the supported on. You must
b	Type II. A sup management of	oporting organiz	zation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s). You
С		,		ion operated in connectio	n with, ai A, D, an	nd functio d E.	onally integrated with, its	supported
d	Type III non-fu	unctionally integ ntegrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion reg	with its s	supported organization(s)) that is not
е	Check this bo	ox if the organiz	ation received a writt	en determination from t supporting organization	the IRS	that it is	a Type I, Type II, Type	e III functionally
f				· · · · · · · · · · · · · · · · · · ·				
g	Provide the follow	wing informatio	n about the supported	d organization(s).				
(i) Name of supported o	organizat on	(ii) EIN	(iii) Type of organizat on (described on lines 1-10 above (see instruct ons))	organiza n your c	s the tion listed joverning ment?	(v) Amount of monetary support (see nstructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Schedule A (Form 990 or 990-EZ) 2019	Drug	Prevention	Resources,	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.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,486,652.	1,482,541.	1,487,848.	1,554,868.	1,420,524.	7,432,433.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,486,652.	1,482,541.	1,487,848.	1,554,868.	1,420,524.	7,432,433.
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)						0.
6	Public support. Subtract line 5 from line 4						7,432,433.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,486,652.	1,482,541.	1,487,848.	1,554,868.	1,420,524.	7,432,433.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,408.	4,640.	3,803.	7,937.	4,277.	170,065.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI	11,471.	67,255.	18,367.	25,449.	44,804.	167,346.
	Total support. Add lines 7 through 10						7,769,844.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						95.66%
	Public support percentage from						84.26%
16a	33-1/3% support test-2019. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	this box ·····► X
b	33-1/3% support test-2018. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	heck this box ·····►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test. check this	box and stop her	re. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance test. The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in Part ed organization.	VI how the ►
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►
BAA					Sc	hedule A (Form 90	0 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

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Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) D. I.I.

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513.						
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on						
-	its behalf The value of services or						
5	facilities furnished by a						
	governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons.						
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
ر 8	Public support. (Subtract line						
0	7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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,						
14	10c, 11, and 12.) First five years. If the Form 990	ic for the organiz	tion's first sooo	d third fourth a	r fifth tax year ac	a continue $501(a)(a)$	
14	organization, check this box and	stop here					″►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20	-					010
_	Public support percentage from	-			<u></u>	16	0/0
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	e			
17	Investment income percentage f	ior 2019 (line 10c,	column (f), divid	ed by line 13, col	umn (f))	17	010
18	Investment income percentage f	irom 2018 Schedu	le A, Part III, line	. 17		18	010
19a	33-1/3% support tests-2019. If						d line 17
	is not more than 33-1/3%, check					-	
b	33-1/3% support tests—2018. If f line 18 is not more than 33-1/3%	une organization d 6. check this box :	nu not check a bo and stop here. Th	e organization on	ie isa, and line l Ialifies as a public	o is more than 33- Iv supported organ	nization
20	Private foundation. If the organi		-				
				,,,, .			

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

Section A. All Supporting Organizations

No Yes Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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. 1 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 2 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 (b) and (c) below. 3a **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. 3b 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. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a **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. Δh **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. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes.' answer (b) and (c) 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 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 6 or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of 6 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 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' 8 complete Part I of Schedule L (Form 990 or 990-EZ). 8 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. 9a **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI.* 9b c Did a disqualified person (as defined in 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*. 9c 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 10b below. 10a **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.) 10b

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	Voc	No
	165	NU
11a		
11b		
11c		
	11b	

ction B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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).			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

Yes

2a

2b

3a

3h

No

Yes

1

2

No

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Part V	Type III Non-Function	ally Int	egrated 509(a)	(3) Supporting	Organizations
Schedule A	(Form 990 or 990-EZ) 2019	Drug	Prevention	Resources,	Inc.

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1 Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting org	/ing trust on No anizations mus	v. 20, 1970 (explain in t complete Sections A	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for tax year or assets held for part of year):	or short		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amoun see instructions).	nt, 4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emerger temporary reduction (see instructions).	icy 6		
		<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2019

rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	ations (continued)	
tion D – Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt pu	rposes		
Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	IS,		
Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the organizati in Part VI). See instructions.	on is responsive (provide	e details	
Distributable amount for 2019 from Section C, line 6			
Line 8 amount divided by line 9 amount			
tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required – explain in Part VI). See instructions.			
Excess distributions carryover, if any, to 2019			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
n Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
Excess distributions carryover to 2020. Add lines 3j and 4c.			
Breakdown of line 7:			
Excess from 2015			
Excess from 2017			
Excess from 2018			
Excess from 2019			
	tion D – Distributions Amounts paid to supported organizations to accomplish exempt purposes in excess of income from activity Administrative expenses paid to accomplish exempt purposes of st Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount ction E - Distribution Allocations (see instructions.) Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2015 c From 2015 c From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part V). See instructions. Total annual distributions. Additions to attentive supported organizations to which the organization is responsive (provide in Part V). See instructions. Distributions to attentive supported organizations (see instructions.) Distributions and third and the second conditions (see instructions.) Distributions if any, for years prior to 2019 (reasonable cause required – explain in Part V). See instructions. Excess distributions carryover, if any, to 2019 a From 2015 c From 2015 c From 2015 c From 2015 d Frond 2017 e From 2018 mainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from years h Applied to underdistributions of prior years h Applied to underdistributions of prior years h Applied to 2019 distributable amount ic Carryover from 2014 not applied (see instructions) <	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions, (datoribe in Part VI). See instructions. Total amount divided by line 9 amount time are another to 2019 from Section C, line 6 Line 8 amount divided by line 9 amount time are another to 2019 from Section C, line 6 Line 8 amount for 2019 from Section C, line 6 Line 9 amount for 2019 from Section C, line 6 Line 9 amount for 2019 from Section C, line 6 Line 10 amount for 2019 from Section C, line 6 Line 2 arguing 10 and 10

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Schedule A (Form 990 or 990-EZ) 2019

A (Form 990 or 990-EZ) 2019Drug Prevention Resources, Inc.75-0911671Page 8Supplemental Information.Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV,
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;
Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.) Part VI

Part II, Line 10 - Other Income

Nature and Source	<u>e</u>		2019		2018		2017		2016		2015
Other Income	Total	\$ \$	<u>44,804.</u> <u>44,804.</u>	\$ \$	25,449. 25,449.	\$ \$	18,367. 18,367.	\$ \$	67,255. 67,255.	\$ \$	<u>11,471.</u> 11,471.

SCHEDULE D Supplemental Financial Statements						OMB No.	1545-0047
	(Form 990) ► 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.						
Depar	tment of the Treasury	► Go to www.irs	Attach to Form 990. .gov/Form990 for instructions and the latest informa	ation.		Open t	to Public
	al Revenue Serv ce of the organization				Employer id	Inspect Inspection r	
		vention Resources,			75-091	1671	
Par	t I Organiza	tions Maintaining Dono	or Advised Funds or Other Similar Funds of	or Acc	ounts.		
-	Complete	if the organization ans	wered 'Yes' on Form 990, Part IV, line 6.				
-	Total purphase at a	and of upper	(a) Donor advised funds	(b) Fi	unds and	other acco	unts
1 2		end of year					
2		ants from (during year)					
4		at end of year					
	00 0	2			<i>.</i> .		
5	are the organizati	ion's property, subject to the	nor advisors in writing that the assets held in donor a organization's exclusive legal control?			Yes	No
6	for charitable pur impermissible pri	ion inform all grantees, donc poses and not for the benefi vate benefit?	ors, and donor advisors in writing that grant funds car t of the donor or donor advisor, or for any other purpo	n be use ose con	ed only ferring	Yes	No
Par	t II Conserva	tion Easements.	wered 'Yes' on Form 990, Part IV, line 7.			_	
1			y the organization (check all that apply).				
		of land for public use (for exam		a histor	rically imp	ortant land	d area
	Protection of	natural habitat	Preservation of	a certif	ied histori	c structure	;
	Preservation	of open space					
2			held a qualified conservation contribution in the form of a	conserv	vation ease	ment on th	e
	last day of the tax	x year.		U	ald at the	End of the	e Tax Year
2	Total number of c	conservation easements		2a	leiu at the		e lax lear
				2b			
	-	-		2 c			
c	Number of conser- structure listed in	rvation easements included i	n (c) acquired after 7/25/06, and not on a historic	2 d			
3			nsferred, released, extinguished, or terminated by the org	anizatio	n during th	e	
4	<u> </u>	where property subject to conse	ervation easement is located ►				
5			garding the periodic monitoring, inspection, handling			_	_
			nts it holds?			Yes	No
6	Staff and volunteer	r hours devoted to monitoring,	inspecting, handling of violations, and enforcing conserva	ation eas	sements di	iring the ye	ar
7	Amount of expense ►\$	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing conservation	easeme	ents during	the year	
8	Does each conse	rvation easement reported o	n line 2(d) above satisfy the requirements of section	170(h)(4	4)(B)(i)	Yes	No
9	In Part XIII, desci include, if applica conservation ease	ribe how the organization rep able, the text of the footnote ements.	ports conservation easements in its revenue and experts the organization's financial statements that describ	ense sta bes the	atement a organizati	nd balance on's accou	e sheet, and unting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Treasures, or Othe wered 'Yes' on Form 990, Part IV, line 8.	er Sim	ilar Ass	ets.	
1 a	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenue stateme Id for public exhibition, education, or research in furth al statements that describes these items.	ent and herance	balance s e of public	heet work: service, p	s of art, rovide in
Ł	following amounts	s relating to these items:	r FASB ASC 958, to report in its revenue statement a or public exhibition, education, or research in furtherance			t works of provide the	art,
	••		line 1				
-					-		
			nistorical treasures, or other similar assets for financial ga ASC 958 relating to these items:			lowing	
		· · · · · · · · · · · · · · · · · · ·			· •		

BAA	For Paperwork F	Reduction	Act Notice,	see the	Instructions	for Form 9	99 0 .

Schedule D (Form 990) 2019

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Schedule D (Form 990) 2019 Drug							75-091			Page 2
Part III Organizations Mainta	•				•			•	itinue	<i>эа)</i>
3 Using the organization's acquisition items (check all that apply):	i, accession, a	ind other r				nake sig	nificant use of its o	collection		
a Public exhibition					change program					
b Scholarly research			e Other							
 c Preservation for future gener 4 Provide a description of the organized 		ions and e	explain how the	y furthe	er the organization'	's exem	pt purpose in			
Part XIII.During the year, did the organiza to be sold to raise funds rather to	tion solicit or	receive	donations of ar	rt, hisț	orical treasures, o	or other	[,] similar assets		Г	7
Part IV Escrow and Custodia								Yes	Dart	No
line 9, or reported an	amount on	Form S	990, Part X,	line	21.	ISWEIC		m 990,	Fan	, IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodia	an or othe	er intermediary	for co	ontributions or oth	er asse	ets not included	Yes	Г	No
b If 'Yes,' explain the arrangement										
								Amount		
c Beginning balance							c			
d Additions during the year							d			
e Distributions during the year							e			
f Ending balance							f	N _e a		
2 a Did the organization include an a							-	Yes	_	No
b If 'Yes,' explain the arrangement	. 111 Part Ann.	CHECK HE	ere il the expla	lation	has been provide				· · · L	
Part V Endowment Funds. C	omplete if	the ora	anization ar	ารพค	red 'Yes' on Fo	orm 90	90 Part IV lin	e 10		
	(a) Current		(b) Prior yea		(c) Two years bac		d) Three years back	(e) Fou	r years	back
1 a Beginning of year balance		,				Ň			,	
b Contributions										
c Net investment earnings, gains, and losses										
d Grants or scholarships										
e Other expenditures for facilities and programs										
f Administrative expenses										
g End of year balance										
2 Provide the estimated percentag	e of the curre	ent year e	end balance (lir	ne 1g,	column (a)) held	as:				
a Board designated or quasi-endowm	ient 🕨		010							
b Permanent endowment	0\0	5								
c Term endowment ►	010									
The percentages on lines 2a, 2b, a	nd 2c should e	equal 1009	%.							
3a Are there endowment funds not in	the possessior	n of the or	ganization that	are he	ld and administered	d for the	9	—		
organization by:									'es	No
(i) Unrelated organizations								3a(i)		
(ii) Related organizationsb If 'Yes' on line 3a(ii), are the relation								3a(ii) 3b		
4 Describe in Part XIII the intended	-							30		
Part VI Land, Buildings, and		-			103.					
Complete if the organ			Yes' on For	m 99	0 Part IV line	<u>-</u> 11a	See Form 990) Part	X lir	ie 10
Description of property			or other basis		Cost or other			(d) Bo		
		(a) Cost (inv	vestment)	(D	basis (other)	d d	Accumulated epreciation	(u) B0	ur va	lue
1 a Land										
b Buildings										
c Leasehold improvements										
d Equipment										
e Other		L	000 5 11		39,714.		22,974.			740.
Total. Add lines 1a through 1e. (Colum	nn (a) must e	quai Forn	n 990, Part X,	coium	п (В), IIne IUc.)			ula D /Carr		740.
BAA							Schedl	ile D (Fori	11 220	12019

Schedule D (Form 990) 2019 Drug Prevention Re	esources, Inc.	75-091	L1671 Page 3
Part VII Investments – Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
 (1) Financial derivatives			
(3) Other			
(A) (B)			
(C)			
(D) (E)			
(F)			
(<u>G)</u> (H)			
(I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►			
Part VIII Investments – Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered), Part IV, line 11d. See Form 9	
	scription		(b) Book value
(1) (2) Educational Supplies			566.
(3) Prepaid Expenses			1,833.
(4) Security Deposits			6,175.
(5)			
(6) (7)			
(7) (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	B) line 15.)	<u> </u>	8,574.
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 000 Part IV line 11	lo or 11f Soo Form 000 Part V line 25	
	iption of liability		(b) Book value
(1) Federal income taxes			(-)
(2)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10) (11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		•	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for			liability for uncertain

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

Schedule D (Form 990) 2019 Drug Prevention Resources, Inc. 75	-0911671	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 1,4	469,605.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3 1,4	469,605.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, , , , , , , , , , , , , , , , , , ,	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,4	469,605.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 1.6	603,741.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	,	
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3 1 6	603,741.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		50077111
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,6	603,741.
Part XIII Supplemental Information.		

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

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organizat or

Drug Prevention Resources, Inc.

Employer identification number 75-0911671

Form 990. Part III. Line 1 - Organization Mission

To create a drug-free generation through education, collaboration, innovation and advocacy. DPR unites students, families, and communities in a common desire to power change and flourish in positive, drug-free environments. DPR intends to transform the prevention field so that entire communities assume the mantle of leadership for steering children into adulthood substance-free. DPR does not treat drug abuse reactively, but provides evidence-based prevention. DPR has services that provide youth and families with the tools to stay healthy and drug-free, youth programs that work to build self-esteem, goal-setting and decision making skills in addition to educating students about the consequences of drug and alcohol use. DPR's community level programs, called impact communities, compliment this appproach by addressing community risk factors, such as the accessibility of alcohol and drugs, parental supervision, and community norms.

Form 990, Part VI, Line 11b - Form 990 Review Process

Once Form 990 is completed by those individuals responsible for its completion, an electronic copy is provided to every member of the board of directors for review.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Drug Prevention Resources asks every new board member to sign a conflict of interest agreement when they join the board. Conflict of interest agreements are reviewed and updated annually. Any board member who does not disclose a conflict of interest may be asked to resign.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The salaries of all employees, except the president/chief excecutive officer, and the assignment of their duties shall be determined by the president/CEO, subject to the rules of the finance comimittee.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

DPR places its annual independent audit on its website immediately upon the vote of approval by the board of directors and acceptance by its funders. All other governing documents and policies are available in the organization's office. The public is made aware of this through notifications on its website and in most, if not all, external communication.