

**NEIGHBORHOOD DEVELOPMENT FUND
Not-for-Profit Transmittal and Approval Form**

Applicant/Program: Exploited Children's Help Organization / General Operating

Executive Summary of Request:

The Exploited Children's Help Organization is requesting \$26,000 for General Operating Funds. ECHO focuses on Child Abuse issues and seeks to inform students, parents/guardians, staff, community partners and policy makers to ongoing child abuse & exploitation prevention awareness and programming.

Is this program/project a fundraiser?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this applicant a faith based organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does this application include funding for sub-grantee(s)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

25
District #


Council Member Signature

4,000.⁰⁰
Amount

8/9/16
Date

Primary Sponsor Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

Approved by:

Appropriations Committee Chairman

Date

Clerk's Office Only:

Request Amount: _____ Committee Amended Appropriation: _____

Original Appropriation: _____ Council Amended Appropriation: _____

Applicant/Program: Exploited Children's Help Organization / General Operating

Additional Disclosure and Signatures

Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

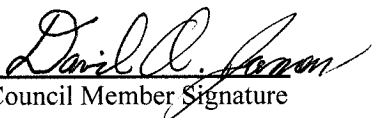


<u>15</u> District #	<u>Thaanaa Zulu</u> Council Member Signature	<u>\$500 -</u> Amount	<u>8/11/16</u> Date
<u>10</u> District #	<u>Ernie P. Marshall</u> Council Member Signature	<u>\$250.⁰⁰</u> Amount	<u>8/11/2016</u> Date
<u>21</u> District #	<u>Don Johnson</u> Council Member Signature	<u>\$1000</u> Amount	<u>8/11/2016</u> Date
<u>8</u> District #	<u>Tom Owen</u> Council Member Signature	<u>\$1000</u> Amount	<u>8/11/2016</u> Date
<u>24</u> District #	<u>Madonna Flood</u> Council Member Signature	<u>\$1000.⁰⁰</u> Amount	<u>8/11/2016</u> Date
<u>13</u> District #	<u>Vicki Aubrey Welch</u> Council Member Signature	<u>\$500.⁰⁰</u> Amount	<u>8/11/16</u> Date
<u>12</u> District #	<u>Rick Blahwell</u> Council Member Signature	<u>500</u> Amount	<u>8/11/16</u> Date

Applicant/Program: Exploited Children's Help Organization / General Operating

Additional Disclosure and Signatures

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List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

<u>6</u> District #	<u></u> Council Member Signature	<u>\$500.⁰⁰</u> Amount	<u>8/11/2016</u> Date
<u>2</u> District #	<u></u> Council Member Signature	<u>\$500.⁰⁰</u> Amount	<u>8/11/16</u> Date
<u>9</u> District #	<u></u> Council Member Signature	<u>\$1500.00</u> Amount	<u>8/11/16</u> Date
<u> </u> District #	<u> </u> Council Member Signature	<u> </u> Amount	<u> </u> Date
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<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>
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<u>District #</u>	<u>Council Member Signature</u>	<u>Amount</u>	<u>Date</u>

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION CHECKLIST

Legal Name of Applicant Organization: Exploited Children's Help Organization

Program Name and Request Amount: General Operating - \$26,000

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> • Kentucky Secretary of State? • Louisville Metro Revenue Commission? • Louisville Metro Government? • Internal Revenue Service? • Louisville Metro Human Relations Commission? 	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> N/A
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> N/A
Prepared by: 	Date: 8/8/2016



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION					
Legal Name of Applicant Organization: Exploited Children's Help Organization, Inc. <small>(as listed on: http://www.sos.ky.gov/business/records)</small>					
Main Office Street & Mailing Address: 1411 Algonquin Parkway, Louisville, KY 40210					
Website: echo-ky.org					
Applicant Contact:	Sandy Bowen	Title:	Board Member		
Phone:	502-228-0319	Email:	Sbowen0619@aol.com		
Financial Contact:	Mark Brown	Title:	Board Treasurer		
Phone:	502-635-6063	Email:	Mark.Brown@emeraldadvi		
Organization's Representative who attended NDF Training: Kendell Nash					
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED					
Program Facility Location(s):	Metro Louisville				
Council District(s):	1-26	Zip Code(s):	All		
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION					
PROGRAM/PROJECT NAME: Transforming our Communities					
Total Request: (\$)	\$26,000	Total Metro Award (this program) in previous year: (\$)	\$9250		
Purpose of Request (check all that apply):					
<input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)					
The Following are Required Attachments:					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> Signed lease if rent costs are being requested <i>rent met being requested</i> <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff </td> </tr> </table>				<input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense	<input checked="" type="checkbox"/> Signed lease if rent costs are being requested <i>rent met being requested</i> <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff
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For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.					
Source:	External Agency Funding	Amount: (\$)	\$4900		
Source:	NDF	Amount: (\$)	\$9250		
Source:		Amount: (\$)			
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

ECHO is a volunteer based organization dedicated to preventing and reducing the incidence and impact of child abuse by providing education, advocacy and support services to the children and families of Metro Louisville and surrounding areas.

Child abuse is a crime that silences victims. Most children don't know how to respond when they are victimized. Some don't even realize they are being abused because they have grown up with abuse a normal part of their lives. There are children who are suffering because they do not have the skills, knowledge, information and/or support to begin the process of healing. Our vision is for a child abuse free community. Identifying victims and preventing further victimization are the keys to breaking the cycle of abuse.

ECHO is the only organization educating and empowering children and adults on child abuse issues. Through Transforming Our Communities we engage students, parents/guardians, staff, community partners and policy makers in ongoing child abuse and exploitation prevention awareness and programming. We teach children all over Metro Louisville how to recognize warning signs, say 'no', get away, and tell someone any time they feel uncomfortable. We teach children and youth how to steer clear of online and real life predators, as well as inform parents, teachers, grandparents and other adults who work with children how to help keep their children safe. We also teach adults how to discuss safety with their children, and how to recognize and report abuse. We provide a much-needed service that helps identify—and prevent—child abuse and exploitation. We deliver this education in schools, churches, libraries, community centers and more.

Through the aforementioned prevention education and victim identification, as well as through networks and public communication, ECHO works to connect community members with the direct service programs we also offer:

- The Family Court Playroom that is staffed and operated by ECHO is located in the Family Court Division of the Justice building. Volunteers provide a nurturing environment to reduce anxiety for children whose families are involved in family court proceedings.
- Project Return: ECHO provides support to the Louisville Metro Police Missing Persons and Homicide Unit by coordinating communications between the LMPD and local organizations as well as creating missing children's posters for electronic distribution, in hopes of returning missing and runaway children to safety.
- Kids In Court: ECHO provides a court assimilation program for children and youth who have to testify and/or who have to interact with the court system as a secondary victim (e.g., children of incarcerated parents, children who witness domestic violence, children who are victims of sexual abuse, etc.)

The Exploited Children's Help Organization has been the only organization providing child abuse victim identification and court based direct services in support of youth in



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Transforming Our Communities (TOC) is a comprehensive public health outreach program and victim identification program designed to use primary prevention efforts to prevent child abuse and exploitation in Metro Louisville as well as to connect ECHO's other services with those who need them. We work with school administration, community leaders, churches, youth serving organizations, teachers, parents, grandparents, guardians and students on education, awareness and action around child abuse prevention and response.

This request is to provide general operating support for ECHO's work which will directly support outreach, victim identification and referrals for victims and their families to direct services throughout the community. According to the National Sexual Violence Resource Center's 2011 publication 'Child Sexual Abuse Prevention: Programs for Children' the most effective prevention programs involve multiple components such as: including children as physically active participants, combining techniques of modeling, group discussion, role playing, having multiple sessions, and incorporating parents into prevention efforts. ECHO has incorporated all of the previously listed best practices into our work influencing which curricula are selected, what audiences are targeted and how

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

This funding will support our general operating costs including rent, phone, in-town mileage, personnel, program consumables (handouts, backpacks, pens, etc.) office supplies (toner, pens, etc.), and the true cost of this program which includes: evaluation, data keeping, bookkeeping, insurances, materials for outreach, education, and direct service programming.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:

This is not a fundraiser.

D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

- Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):
- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
 - ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

- The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: Transforming Our Communities is designed to raise awareness through education and to create behavioral change and information sharing in developmentally appropriate ways to be suitable for all ages in all Louisville Metro Districts. ECHO will reach a minimum of 40 new organizations to strengthen collaboration and referral networks, 50,000 unduplicated children and 4500 unduplicated adults through this project this fiscal year.

ECHO uses pre- and post-tests to measure knowledge gained. (example attached)
ECHO is also currently designing some qualitative data collection in order to learn more about how our work serves our communities.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Please see attached document.



ECHO

Exploited Children's
Help Organization

Transforming Our Communities

Education

PACT in Action—PACT (Parkhill, Algonquin and California Teens) in Action is a teen dating violence prevention initiative of the Center for Women & Families and Kentucky One Health. It is a community-based, youth-led initiative focused on the Parkhill, Algonquin and California neighborhoods (the 40210 zip code).

The Portland Promise Center—a faith-based community center dedicated to helping Portland realize its potential—spiritually, socially, educationally, and economically

Portland Neighborhood House—a community center serving the neighborhood of Portland.

Hazelwood Elementary, Byck Elementary, Engelhard Elementary, Dawson Orman Early, Greenwood Elementary, Childhood Education, Young Elementary, Western Middle School, Atherton High School, The Academy at Shawnee —JCPS Schools

St. Xavier High School—Archdiocese of Louisville High School

The West End School and Collegiate—Private school in Louisville

Victim's Services

Rescue and Restore KY—a resource for information and education on human trafficking and in direct service provision for human trafficking survivors.

Maryhurst—a residential therapeutic treatment facility for girls.

Commonwealth Attorney's Office—prosecutes child sex abuse cases.

YMCA Safe Place—a facility for teens in crisis that also provides family support, temporary shelter, therapeutic services. We work broadly with the organization on Project Return.

YMCA Safe Place, YNOW—The Y-Now Children of Prisoners Program aids to break the cycle through mentoring, encouragement and support from adult role models. We work specifically with this program for Christie's Kids In Court.

Boys and Girls Haven—a residential facility for abused, neglected and abandoned children that provides stability, education and productive skills.

Coalition and Networks

Face It—Face It is a coalition created by Kosair Charities to end child abuse in 10 years.

Multi-Disciplinary Teams— The purpose of the Jefferson County Multidisciplinary Team shall be coordinate intervention so as to insure the immediate and future safety of the child victim, minimize potential or further trauma or re-victimization to children and families, assist in the



Transforming Our Communities

healing of the child victim, increase the quality of sexual and physical abuse investigations, and to facilitate efficient and appropriate disposition of cases through the criminal justice system

[See KRS 620.040 (7)(c)] while preserving and respecting the rights and obligations of each agency to pursue their respective mandates.

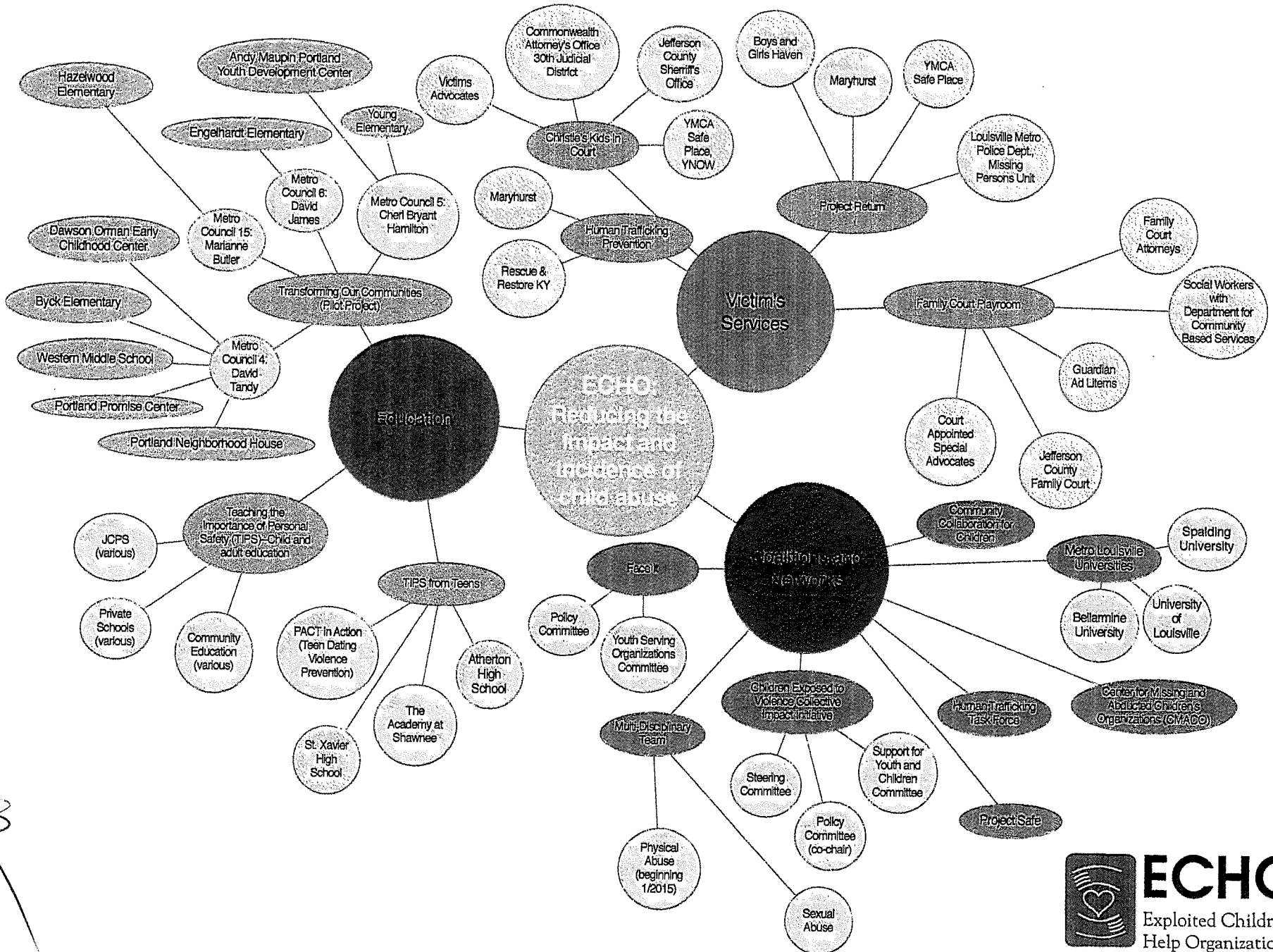
Children Exposed to Violence Collective Impact Initiative—The Collective Impact Initiative (CII) envisions a violence-free community. CII believes this vision can be realized through the development of high impact, research-driven, community-wide prevention and intervention strategies focused on children exposed to violence.

Human Trafficking Task Force—a statewide coalition of legal, social, advocacy, educational, and other organizations that come together to exchange information and collaborate on services.

Project Safe—The Project SAFE Network is a statewide, multidisciplinary collaboration dedicated to raising awareness, improving accessibility, and training to service providers and criminal justice professionals about sexual assault and domestic violence against individuals with disabilities.

Center for Missing and Abducted Children's Organizations (CMACO)—The Center for Missing and Abducted Children's Organizations (CMACO) is a membership organization dedicated to providing support to non-profits who serve families and communities of missing, abducted and exploited children. The goal of CMACO is to provide a platform for communication and collaboration between these organizations.

Community Collaboration on Children—a community-based service collaboration that educates, strengthens, and supports families to prevent child abuse and neglect. CCC empowers the family unit by promoting the safety, well being, strength and stability of children and families by teaching problem solving skills, appropriate discipline techniques, self sufficiency, and coordinating community resources.





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.


Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
A: Personnel Costs Including Benefits	7500	176215	183715
B: Rent/Utilities	0	7500	7500
C: Office Supplies	600	600	1200
D: Telephone	500	460	960
E: In-town Travel	2500	2500	5000
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	7720	0	7720
H: Program Materials	1964	12036	14000
I: Community Events & Festivals (Attach Detail List)	0	0	0
J: Small Equipment	200	0	200
K: Capital Equipment	0	0	0
L: Other Expenses (Attach Detail List)			
*TOTAL PROGRAM/PROJECT FUNDS	26,000	199,311	220,295
% of Program Budget	12 %	88 %	100%

List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	\$107,311
United Way	\$0
Private Contributions (do not include individual donor names)	\$92000
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
Total Revenue for Columns 2 Expenses **	\$199311

*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

**Must equal or exceed total in column 2.

klm 



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
Volunteers	\$3400	\$17/hour @ 200 hours
<i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i>	\$3400	See above

*** DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date:

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES

If YES, please explain:

ECHO did not receive two anticipated grants for FYE 2017 totalling \$22,500.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked.

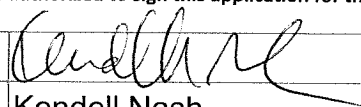
Standard Certifications

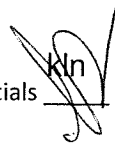
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 7 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		Date:	07/25/16
Legal Signatory: (please print):	Kendall Nash	Title:	Executive Director
Phone:	502-634-6063	Extension:	
Email:	kendell@echo-ky.org		





IRS Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Feb. 01, 2013 LTR 4168C E0
[REDACTED] 000000 00

00019345

BODC: TE

EXPLOITED CHILDRENS HELP
ORGANIZATION OF GREATER LOUISVILLE
ECHO
1500 POPLAR LEVEL RD STE 2
LOUISVILLE KY 40217-1357



011912

Employer Identification Number: [REDACTED]
Person to Contact: Tonya Morris
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 23, 2013, request for information regarding your tax-exempt status.

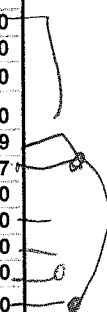
Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Position or Expense Category	Base Salary or Line Budget
#Marketing	\$ 2,000
Background Checks (fixed cost-\$22/each)	\$ 528
Retirement ED (6.44% of salary)	\$ 4,019
Cell phone reimbursement	\$ 960
Health Insurance ED	\$ 3,600
Health Insurance VSPM	\$ 2,400
**Health Insurance Educator	\$ 2,400
Transition costs (Search Consultant; Transition Consultant; ED severance)	\$ 15,000
**Professional Development	\$ 2,150
**Evaluation Consultant	\$ 1,200
**Program Consumables (paper, copy charge, etc.)	\$ 14,000
Total Direct OTPS	\$ 60,422
<i>Shared Expenses (allocated by FTE)</i>	
Internet service	\$ 1,800
#Supplies	\$ 1,200
#Website, Email, Social Media	\$ 1,200
Membership and Dues	\$ 350
D&O Insurance	\$ 569
General Liability	\$ 1,147
Postage (non development)	\$ 500
Payroll Services	\$ 2,120
Bookkeeper	\$ 5,600
Wireless Hotspot (hardware)	\$ 200
#Accountant's Compilation	\$ 1,500
<i>Shared Expenses (allocated by other method)</i>	
Office Space	\$ 7,500
Utilities	\$ -
Database	\$ 3,500
	\$ -
Total Shared OTPS	\$ 27,186
Total Budget by Program/Function	\$ 258,904
Percentage of Total Expenses	\$ 1



**Grant dependent
#room to maneuver

Position or Expense Category	Base Salary or Line Budget
1. Personnel Expenses	
Full Time	
Executive Director	\$ 62,400
Program Associate	\$ 32,500
Victim's Services and Program Manager	\$ 40,000
Total Full Time	\$ 134,900
Part Time	
Development Director	\$ -
Administrative Assistant (30hr/wk)	\$ 18,720
Total Part Time	\$ 18,720
TOTAL SALARIES	\$ 153,620
% of Total Salaries	
2. Fringe	
Salaries	\$ 134,900
Fringe for FULL TIME Staff	\$ 15,522
Salaries	\$ 18,720
Fringe for PART TIME Staff	\$ 2,154
3. Other Than Personal Service (OTPS)	
<i>Specific Expenses</i>	
Business Registration	\$ 15
Postage (Development)	\$ 700
Credit Card processing (multiple paypoints)	\$ 1,200
#TFP/P4P Upfront costs	\$ 5,000
MG meetings	\$ 250
Mileage	\$ 5,000
	\$ -
	\$ -
	\$ -

**Grant dependent
#room to maneuver

Income	Budget FYE 17	Line Item
Grants		
VOCA 1 (July, August, September 2016)	26750	
VOCA 2 (October 2016-June 2017)	80350	VOCA has large pool of new money available. We were advised by our finance officer to think big and ask for at least double of what we usually do. She suggested adding an additional program person. The caveat, as always with grants, is that it is not guaranteed beyond one year
Louisville Metro External Agency Funding	12000	We've gotten 4900 for several years in a row. We are currently in the Mayor's budget for \$12,000. That will not be confirmed or denied until 7/1/16.
Gheens	0	Gheen's is not an annual ask. They fund project specific, short-term things. ECHO's last asked for support for continuation of Development program support Gheen's declined to support.
CVTF (July, October, January, April)\$	25540	We got a slight increase in 2017 from 2016. Carried over same amount from 2016
Kosair 2016 (July 1/October 1, 2016)	12500	Grant awarded last year. Guaranteed amount.
Face IT (8 trainings @ \$500)	0	Face It will not be using ECHO for the D2L trainings per Terry Brooks
Kosair 2017 (Jan 1/April 1, 2017)	0	Did NOT receive Kosair this year
Kenucky Colonels	3500	ECHO has consistently gotten support for program materials at around \$3500/year
Humana Grant	TBD	Humana declined to invite ECHO to apply for funding in 2016
Healthy Hometown	TBD	
Church of the Epiphany	\$500	10% committee, don't ask for a specific amount, apply, if chose, get 10% of offering.
Younger Women's Club	0	Annual Ask, have declined support for ECHO in 2014, 15, and 16.
Give 502	0	Declined to support ECHO in 2016. Give 502 is a group of young philanthropists who donate and then
Neighborhood Development Fund	0	supporting ECHO out of their allotted money. Rolling
UPS	15000	Grant would be to support party for Prevention: TOC kickoff.

**Grant dependent
#room to maneuver

Community Shield	0	Did NOT receive Community Shield Grant
Brown Forman	2000	pARTy for Prevention ask to sponsor artists
Community Foundation	0	Annual capacity building grant....up to \$25,000
Individual Giving		
EOY Campaign (September back to school, October Mailing, Nov. live meetings, December phonathon, personal websites, recruit volunteers to fundraise)	\$ 10,000	
Spring Mailling (April, CAPM/May, MKD)	\$ 7,000	
Major Gift Asks	\$ 7,000	
Board/Staff Giving	\$ 2,600	
Events		
Taste for Prevention 2015 (in house?)	\$ 3,500	
pARTy for Prevention 2016	\$ 15,000	
Profit Share	\$ 2,000	
Beneficiary Events (e.g., jeans day, school fundraiser, house party, etc.)	\$ 2,700	
pARTy for Prevention 2016 (in kind support)	\$ 4,100	
TOTALS	\$ 232,040	TOTALS

**Grant dependent
#room to maneuver

ECHO Board of Directors

June 2016

Executive Committee

Cherie Dawson-Edwards, Chair
Professor, University of Louisville

Linda Engel, L.C.S.W- Vice President
Licensed Clinical Social Worker

Mark Brown, Treasurer
Emerald Advisors Group, LLC

Term 1: 2012-2015

Term 1: 2011-2014
Term 2: 2014-2017

Term 1: 2010-2013
Term 2: 2013-2016

Sandy Bowen, Immediate Past Chair
National Safe Place

Dylan Owens, Secretary
Principal, Greenwood Elementary

Term 1: 2011-2014
Term 2: 2014-2017

Term 1: 2013-2016

Board Members

Tom Wine
Commonwealth's Attorney

Alina Klimkina
Attorney, Dinsmore LLP

Peggy Perry
Republic Bank

Term 1: 2013-2016

Term 1: 2013-2016

Term 1: 2015-2018

Jonathan Powers
UPS Airlines

Term 1: 2015-2018

Exploited Children's Help Organization
Balance Sheet
June 30, 2016

ASSETS

Current Assets		
Cash - Republic Bank	\$	15,976.46
Money Market Account		123,573.42
Grants Receivable		8,000.00
<hr/>		
Total Current Assets		147,549.88
Property and Equipment		
Office Equipment		46,498.30
Library		9,855.59
Accumulated Depreciation		(55,658.53)
<hr/>		
Total Property and Equipment		695.36
Other Assets		
<hr/>		
Total Other Assets		0.00
<hr/>		
Total Assets	\$	<u>148,245.24</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	815.00
Accrued Payroll		3,720.01
Accrued Payroll Liabilities		219.05
<hr/>		
Total Current Liabilities		4,754.06
Long-Term Liabilities		
<hr/>		
Total Long-Term Liabilities		0.00
<hr/>		
Total Liabilities		4,754.06
Capital		
Equity-Retained Earnings		88,034.51
Net Income		55,456.67
<hr/>		
Total Capital		143,491.18
<hr/>		
Total Liabilities & Capital	\$	<u>148,245.24</u>

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public 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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 7/1/2014, and ending 6/30/2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization EXPLOITED CHILDREN'S HELP ORGANIZATION

Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1411 ALGONQUIN PARKWAY

City or town State ZIP code
LOUISVILLE KY 40210

Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number

E Telephone number
(502) 636-3670

G Gross receipts \$ 183,855

F Name and address of principal officer:
KENDELL NASH 1411 ALGONQUIN PARKWAY, LOUISVILLE, KY 40

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.ECHOLOU.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1983

M State of legal domicile: KY

H(c) Group exemption number ▶

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO REDUCE THE INCIDENCE AND IMPACT OF CHILD VICTIMIZATION THROUGH PUBLIC AWARENESS, EDUCATION AND PREVENTION PROGRAMS, PARENT SUPPORT SERVICES AND PROGRAMS THAT PROVIDE A FORUM FOR VOLUNTEERISM AND COMMUNITY INVOLVEMENT.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	151,516	160,804
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	91	90
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,073	18,335
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,680	179,229
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	139,117	163,142
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>7,719</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	60,659	46,684
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	199,776	209,826	
19	Revenue less expenses. Subtract line 18 from line 12	-31,096	-30,597	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	122,482	98,435
	21	Total liabilities (Part X, line 26)	3,850	10,400
	22	Net assets or fund balances. Subtract line 21 from line 20	118,632	88,035

Part II Signature Block

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

Sign Here

Signature of officer: KENDELL NASH Date: 2/15/2016
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: STEPHANIE REESE Preparer's signature: Stephanie Reese Date: 2/15/16 Check if self-employed PTIN: [REDACTED]
 Firm's name: STEPHANIE REESE CPA Firm's EIN: [REDACTED]
 Firm's address: 2400 FAULSVIEW RD, LOUISVILLE KY Phone no.:

May the IRS discuss this return with the preparer shown above? (see instructions) 40207 Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO REDUCE THE INCIDENCE AND IMPACT OF CHILD VICTIMIZATION THROUGH PUBLIC AWARENESS, EDUCATION AND PREVENTION PROGRAMS, PARENT SUPPORT SERVICES AND PROGRAMS THAT PROVIDE A FORUM FOR VOLUNTEERISM AND COMMUNITY INVOLVEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] No 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.

4a (Code:) (Expenses \$ 175,620 including grants of \$) (Revenue \$) This year ECHO piloted a new public health model to deliver our child abuse victim identification and prevention programs. ECHO served over 7,800 children in child abuse prevention education, over 300 adults within schools and communities, on how to recognize, report and prevent child abuse. Through all of our programs, ECHO served over 14,500 children + families, through 2700 volunteer hours, with more than 30 partner agencies.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 175,620

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		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		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		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		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)		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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, and various tax compliance requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: KENDALL NASH (502) 636-3670 1411 ALGONQUIN PARKWAY, LOUISVILLE, KY 40210

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 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENDELL NASH EXECUTIVE DIRECTOR	40.00 0.00	X					60,000			
(2) CHERI DAWSON-EDWARDS CHAIR	3.00 0.00			X						
(3) LINDA ENGEL VICE PRESIDENT	3.00 0.00			X						
(4) DYLAN OWENS SECRETARY	2.00 0.00			X						
(5) MARK BROWN TREASURER	2.00 0.00			X						
(6) SANDY BOWEN PAST CHAIR	2.00 0.00			X						
(7) TOM WINE MEMBER	1.00 0.00									
(8) ALINA KLIMKINA MEMBER	1.00 0.00									
(9) PEGGY PERRY MEMBER	1.00 0.00									
(10) JONATHAN POWERS MEMBER	1.00 0.00									
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							60,000	0	0	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							60,000	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	0				
	1b	Membership dues	0				
	1c	Fundraising events	10,669				
	1d	Related organizations	0				
	1e	Government grants (contributions)	131,347				
	1f	All other contributions, gifts, grants, and similar amounts not included above	18,788				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f	160,804				
				Business Code			
Program Service Revenue	2a	-----	0				
	b	-----	0				
	c	-----	0				
	d	-----	0				
	e	-----	0				
	f	All other program service revenue	0				
	g	Total. Add lines 2a-2f	0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	90				
	4	Income from investment of tax-exempt bond proceeds	0				
	5	Royalties	0				
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	0				
	c	Rental income or (loss)	0				
	d	Net rental income or (loss)	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0			
			(ii) Other	0			
				0			
				0			
	b	Less: cost or other basis and sales expenses	0				
	c	Gain or (loss)	0				
d	Net gain or (loss)	0					
8a	Gross income from fundraising events (not including \$ 22,961 of contributions reported on line 1c). See Part IV, line 18	22,961					
b	Less: direct expenses	4,626					
c	Net income or (loss) from fundraising events	18,335					
9a	Gross income from gaming activities. See Part IV, line 19	0					
b	Less: direct expenses	0					
c	Net income or (loss) from gaming activities	0					
10a	Gross sales of inventory, less returns and allowances	0					
b	Less: cost of goods sold	0					
c	Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue			Business Code				
11a	-----						
b	-----						
c	-----						
d	All other revenue						
e	Total. Add lines 11a-11d	0					
12	Total revenue. See instructions	179,229	0	0	0		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	62,415	43,691	12,483	6,241
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	76,862	68,791	7,302	769
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	12,513	11,199	1,188	126
10 Payroll taxes	11,352	10,160	1,078	114
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	5,907	5,287	561	59
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,218	3,775	401	42
12 Advertising and promotion	0			
13 Office expenses	1,573	1,405	150	18
14 Information technology	3,598	3,220	342	36
15 Royalties	0			
16 Occupancy	11,000	9,845	1,045	110
17 Travel	4,014	3,592	381	41
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	420	376	40	4
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	4,524	4,049	430	45
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Telephone and internet	3,057	2,736	290	31
b Bank charges	1,745	1,562	166	17
c Program materials	6,083	5,445	578	60
d Memberships and dues	349	312	33	4
e All other expenses	196	175	19	2
25 Total functional expenses. Add lines 1 through 24e	209,826	175,620	26,487	7,719
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	68,388	1	13,320
	2 Savings and temporary cash investments	46,003	2	75,996
	3 Pledges and grants receivable, net	7,141	3	9,119
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	950	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,499		
	b Less: accumulated depreciation	10b 55,499	10c	0
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	122,482	16	98,435	
Liabilities	17 Accounts payable and accrued expenses	3,850	17	7,982
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	2,418
	26 Total liabilities. Add lines 17 through 25	3,850	26	10,400
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	118,632	27	88,035
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	118,632	33	88,035	
34 Total liabilities and net assets/fund balances	122,482	34	98,435	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,826
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,597
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,632
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 in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	88,035

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2014

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **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**.
 - 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**.
 - 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**.
 - d **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**.
 - e 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.
 - f Enter the number of supported organizations 0
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	227,388	200,503	228,155	151,516	160,804	968,366
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	227,388	200,503	228,155	151,516	160,804	968,366
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.						968,366

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	227,388	200,503	228,155	151,516	160,804	968,366
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				91	90	181
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.)	6,905	21,428	15,708	17,073	18,335	79,447
11 Total support. Add lines 7 through 10						1,047,994
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	92.40%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	93.68%
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.00%

- 19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (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 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) 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 in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>	
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a		Yes	No
	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? <i>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.</i>		
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? <i>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.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0
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	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2014 distributable amount			0
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2014 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2014 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		0	
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			0
7 Excess distributions carryover to 2015. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013	0		
e Excess from 2014	0		



Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Area with horizontal dashed lines for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2014

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

EXPLOITED CHILDREN'S HELP ORGANIZATION

Employer identification number

[REDACTED]

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

EXPLOITED CHILDREN'S HELP ORGANIZATION

Employer identification number



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
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

EXPLOITED CHILDREN'S HELP ORGANIZATION

Employer identification number

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 information once. See instructions.) ▶ \$ 0

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | 0 |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
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	0	0	0	0	0

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	55,499	55,499	0
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	2,418
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,418

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
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	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
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.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	0

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

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

1	Total expenses and losses per audited financial statements			1	
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	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	0

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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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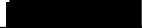
Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Taste for Prevention (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	22,961	0	22,961
	2	Less: Contributions		0	0
	3	Gross income (line 1 minus line 2)	22,961	0	22,961
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs		0	0
	7	Food and beverages		0	0
	8	Entertainment		0	0
	9	Other direct expenses	4,626	0	4,626
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				18,335

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue			0	
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- _____
- _____
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
- b If "Yes," explain: _____
- _____
- _____



- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | | |
|---|---------------------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0 .
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2014

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION

Form 990, Part III, Line 4a: Please see attachments for description of ECHO programs and
activities

Form 990, Part VI, Section B, Line 11b: A copy of the Form 990 is distributed to the Finance
Committee of the governing board for their review and comment prior to filing

Form 990, Part VI, Section B, Line 12c: The Board of Directors and Executive Director review
the conflict of interest policy on an annual basis at a meeting of the Board of Directors

Form 990, Part VI, Section B, Line 15: The Personnel Committee of the Board of Directors
approves compensation. The Personnel Committee also periodically compares the level of pay
with information provided by the Louisville Center for Non-Profit Excellence.

Form 990, Part VI, Section C, Line 19: The organization makes its governing documents and
financial statements available to the public upon request.

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION



Area with horizontal dashed lines for supplemental information.



Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns		
2	Membership dues		
3	Fundraising events	10,669	
4	Related organizations		
5	Government grants (contributions)	131,347	
6	All other contributions, gifts, grants, and similar amounts not included above:		
		18,788	
	Other contributions total	18,788	0
7	Total	160,804	0

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Grants Receivable	7,141	9,119		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11	Total pledges and grants receivable	7,141	9,119	0	0



Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

							Total:	55,499	55,499	55,499	0	0	0
Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1 EQUIPMENT				X				45,643	45,643	45,643		0	0
2 LIBRARY				X				9,856	9,856	9,856		0	0



Part X, Line 25 (990) - Other Liabilities

		Total:	0	2,418
		Description	Beginning	End
1	Federal income taxes		0	2,418
2				

AUG 29 1993

ARTICLES OF INCORPORATION

OF

EXPLOITED CHILDREN'S HELP ORGANIZATION - ~~GREATER LOUISVILLE~~ INC.

[Signature]
SECRETARY OF STATE
7/7/93

The following Articles of Incorporation of the Exploited Children's Help Organization - ~~Greater Louisville~~ Inc. are executed and filed pursuant to Chapter 273, Kentucky Revised Statutes, Sections 501(c) (3) and 509(a) (1), (2), or (3), of the Internal Revenue Code of 1954 as revised.

Article I. The name of the Corporation shall be EXPLOITED CHILDREN'S HELP ORGANIZATION ~~GREATER LOUISVILLE~~ INC.

Article II. The Corporation's duration is perpetual.

Article III. The place in this state where the principal office of the Corporation is to be located is the City of Louisville, Jefferson County.

Article IV. The purposes for which the Corporation is authorized to pursue are not for profit but to promote the cause of the protection of children from exploitation, victimization and abuse; to solicit, receive, hold and disburse gifts, bequests and other funds for said purposes and to do all things necessary and incident thereto.

Said corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law).

Article V. The number of Directors constituting the Corporation's Board of Directors shall be five (5). Its initial Board of Directors shall be three (3):

Address same as Art VIII

Rosie Norris, Chairperson
County Extension Agent for 4-H
1204 S. Third Street, Suite B
Louisville, KY 40203

Pat Randolph, Vice Chairperson
10007 Prairie Drive
Louisville, KY 40272

Jan Mooney, Treasurer
8825 Roman Court
Louisville, KY 40291

Article VI. The Corporation shall have all the powers granted it under KRS 273.171 provided, however, that no part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article IV hereof.

No substantial part of the activities of the corporation shall be the carrying on of propoganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal income tax under section 501(c) (3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law) or (b) by a corporation, contributions to which are deductible under section 170(c) (2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

The Corporation may do any and all things incidental to, necessary, useful, or desirable which the Corporation may lawfully do in furtherance of the fore-

going powers and purposes.

Article VII. Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively, for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article VIII. The address of the Corporation's registered office shall be 1204 S. Third Street, Suite B, Louisville, KY 40203, and the name of its Registered Agent at such address shall be Rosie Norris, Chairperson.

Article IX. The names and addresses of the incorporators are Rosie Norris, Chairperson, 1204 S. Third Street, Suite B, Louisville, KY 40203, Pat Randolph, Vice Chairperson, 10007 Prairie Drive, Louisville, KY 40272, and Jan Mooney, Treasurer, 8825 Roman Court, Louisville, KY 40291.

IN WITNESS WHEREOF, the Incorporators have signed triplicate originals of these Articles of Incorporation on this 30th day of June, 1983.

income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provisions of any future United States Internal Revenue Law).

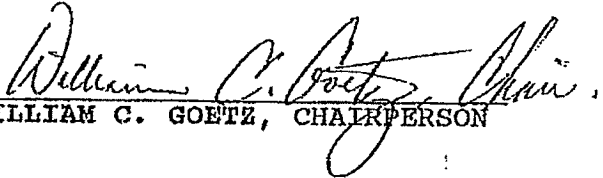
The corporation may do any and all things incidental to, necessary, useful, or desirable which the corporation may lawfully do in furtherance of the foregoing powers and purposes.

The corporation shall have all the powers granted it under KRS 273.171; provided, however, that no part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance set forth in Article 4 hereof.

Notwithstanding any other provisions of these Articles, the corporation should not carry on any other activities not permitted to be carried on (a) by a corporation exempt from the Federal Income Tax Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

The corporation may do any and all things incidental to, necessary, useful, or desirable which the corporation may lawfully do in furtherance of the foregoing powers and purposes.

The Amendment was adopted on July 20, 1993, with the Board of Directors casting a unanimous vote of approval.


WILLIAM C. GOETZ, CHAIRPERSON

A127557

Document No: 1993127557
Lodged By: GOETZ
Recorded On: Sep 28, 1993 10:58:20 A.M.
Total Fees: \$5.50
County Clerk: Rebecca Jackson
Deputy Clerk: SHERRI

END OF DOCUMENT³

57

STATEMENT OF COMPLIANCE WITH NON-DISCRIMINATORY PRACTICES
IN BOARD MEMBERSHIP AND EMPLOYMENT PROCEDURES

E.C.H.O. FOLLOWS NON-DISCRIMINATORY PRACTICES IN REGARD TO RACE, CREED
AND SEX IN THE SELECTION OF BOARD MEMBERS AND WILL ADHERE LIKEWISE IN
THE HIRING OF THE FUTURE AND PRESENT EMPLOYEE.

ROSIE NORRIS, CHAIRPERSON

WITNESSED BY:

DATE

Gay H. Lowe

EXPLOITED CHILDREN'S HELP ORGANIZATION

BOARD OF DIRECTORS

August 1986

CHAIRPERSON: Rosie Norris -- 4H Youth Director
1204 South Third Street
Louisville, Kentucky 40202

Home: 491-0238
Work: 637-8761

VICE-CHAIRPERSON: Phil Locke -- Principal, Smyrna Elementary
8610 Farmsfield Court
Louisville, Kentucky 40299

Home: 491-3387
Work: 454-8329

SECRETARY: Nancy Beck -- YMCA Shelter House
Project Safe Place
1410 S. First Street
Louisville, Kentucky 40208

Home: 423-9203
Work: 635-5233

TREASURER: Paula Lombard -- Benefits Analyst
Johnson and Higgins
316 Bramton Road
Louisville, Kentucky 40207

Home: 897-2252
Work: 568-9300

MEETING DIRECTOR: Lucy Callahan -- Office Director
Holy Trinity School
2915 Abigail Drive
Louisville, Kentucky 40205

Home: 456-9356
Work: 897-2785

Rosie Norris
ROSIE NORRIS

Pat Randolph
PAT RANDOLPH

Jan Mooney
JAN MOONEY

STATE OF KENTUCKY)
) SS:
COUNTY OF JEFFERSON)

The foregoing instrument was acknowledged before me by Rosie Norris,
Pat Randolph, and Jan Mooney on this 30th day of June, 1983.

My commission expires March 28, 1984

John B. Faber
Notary Public

THIS INSTRUMENT WAS PREPARED BY:

Ernest E. Allen
ERNEST E. ALLEN
Attorney at Law
609 W. Jefferson Street
Louisville, KY 40202

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <u>Exploited Children's Help Organization, Inc.</u></p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification; check only one of the following seven boxes:</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____</p> <p>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <u>Non-profit, tax exempt 501(c)3</u></p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p>5 Address (number, street, and apt. or suite no.) <u>1411 Algonquin Pkwy</u></p> <p>6 City, state, and ZIP code <u>Louisville, Ky 40210</u></p>	<p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or				
Employer identification number				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ <u>Kendall D. [Signature]</u>	Date ▶ <u>7/14/16</u>
------------------	--	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



4 You to Know: Telling our Stories
6th-8th graders
Middle School Programs
 Pre-Survey/Post Survey

Training Date:	School:
Circle the answer you would give to the following statements. There are no right or wrong answers and your answers are confidential.	

1. I know that if I don't like how someone is touching me anywhere on my body that I can say NO.

Agree	Disagree	Not Sure
-------	----------	----------

2. I know that adults or peers do not have the right to touch my anywhere on body without my permission.

Agree	Disagree	Not Sure
-------	----------	----------

3. I know that family members and family friends do not have the right to touch me or make me feel uncomfortable.

Agree	Disagree	Not Sure
-------	----------	----------

4. I know how to listen to my inner voice and follow my feelings to help keep me safe in my interactions with others.

Agree	Disagree	Not Sure
-------	----------	----------

5. I know that there are some adults and kids in this community that will trick kids in order to abuse them.

Agree	Disagree	Not Sure
-------	----------	----------

6. I know that if someone did abuse me or touch me in an uncomfortable way that it is not considered my fault.

Agree	Disagree	Not Sure
-------	----------	----------

7. I feel comfortable going to at least one adult in my life if I feel scared, confused, sad, or uncomfortable about something.

Agree	Disagree	Not Sure
-------	----------	----------

8. I can name at least one place that I consider safe where I can go if I feel scared, confused, sad or uncomfortable about something.

Agree	Disagree	Not Sure
-------	----------	----------

9. I feel comfortable talking about my body and my sexuality with at least one adult I trust in my life.

Agree	Disagree	Not Sure
-------	----------	----------

10. I feel comfortable saying no to my friends and even adults if they ask me to break a safety rule or to keep a secret that doesn't feel right.

Agree	Disagree	Not Sure
-------	----------	----------

After the Presentation...

1. I learned...

2. I feel more comfortable...

Today you learned a lot of important information in this presentation. You might still have questions we didn't get to or that you didn't feel comfortable asking during the presentation.

Please use the space below to share any comments about how you feel after the presentation or questions you would like to ask someone from ECHO.

Visit our website if you ever want to call us or leave us a message with your name or way to contact you.



Child Abuse & Neglect Awareness
 Training for
Parents, Guardians, and Foster Parents
 "Everybody Has a Role"
 Pre-Survey/Post Survey

Training Date:	School:
Circle the appropriate response on the rating scale that best fits your <u>CURRENT KNOWLEDGE BASE</u> for each statement listed.	

1. Knowledge of age appropriate sexual behaviors and children's sexual health development:

Excellent	Above Average	Average	Below Average	Very Poor
-----------	---------------	---------	---------------	-----------

2. Understanding of the basic do's and don'ts of how to respond when a child chooses to disclose abuse or neglect that has happened or is happening in their life:

Excellent	Above Average	Average	Below Average	Very Poor
-----------	---------------	---------	---------------	-----------

3. Your ability to recognize signs of physical abuse:

Excellent	Above Average	Average	Below Average	Very Poor
-----------	---------------	---------	---------------	-----------

4. Your ability to recognize signs of sexual abuse:

Excellent	Above Average	Average	Below Average	Very Poor
-----------	---------------	---------	---------------	-----------

5. Awareness of legal obligations under current state laws associated with reporting suspected child abuse or child neglect:

Excellent	Above Average	Average	Below Average	Very Poor
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6. Familiarity with the suggested procedures to follow in order to report suspected child abuse or child neglect:

Excellent	Above Average	Average	Below Average	Very Poor
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7. The various risk factors that can increase the likelihood of child abuse or child neglect occurring in a child's life:

Excellent	Above Average	Average	Below Average	Very Poor
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Circle the appropriate response on the rating scale that best fits your current COMFORT LEVEL for each statement listed.

8. Responding to a suspected incident of child abuse or child neglect:

Good	Fair	Poor
------	------	------

9. Talking to other adults (family members, teachers, coaches, faith leaders, etc.) about child abuse prevention:

Good	Fair	Poor
------	------	------

10. Having conversations with your child/children about child abuse and child neglect:

Good	Fair	Poor
------	------	------

11. Taking necessary action steps to reduce the likelihood children will be victims of child abuse (asking about policies at youth serving organizations, setting parental controls on media, setting boundaries, etc.) :

Good	Fair	Poor
------	------	------

Open-Ended Post Survey Questions. Your Brief Feedback is Greatly Appreciated!

1. How will you apply the knowledge you gained today in your efforts to prevent and respond to child abuse and child neglect?
2. What information within the training today do you feel was most valuable?
3. If you could wave a magic wand and eliminate one barrier you face as a parent or guardian in relation to preventing child abuse and neglect, what would that be?
4. As you leave today, are there topic areas you want more information about? If so please list.
5. Lastly, Please provide any other comments about the training and the information provided today.

THANK YOU!

The role of parents and guardians in preventing and responding to child abuse and neglect is truly important and it is our hope that after today's training you are better equipped to do that.

Please visit our website for continuing...ECHO is here to... and we sincerely appreciate your time and applaud your dedication to the children in our community.

Executive Director—Kendell Nash (through 7/31/16)--\$62,400

Program Manager and Victim's Services—Leigh Ann Yost--\$32,500

Program Assistant—vacant

Administrative Assistant--vacant



ECHO Education

Thank you to our partners in transforming
our communities:



Contact ECHO to schedule your programming today!

Visit www.echo-ky.org, email our program staff at

programs@echo-ky.org.

The Exploited Children's Help Organization is dedicated to preventing and reducing the incidence and impact of child abuse by providing education, advocacy, and support services to the children and families of Metro Louisville.



Tips for Finding Child Care



The following tips are designed to help you find the best child care for your child. Remember, the best child care is the one that is right for your child and your family.

1. **Start Early.** Begin your search for child care as soon as you can. This will give you more time to research and compare different options.

2. **Ask for Recommendations.** Talk to friends, family, and neighbors who have children in child care. They can provide valuable insights and referrals.

3. **Check the License.** Make sure the child care provider is licensed and meets all state requirements. You can check the license status on the state's website.

4. **Visit the Facility.** Schedule a tour of the child care center or home. Look for a clean, safe, and stimulating environment. Ask to see the children and talk to the staff.

5. **Check the Staff.** Find out about the staff's qualifications, including their education, training, and experience. Ask to see the staff's background checks.

6. **Check the Curriculum.** Find out what the child care program offers. Look for a curriculum that is age-appropriate and promotes learning and development.

7. **Check the Hours.** Make sure the child care program's hours match your family's needs. Some programs offer flexible hours or part-time care.

8. **Check the Cost.** Find out how much the child care program costs. Some programs offer financial assistance or sliding scale fees.

9. **Check the Location.** Make sure the child care program is convenient for you. Consider the location, parking, and transportation options.

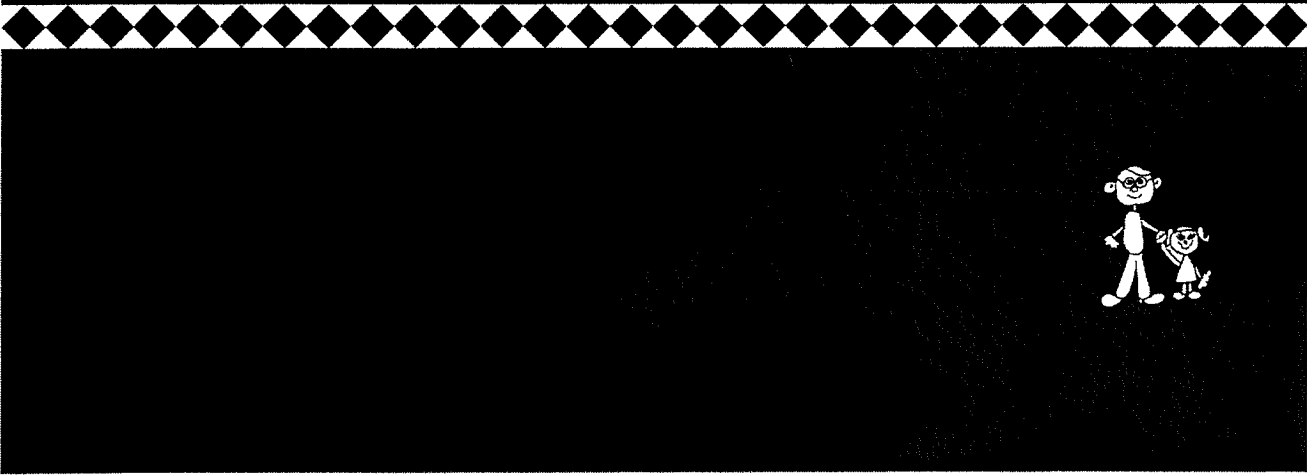
10. **Check the Reviews.** Look for reviews and ratings from other parents. This can help you get a sense of the program's quality and reputation.





Committing to a Child Care Provider:

- Go back to the facility to officially sign up and fill out the necessary paperwork. Ensure that all emergency contact information for you, a spouse, and any other family members are given to the provider at this time.



Brought to you by:

www.echo-ky.org
502-636-6063



1411 Algonquin Parkway
Louisville, Kentucky 40210

ECHO is a volunteer-based organization dedicated to preventing and reducing the incidence and impact of child abuse by providing education, advocacy and support services to the children and families of Metro Louisville and surrounding areas. Through our guiding values, ECHO creates a network of **hope** for children and families: through **education** we create awareness; with **compassion** we provide **support**; through **advocacy** we empower the **voices** of children and seek to create a stronger and **safer** community.

This information was obtained in part from
The National Center for Missing and Exploited Children.

EXPLOITED CHILDREN'S HELP ORGANIZATION, INC.**General Information**

Organization Number	0181105
Name	EXPLOITED CHILDREN'S HELP ORGANIZATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	8/29/1983
Organization Date	8/29/1983
Last Annual Report	3/31/2016
Principal Office	1411 ALGONQUIN PARKWAY LOUISVILLE, KY 40210
Registered Agent	KENDELL L. NASH 1411 ALGONQUIN PKWY BRIDGES OF HOPE LOUISVILLE, KY 40210

Current Officers

President	Cherie Dawson-Edwards
Vice President	Linda Engel
Secretary	Dylan Owens
Treasurer	Mark Brown
Director	Peggy Perry
Director	Jonathan Powers
Director	Alina Klimkina
Director	Tom Wine
General Partner	Sandy Bowen

Individuals / Entities listed at time of formation

Director	ROSIE NORRIS
Director	IAN MOONEY
Director	PAT RANDOLPH
Incorporator	IAN MOONEY
Incorporator	ROSIE NORRIS
Incorporator	PAT RANDOLPH

Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

[Registered Agent](#)

3/31/2016 10:33:12

1 page

[PDF](#)

name/address change	AM			
Principal Office Address Change	3/31/2016 10:24:44 AM	1 page	PDF	
Annual Report	3/31/2016	1 page	PDF	
Annual Report	6/17/2015	1 page	PDF	
Annual Report	4/18/2014	1 page	PDF	
Registered Agent name/address change	2/4/2013 11:15:27 AM	1 page	PDF	
Annual Report	2/4/2013	1 page	PDF	
Annual Report	2/8/2012	1 page	tiff	PDF
Annual Report	5/4/2011	2 pages	tiff	PDF
Annual Report	5/20/2010	1 page	tiff	PDF
Annual Report	2/26/2009	2 pages	tiff	PDF
Annual Report	3/25/2008	1 page	tiff	PDF
Annual Report	1/17/2007	1 page	tiff	PDF
Annual Report	4/5/2006	2 pages	tiff	PDF
Annual Report	4/26/2005	1 page	tiff	PDF
Annual Report	6/23/2003	1 page	tiff	PDF
Annual Report	5/22/2002	1 page	tiff	PDF
Annual Report	6/26/2001	1 page	tiff	PDF
Annual Report	7/7/2000	1 page	tiff	PDF
Statement of Change	7/28/1999	1 page	tiff	PDF
Annual Report	7/22/1999	2 pages	tiff	PDF
Annual Report	7/7/1998	2 pages	tiff	PDF
Reinstatement	1/9/1998	2 pages	tiff	PDF
Statement of Change	1/9/1998	2 pages	tiff	PDF
Administrative Dissolution	11/3/1997	1 page	tiff	PDF
Sixty Day Notice Return	9/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1997	1 page	tiff	PDF
Annual Report	7/1/1996	1 page	tiff	PDF
Annual Report	7/1/1995	2 pages	tiff	PDF
Annual Report	7/1/1994	2 pages	tiff	PDF
Amendment	9/14/1993	4 pages	tiff	PDF
Statement of Change	6/21/1993	1 page	tiff	PDF
Reinstatement	6/21/1993	2 pages	tiff	PDF
Administrative Dissolution	11/10/1989	1 page	tiff	PDF
Administrative Dissolution Return	11/10/1989	2 pages	tiff	PDF
Sixty Day Notice	9/1/1989	1 page	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF
Annual Report	7/1/1984	1 page	tiff	PDF
Articles of Incorporation	8/29/1983	5 pages	tiff	PDF
Articles of Incorporation	8/29/1983	5 pages	tiff	PDF

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
Annual report	3/31/2016	3/31/2016	

Registered agent address change	10:45:10 AM 3/31/2016 10:33:12 AM	10:45:10 AM 3/31/2016 10:33:12 AM
Principal office change	3/31/2016 10:24:44 AM	3/31/2016 10:24:44 AM
Annual report	6/17/2015 1:14:35 PM	6/17/2015 1:14:35 PM
Annual report	4/18/2014 6:56:50 AM	4/18/2014 6:56:50 AM
Annual report	2/4/2013 11:20:58 AM	2/4/2013 11:20:58 AM
Registered agent address change	2/4/2013 11:15:27 AM	2/4/2013 11:15:27 AM
Annual report	2/8/2012 3:34:57 PM	2/8/2012
Annual report	5/4/2011 12:22:42 PM	5/4/2011
Annual report	5/20/2010 3:22:42 PM	5/20/2010
Annual report	2/26/2009 3:58:41 PM	2/26/2009
Annual report	3/25/2008 11:43:12 AM	3/25/2008
Annual report	1/17/2007 11:25:14 AM	1/17/2007
Annual report	4/5/2006 11:23:34 AM	4/5/2006
Registered agent address change	7/28/1999	7/28/1999
Principal office change	6/11/1999	6/11/1999
Reinstatement	1/9/1998	1/9/1998
Registered agent address change	1/9/1998	1/9/1998
Principal office change	1/9/1998	1/9/1998
Admin Dis. A. report not in	11/3/1997	11/3/1997
Amendment previous name	9/14/1993	9/14/1993

[EXPLOITED CHILDREN'S
HELP ORGANIZATION -
GREATER LOUISVILLE,
INC.](#)

Microfilmed Images

Microfilm images are not available online. They can be ordered by faxing a [Request For Corporate Documents](#) to the Corporate Records Branch at 502-564-5687.

Annual Report	4/19/2005	1 page
Annual Report	7/29/2004	2 pages
Annual Report	6/23/2003	1 page
Annual Report	5/22/2002	1 page
Annual Report	6/26/2001	1 page
Annual Report	7/7/2000	1 page
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