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

Applicant/Program: Exploited Children's Help Organization/ Transforming our Communities **Executive Summary of Request:** The Exploited Children's Help Organization is requesting \$26,000 for their Transforming Our Communities Program as well as 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? Yes Is this applicant a faith based organization? Yes Does this application include funding for sub-grantee(s)? Yes 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. Primary Sponsor Signature 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:

Committee Amended Appropriation:

Council Amended Appropriation:

Original Appropriation:

Request Amount:

Applicant/Program: Exploited Children's Help Organization/Transforming our Communities

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.

District #	Council Member Signature	500.00 Amount	7/30/15 Date
13 District #	Vicki Oubrey Wolch Council Member Signature	#500 00 Amount	7/30/15 Date
District #	Council Member Signature	\$ 500.€ Amount	7/30/15 Date
Z District #	Darban Menkleri Council Member Signature	# 500, 00 Amount	7/30/15 Date
District #	Souncil Member Signature	500.00 Amount	7/30/15 Date
15 District #	Council Member Signature	# 500 - Amount	7-30-17 Date
District #	Council Member Signature	Amount	7 · 3 » · (3- Date
	,		

Applicant/Program: Exploited Children's Help Organization/Transforming our Communities

Additional Disclosure and Signatures

Additional	Council	Office	Discl	osure
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District #	Council Member Signature	/PDD — Amount	<u>4/30/15</u> Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date



		SEC	TION 1 – APPLIC	ANT INFORMATION		
Legal Name of Applica	nt Organi	zation:	Exploited	Children's Help (Organization, Inc.	
(as listed on: http://www.so.			ords)	avel Dood Cuite	2 Laujavilla KV 40217	
Main Office Street & N		ldress:	1500 Popiar i	_ever Road, Suite	e 2 - Louisville, KY 40217	
Website: echo-ky.or		77 K 1 1			Everythy Director	
Applicant Contact:		II Nasl		Title:	Executive Director	
Phone:	, ,	36-36		Email:	Kendell@echo-ky.org	
Financial Contact:	_	Ann Yo		Title:	Development Assistant	
Phone:		36-367		Email:	Leighann@echo-ky.org	
Organization's Represe	entative v	who atte	nded NDF Traini	_{ng:} Kendell Nash		
GEOGI	RAPHICA	L AREA(S) WHERE PROGR	AM ACTIVITIES ARE (WILL BE) PROVIDED	
Program Facility Locat	ion(s):	Metro	Louisville			
Council District(s):		1-26		Zip Code(s):	All	
	SECTIO	ON 2 – P	ROGRAM REQUE	ST & FINANCIAL INFO	PRMATION	
PROGRAM/PROJECT N	IAME: Tr	ansfor	ming our Cor	nmunities		
Total Request: (\$)	\$26,00	00	Total Metro Av	vard (this program) ir	previous year: (\$) \$0	
Purpose of Request (cl	heck all t	hat apply	/):			
Operating Fu	ınds (gen	erally car	not exceed 33%	of agency's total oper	rating budget)	
Programming	g/service:	s/events	for direct benefi	t to community or qua	alified individuals	
Capital Proje	ct of the	organiza	tion (equipment,	furnishing, building, e	etc)	
The Following are Req	uired Att	achmen	ts:	d.		
IRS Exempt Status Det	erminatio	n Letter		Signed lease if rent	costs are being requested	
Current Year Projecte				IRS Form W9		
List of Board of Direct		de term &	term limits	Evaluation forms if used in the proposed program		
Current financial state				Annual audit (if required by organization)		
Most recent IRS Form		.20-H		Faith Based Organization Certification Form, if required		
Articles of Incorporat		andar if i	oguart is for	Staff including the 3 highest paid staff		
Cost estimates from p	oroposeu v	rendoi ii i	equest is ioi			
For the current fiscal v	ear endi	ng June :	30, list all funds a	ppropriated and/or re	eceived from Louisville Metro	
Government for this o	r any oth	er progra	m or expense, ir	cluding funds receive	d through Metro Federal Grants,	
,	or Metro	Council	Appropriation (N	eighborhood Develop	ment Funds). Attach additional	
sheet if necessary.	Externa	l Agen	cy Funding	Amount: (\$)	4900	
Jources		3	,	Amount. (7)		
Source:		Amount: (\$)				
Source:				Amount: (\$)	7 3.	
Has the applicant cont					i ∐ No	
Has the applicant met	the BBB	Charity F	leview Standards	? Yes 💟 No		

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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: EČHO 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 Metro Louisville for the past 30 years. We fill in gaps in victim services such as support for primary and secondary victims through legal proceedings, victim identification with

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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, internet, phone, small equipment upgrades (3 laptops), office supplies (toner, pens, etc.), and the true cost of this program which includes: evaluation, data keeping, bookkeeping, marketing, insurances, materials for outreach, education, and direct service progeramming, and costs associated with a child abuse prevention event during the Spring of 2016.

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ECHO will deliver 2 prevention/victim identification curricula for children (1 Body Safety, 1 Internet Safety, and 2 joint parent and student primary prevention activities (2 school wide events with activities), 2 parent education opportunities, 1 school personnel training and 1 school community training for each TOC school. Currently our TOC schools are in districts that experience a high rate of substantiated child abuse reports. Additionally, we offer any portion of these services beyond the schools who sign on as TOC schools.

ECHO uses evidence-based curricula and tools from respected sources, such as Netsmartz.org from the National Center for Missing and Exploited Children and '4U2 Know' from the Pennsylvania Coalition Against Rape.

The project goal and objectives for children ages 5-17 are: Engage and educate youth in targeted communities around child abuse and exploitation prevention; Objective a) raise awareness on child sexual abuse and exploitation through developmentally appropriate curriculums, Objective b) provide tools for young people to be proactive and implement personal safety.

This project runs concurrent with ECHO's fiscal year, 7/1/15-6/30/16.

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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.

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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 10,000 unduplicated childern and 1200 (750 parents, 250 school personnel, and 200 community members) 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. Please note the ECHO map of relationships has not been updated for the current fiscal
year due to capacity. When a new one is available, we will send it to the appropriate parties.

Evaluation of Learning Goals

Curriculum	Goal(s)	Evaluation component(s)			
The Right Touch	Students will understand that they can say	Drawing in class, age appropriate			
(Pre K-1 st)	"no" to adults who make them feel	questionnaire day of training &			
(101(1)	uncomfortable.	again 8-12 weeks after program			
Darkness to Light's	Participants will have an increased				
Stewards of	awareness of prevalence, consequences	Pre and Post Tests			
Children 2.0	& circumstances of child sexual abuse.				
01111010112.0	New skills for adults to prevent, recognize,				
	& react responsibly to child sexual abuse.				
These 5 goals use t	he same components but not identical tools:	age appropriate surveys, facilitator			
observations & sc	hool liaison focus group-data collected will be	information learned & behaviors			
	utilized				
Internet safety					
education (K-	Participants will be able to identify whom	they should ask before using the			
2)**curriculum in	Internet.				
draft form					
My Body Belongs					
to Me (2nd-3rd	Students will understand how a "good touch" & a "bad touch" make them feel.				
Grade)					
4 U 2 KNOW	Students will recognize common "tricks"/grooming tactics of perpetrators of				
(4th-6th)	child sexual abuse.				
NetSmartz Router's					
Birthday Surprise	Students will recognize potential Internet risks				
(3rd-5th)	Ciadolilo IIIII Posogii III posogii III anno II				
NSTeens (6th-8th)	Students will recognize potential Internet risks				
These 2 goals use t	the same components but not identical tools:	age appropriate surveys, facilitator			
observations & sch	observations & school liaison focus group—data collected will be information learned & behaviors				
utilized					
Everyone Has a	Participants will be able to identify signs of physical, sexual & emotional abuse.				
Role: Report Child	Participants will understand their legal requirement & the process of making a				
Abuse (Adults)	child abuse report.				
Parent Education	Participants will identify internet safety risks for their children.				
(Internet & Body					
Safety) ***Draft	Participants will be able to identify signs of physical, sexual & emotional abuse.				



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.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	153867	153867
B: Rent/Utilities	5000	1600	6600
C: Office Supplies	500	150	650
D: Telephone	1650	2310	3960
E: In-town Travel	0	7500	7500
F: Client Assistance (Attach Detailed List)	750	0	750
G: Professional Service Contracts	1100	600	1700
H: Program Materials	2500	2500	5000
I: Community Events & Festivals (Attach Detail List)	3500	1500	5000
J: Small Equipment	6000	0	6000
K: Capital Equipment	0	6,184	6,184
L: Other Expenses (Attach Detail List)	5000	15,000	20,000
*TOTAL PROGRAM/PROJECT FUNDS	26,000	191,211	217,211
% of Program Budget	13 %	87 %	100%

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

Other State, Federal or Local Government	\$81,211
United Way	\$0
Private Contributions (do not include individual donor names)	\$90,000
Fees Collected from Program Participants	\$0
Other (please specify)	\$0
Total Revenue for Columns 2 Expenses **	\$171,211

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

Applicant's Initials

^{**}Must equal or exceed total in column 2.

Detailed List Items for Budget

Program/Project Expenses

F. Client Assistance

\$750 for materials (Snacks, diaper wipes, diapers, hand sanitizer, paper towels, plates, cups, books, and take home packets) for the playroom, Cab vouchers or bus passes for testifying in court or attending direct services

I. Community Events/Festivals

Child Abuse Prevention Festival: In April or May, date & location TBD

Open to the entire community Booth and electricity rentals: \$550

Materials to hand out (safety planning workbooks, tip sheets, brochures, etc.):

\$1950

Games and fun rentals to attract families: \$1000

Materials include: Child Abuse Prevention Month activities calendar, bracelets (kids create to learn their phone numbers), conversation starters for adults, bookmarks, awareness sheets for adults, coloring books, etc.

Materials for outreach events are housed in separate line items in our budget. The Materials requested here are for larger, public outreach events. The line item in the budget is for the schools and their close communities.

L. Other expenses

Marketing	\$2000
Background Checks	\$284
Website	\$1000
D&O Insurance	\$569
General Liability	\$1147
Total	\$5000

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

Individual Giving	\$32,796
EAF	\$ 4,900
Victims of Crime Act	\$95,100
Events	\$17,415
WHAS	\$15,000
KY Colonels	\$ 3,500
Kosair Charities	\$22,500
Total	\$191,211



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
KSMCA (landlord) Utilities	\$2448	ર્ય cost and then it is spre
Volunteers	\$5168	d to volunteers based o
	\$7616	See above
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$7010	See above
Agency Fiscal Year Start Date: Does your Agency anticipate a significant increase budget projected for next fiscal year? NO	se or decrease in your budge YES	t from the current fiscal year to the
If YES, please explain: We do not anticipate a huge increase planning for an increase in revenue vi	in expenses for this pro a individual fundraising	ogram, however we are gror this program.

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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

- 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.
- 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

- 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.

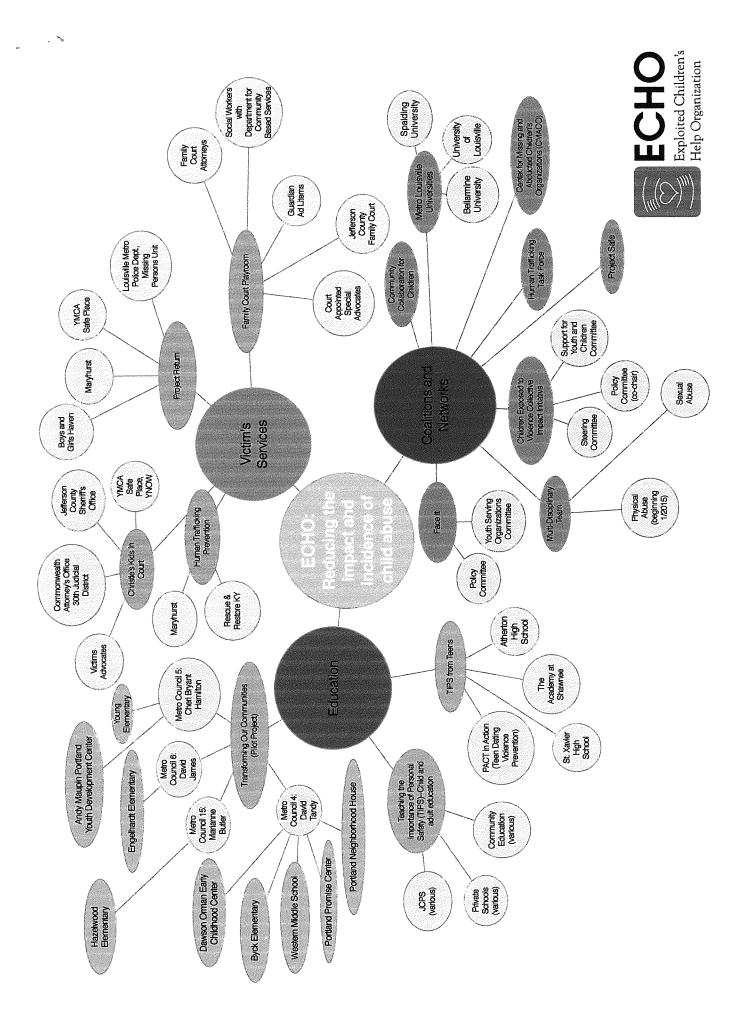
Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family. Councilperson's staff or any Louisville Metro Government employee.

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. 07/17/15 .Date: Signature of Legal Signatory: **Executive Director** Kendell Nash Title: Legal Signatory: (please print): Kendell@echo-ky.org 502-636-3670 **Extension:** Email: Phone:

SECTION 7 – CERTIFICATIONS & ASSURANCES

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Transforming Our Communities

Education

<u>PACT in Action</u>—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

<u>Portland Neighborhood House</u>—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.

<u>Multi-Disciplinary Teams</u>— 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.

<u>Children Exposed to Violence Collective Impact Initiative</u>—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.

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

<u>Project Safe</u>—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.

Internal Revenue Service District Director

Department of the Treasury

Date: ero (1) 1984

Exploited Children's Help Organization-Greater Louisville, Inc. 1207 S. Third Street, Suite B Louisville, KY 50203 molover Identification Number:

Accounting Period Ending:
June 30
Foundation States Classification:
509 (a) (1) and 170 (b) (1) (A) (v f)
Advance Ruling Period Ends:
June 30, 1985
Person to Contact:
Joe Swann
Contact Telephone Number:
513-684-4866

Case No. 31/21/02/10

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal Facome tax under section 501(c)(3) of the Internal Revenue Code.

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(n) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(n)(1) and 1/0(n)(1)(n)(y).

Accordingly, you will be treated as a publicly supported organization, and not as a private foundation, during an advance ruling period. This advance ruling period begins on the date of your inception and ends on the date shown above.

Within 90 days after the end of your advance ruling period, you must submit to us information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, you will be classified as a section 509(n)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, you will be classified as a private foundation for future periods. Also, if you are classified as a private foundation, you will be treated as a private foundation from the date of your inception for purposes of sections 507(d) and 4940.

Grantors and denors may rely on the determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you submit the required information within the 90 days, grantors and denors may continue to rely on the advance determination until the Service makes a final determination of your foundation status. However, if notice that you will no longer be treated a - 1 section 509(a)(1) and* organization is published in the Internal Revenue Bulletin, grantors and denors may not rely on this determination after the date of such publication. Also, a grantor or denor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of section 509(a)(1) and* status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 50%(a)(1) and* organization.

* 170(b)(1)(A)(vi)

(over)

P.O. Box 2508, Cincinnati, Ohio 45201

Letter 1045(DO) (Rev. 10-83)

Care ms

0 | 15 | 000 |



In reply refer to: 0248164828 Feb. 01, 2013 LTR 4168C E0 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:

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.

Revenue Category		Amount
Government grants	\$	100,000
Non-government grants	\$	69,540
Individual giving	\$	30,200
Events	\$	17,415
TOTALS	\$	217,155
Expense Category		Amount
Personnel	\$	153,867
Specific Expenses	\$	15
Business Registration Postage (Development)	\$	250
Credit Card processing (mulitple paypoints)	\$	1,200
#TFP Upfront costs (per TFP budget)	\$	5,000
MG meetings	\$	250
WC meetings	\$	-
Mileage	\$	7,500
, initiage	\$	engere i sample
	\$	en incompetition ou
#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		
**CAPM Event	\$	
#Professional Development	\$	350
**Professional Development	\$	1,200
**Evaluation Consultant (grant dependent) **Program Consumables (handouts, backpacks, etc.)		5,000
**Electronic Hardware (phones/computers)	١	
"Electronic Hardware (phones/computers)	١ě	
	\$ \$ \$ \$	
	s	
Total Direct OTPS	s	34,272
Shared Expenses (allocated by FTE)	· I	197 - Annah Jahr San, San, San Hayara and Labora and La
Internet and phone	1\$	3,000
#Supplies	\$	650
#Website, Email, Social Media	\$	1,000
		<u></u>
Membership and Dues	15	350
D&O Insurance	\$	569
General Liabiliity	\$	1,14
Postage (non development)	\$ \$ \$	500
Payroll Services	1 \$	2,000
Bookkeeper	\$ \$	5,100

^{**}Grant dependent #room to maneuver

#Accountant's Compilation	\$	1,500
Shared Expenses (allocated by other method)		
Office Space		6,600
Utilities Database	\$ \$ \$	3,600 3,000
	\$ \$ \$	
	\$ \$	
	\$	
Total Shared OTPS	\$	29,010



Board of Directors July 2015

Executive Committee

Licensed Clinical Social Worker

214 Breckenridge Lane, Ste 107

Louisville, KY 40207

C: 502.899.9739

lengel@iglou.com

Term 1: 2011-2014

Term 2: 2014-2017

Cherie Dawson-Edwards, Chair

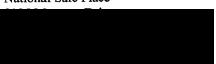
Professor, University of Louisville #209 Brigham Hall Louisville, KY 40292 C: 502.314.7133

Cherie.dawson@louisville.edu

Term 1: 2012-2015

Sandy Bowen, Immediate Past Chair

National Safe Place



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

Linda Engel, L.C.S.W - Vice-Chair Mark Brown, Treasurer

Emerald Advisors Group, LLC 1829 E Spring Street, Suite 105 New Albany, IN 47150

W: 502.445.3064 C: 502.494.3885

Mark.brown@emeraldadvisorsgroup.com

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

Dylan Owens, Secretary

Principal, Greenwood Elementary 3337 Arterburn Ave Louisville, KY 40206 C: 502.751.5227

Dylan.owens@jefferson.kyschools.us

Term 1: 2013-2016

Lt. Tom Dreher

Commander, LMPD. 635 Industry Road 2nd Floor Louisville, KY 40208 W: 502.574.2465

Tom.dreher@!ouisvilleky.gov

Term 1: 2009-2012 Term 2: 2012-2015

Alina Klimkina

Attorney, Dinsmore LLC 101 South 5th Street #2500, Louisville, KY 40202 W: 502.540.2300 C: 859.351.3573

alina.klimkina@gmail.com

Term 1: 2013-2016

Board Members

Tom Wine

Commonwealth 's Attorney 514 W. Liberty Street Louisville, KY 40202 W: 502.595.2340

 $\underline{tbwine@louisvilleprosecutor.com}$

Term1: 2013-2016

Exploited Children's Help Organization Balance Sheet June 30, 2015

ASSETS

Current Assets Cash - Republic Bank Money Market Account Prepaid Expenses Accounts Receivable Grants Receivable Total Current Assets Property and Equipment Office Equipment Library	\$	13,320.35 75,996.43 950.00 1.43 7,680.50 45,802.94 9,855.59 (55,658.53)	97,948.71
Accumulated Depreciation Total Property and Equipment		(55,000,000)	0.00
Other Assets			
Total Other Assets	-		0.00
Total Assets		\$ =	97,948.71
		LIABILITIES AN	D CAPITAL
Current Liabilities Accounts Payable Accrued Payroll Liabilities	\$	LIABILITIES AN 950.00 (1.75)	ID CAPITAL
Current Liabilities Accounts Payable Accrued Payroll Liabilities Total Current Liabilities	\$	950.00	D CAPITAL 948.25
Accounts Payable Accrued Payroll Liabilities	\$ _	950.00	
Accounts Payable Accrued Payroll Liabilities Total Current Liabilities	\$ 	950.00	
Accounts Payable Accrued Payroll Liabilities Total Current Liabilities Long-Term Liabilities	\$ _	950.00	948.25
Accounts Payable Accrued Payroll Liabilities Total Current Liabilities Long-Term Liabilities Total Long-Term Liabilities	\$ 	950.00	948.25
Accounts Payable Accrued Payroll Liabilities Total Current Liabilities Long-Term Liabilities Total Long-Term Liabilities Total Liabilities Capital Equity-Retained Earnings	\$	950.00 (1.75)	948.25

Exploited Children's Help Organization Year to Date Income Statement Compared with Budget and Last Year For the Twelve Months Ending June 30, 2015

Current Year	Actual for Month	12,745.57
Variance	Amount	14,056.85
Current Year	Budget to Date	44,848.94
Current Year	Actual to Date	\$ 62:302:3
Prior Year	Actual to Date	(24,080.69) \$

Net Income

For Management Purposes Only

Exploited Children's Help Organization
Year to Date Income Statement
Compared with Budget and Last Year
For the Twelve Months Ending June 30, 2015

	Prior Year Actual to Date	Current Year Actual to Date	Current Year Budget to Date	Variance Amount	Current Year Actual for Month
Revenues		6	00 11	(00 220 77)	000
Revenue Shortfall	\$ 0.00	₹ 00.00 ₹ 11.000	44,937.00	(44,937.00)	0.00
VOCA 1	14,145.13	19,357.74	80,350.00	(60,992.26)	0.00
Metro Government (TKKS)	4,974.00	4,900.00	4,900.00	0.00	0.00
Louisville Bar Foundation	6,450.00	0.00	6,000.00	(00.000)	0.00
Kentucky Colonels	3,567.99	0.00	0.00	0.00	0.00
WHAS Crisade	1,575.29	5,744.00	0.00	5,744.00	00'0
Gheens Foundation	00'0	0.00	3,000.00	(3,000.00)	0.00
OIIDP	15,964.02	0.00	0.00	0.00	0.00
VOCA 2	88,472.70	85,404.38	26,750.00	58,654.38	19,234.91
Church of the Epiphany	0.00	1,000.00	00'0	1,000.00	0.00
Crime Victim Trust Fund	0.00	21,486.00	21,486.00	0.00	0.00
Kosair	0.00	10,000.00	86.66666	0.05	00.0
Profit Sharing	485.28	505.00	1,500.00	(00266)	0.00
Wine Tasting Event-Odd Year	15,484.56	7,000.00	15,000.00	(8,000.00)	0.00
Wine Tasting Event-Even Year	4,140.00	15,961.03	0.00	15,961.03	0.00
Other Small Fundraisers	2,219.01	2,810.37	1,200.00	1,610.37	00.0
EOY Campaign	2,860.92	2,990.00	4,000.00	(1,010.00)	0.00
CAPM Campaign	4,790.37	1,808.57	2,500.00	(691.43)	116.00
Major Donor Asks	1,600.00	910.00	10,000.00	(000000)	0.00
Board Member Contributions	1,650.00	1,825.00	3,850.00	(2,025.00)	200.00
Contributions-Unsolicited	987.26	125.00	0.00	125.00	0.00
Commonwealth Attorney Donation	0.00	200.00	0.00	200.00	0.00
Restitution	336.20	300.00	0.00	300.00	0.00
Other Income	1,437.51	0.00	0.00	0.00	0.00
Interest Income	91.43	89.85	0.00	89.85	5.00
Total Revenues	171.231.67	182,416.94	235,472.98	(53,056.04)	19,855.91
Expenses		00 110	108 450 10	(1) 0/0 77)	6 156 14
Payroll	116,802.03	105,611.32	128,459.79	(22,846.47)	56.42
Payroll Tax	8,734.94	466.15	939.22	(473.07)	20.92
Retirement Worker's Compensation Insuranc	3,864.00 1,442.00	0.00 (391.03)	4,057.00 2,166.00	(4,057.00) (2,557.03)	0.00

For Management Purposes Only

7/22/15 at 1:15 PM

Page: 1

Page: 2

7,110.34

(67,112.89)

190,624.04

123,511.15

195,312.36

Exploited Children's Help Organization Year to Date Income Statement Compared with Budget and Last Year For the Twelve Months Ending June 30, 2015

Current Year Actual for Month 0.00 0.00 0.00 0.00 0.00 119.52 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0
0.00
0.00
1.64
0.00
0.00
0.00
0.00
129.64
0.00
15.00
558.18
0.00
0.00
0.00
119.52
0.00
0.00
52.88
00'0
0.00
0.00
0.00
0.00
00.0
Actual for Month
Current Year

For Management Purposes Only

Total Expenses

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning 7/1/2013 and ending 6/30/2014 Check if applicable: C Name of organization EXPLOITED CHILDREN'S HELP ORGANIZATION D Employer Identification number Doing Business As Address change Number and street (or P.O. box if mail is not delivered to street address) Name change E Telephone number 1500 POPLAR LEVEL ROAD Initial return City or town ZIP code (502) 636-3670 40217 OUISVILLE KY Terminated Foreign province/state/county Foreign postal code Foreign country name G Gross receipts \$ Amended return 171,232 F Name and address of principal officer: Yes X No Application pending H(a) Is this a group return for subordinates? KENDELL NASH 1500 POPLAR LEVEL ROAD, LOUISVILLE, KY 402 H(b) Are all subordinates Included? If "No," attach a list. (see instructions) X 501(c)(3) 501(c) 4947(a)(1) or ◀ (insert no.) Tax-exempt status: Website: ► WWW.ECHOLOU.ORG H(c) Group exemption number ▶ L Year of formation: 1983 X Corporation K Form of organization: Trust Association Other > M State of legal domicile: Summary Part I Briefly describe the organization's mission or most significant activities: TO REDUCE THE INCIDENCE AND IMPACT OF Activities & Governance CHILD VICTIMIZATION THROUGH PUBLIC AWARENESS, EDUCATION AND PREVENTION PROGRAMS, PARENT SUPPORT SERVICES AND PROGRAMS THAT PROVIDE A FORUM FOR VOLUNTEERISM AND COMMUNITY Check this box ▶ | | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 10 <u>10</u> Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 6 150 Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 228,155 151,516 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 91 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 15,708 17,073 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . 243.863 168,680 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 138,856 139,117 15 Professional fundraising fees (Part IX, column (A), line 11e) 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 66,344 60,659 205,200 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). . . 199,776 18 19 Revenue less expenses. Subtract line 18 from line 12. 38.663 -31,096 **Beginning of Current Year End of Year** 146,252 20 Total assets (Part X, line 16). 122,482 3,830 21 Total liabilities (Part X, line 26) . . . 3,850 142,422 22 Net assets or fund balances. Subtract line 21 from line 20 118.632 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. 5/15/2015 Sign Signature of officer Date Here **EXECUTIVE DIRECTOR** KENDELL NASH Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I if Paid STEPHANIE PEESE 5/14/2015 Preparer Firm's name > STEPHANIE Firm's EIN 🕨 **Use Only** Firm's address > 2400 Fallsview Rd, Louisville, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) .

X Yes

Form 9	90 (2013) EXPLOITED CHILDREN'S HELP ORGA	NIZATION			Page 2
and the second second second	t III Statement of Program Service Accon	nplishments			
	Check if Schedule O contains a respons	se or note to any lir	ne in this Part III .		X
1	Briefly describe the organization's mission: TO REDUCE THE INCIDENCE AND IMPACT OF CHI EDUCATION AND PREVENTION PROGRAMS, PARE FORUM FOR VOLUNTEERISM AND COMMUNITY IN	NT SUPPORT SER	THROUGH PUBLIC	RAMS THAT PRO	
2	Did the organization undertake any significant program the prior Form 990 or 990-EZ?	n services during the	year which were no	ot listed on[Yes X No
_	If "Yes," describe these new services on Schedule O.	:	. It can decate and m		
3	Did the organization cease conducting, or make significant services?			1	Yes X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accomplise expenses. Section 501(c)(3) and 501(c)(4) organization the total expenses, and revenue, if any, for each program service accomplise expenses.	ns are required to re am service reported	port the amount of	grants and allocation	ons to others,
4a	(Code:) (Expenses \$ 165,839	including grants of	\$) (Revenue \$	
	This year ECHO piloted a new public health model to	deliver our child abu	<u>se victim identificati</u>	<u>on</u>	
	and prevention programs. ECHO served over 5700 c over 275 adults within schools and communities, on he				
	abuse.Through all of our programs, ECHO served over				
	volunteer hours, with more than 30 partner agencies.				
4b	(Code:) (Expenses \$	_ including grants of	\$) (Revenue \$)
		~~~~~~~~~~~			
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	(Code: ) (Expenses \$	including grants of	· <b>¢</b>	) (Revenue ¢	<b>)</b>
4c	(Code:) (Expenses \$	_ moluding grants of	Ψ	) (itevenue ψ	/
		~			
4d	Other program services. (Describe in Schedule O.)				
-tu	(Expenses \$ 0 including grants of	\$	0) (Revenue \$	0	)
4e	Total program service expenses	165,839			

Part IV **Checklist of Required Schedules** 

			169	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C,</i>			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
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	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	اا		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		Х
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	200	
		_	nnn -	

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedulo I, Parts I and II.  21 Did the organization report more than \$5,000 of grants or other assistance to be individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization report and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and III.  23 Did the organization invest a tex-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th brought 24th and complete Schedulus I, If "No," or to Ine 25s.  24 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25 Did the organization act as an "on behalf or" issuer for bonds outstanding at any time during the year?  26 Did the organization act as an "on behalf or" issuer for bonds outstanding at any time during the year?  27 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedulus I, Part II.  28 Is the organization aver that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedulus I, Part II.  29 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, in the organization engage in a such part of the organization engage in a such part of the organization engage in a such part of the organization engage in a price part of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or paya	Par	Checklist of Required Schedules (continued)			
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.  21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  22 Did the organization answer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organization sourrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III.  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$24b intropit A2 and an organization have tany proceeds of tax-exempt bonds beyond a temporary period exception?  24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25d Did the organization as an 'on behalf of' Issuer for bonds outstanding at any time during the year?  25d Did the organization exert that it engaged in an excess benefit transaction with a disqualified person during the year? if "Yes," complete Schedule L, Part II.  25d Did the organization exert 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 propers of any of these persons? If "Yes," complete Schedule L, Part II.  25d Did the organization report any amount on Part X, line 5, 6, or 22 for recolvables from or payables to any curre				Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part K, column (A), line 27 if "vas," complete Schedule I, Parts I and III.  23 Did the organization answer "vas" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yas," complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the least day of the year, that was issued after December 31, 2002? if "Yas," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25e.  25d bid the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d Section 901(c)(3) and 901(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "Yas," complete Schedule I, Part I.  25e 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 prior Forms 990 or 990-E2? if "Yas," complete Schedule I, Part II.  25d 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? if "Yas," complete Schedule I, Part II.  27d Did the organization aparty to a business transaction with one of the following parties (see Schedule I, Part II).  28d Was the organization aparty to a business transaction with one of the following parties	21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
13 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  14 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25s 24b through 24d and complete Schedule K. If "No," go to line 25s 24b through 24d and complete Schedule K. If "No," go to line 25s 24b through 24d and complete Schedule K. If "No," go to line 25s 24b through 24d and complete Schedule Its Interest and 15th 15th 25th 25th 25th 25th 25th 25th 25th 2	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	22		Х
organization's current and former officers, directors, furstees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25s.  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25b Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25c Section 601(c)(3) and 501(c)(4) organizationes. Did the organization eas as no "on behalf of" issuer for bonds outstanding at any time during the year?  25d Did the organization areas that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  25d Did the organization report any amount on Part X, line 5, 6, or 22 for recelvables from or payables to any current or former officer, director, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II.  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or a safe complete Schedule L, Part II.  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part II.  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule N, Part II.  28d Did the organization receive contributions of art, historical treasures, or other similar assets, or quelified conservation contributions? If "Yes," co	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
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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?  24c	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		х
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?  24d  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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-E27 if "Yes," complete Schedule L, Part I, in 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? If so, complete Schedule L, Part II .  25 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? If "Yes," complete Schedule L, Part III .  26 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  27 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A family of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29 Did the organization enceive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I .  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," co	h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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-EZP if "Yes," complete Schedule L, Part I.  25b 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? If so, complete Schedule L, Part II.  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? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II.  30 Did the organization value, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization related to any tax-exempt or taxable en	C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  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-E27 If "Yes," complete Schedule L, Part I.  25b 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? If so, complete Schedule L, Part II.  27c 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? If "Yes," complete Schedule L, Part IV.  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II.  31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  32 Did the organization related to any tax-exempt or transfer more than 25% of its net assets?  33 If "Yes," complete Schedule N, Part II.  34 Was the organizati	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .  25 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, bighest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .  26 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? If "Yes," complete Schedule L, Part II .  27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV or A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV or A nettly of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV or A nettly of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV or A nettly of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV or Schedule Conservation contributions? If "Yes," complete Schedule M organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I or Ves, "complete Schedule M, Part II or Ves," complete Schedule M, Part II or Ves, "complete Schedule R, Part II, III, or IV, and Part V, line 1 organization receive any payment from or engage in any transaction with a cont	25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If so, complete Schedule L, Part II	b	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25b		x
current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II .  26	26	Did the organization report any amount on Part X. line 5. 6. or 22 for receivables from or payables to any			
disqualified persons? If so, complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  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? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of an in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  33 If "Yes," complete Schedule N, Part II.  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization a	20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  28 Was the organization a party to a business transaction with one of the following partills.  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28 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? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization in receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization in liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .  33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part IV, line 2  34 Was the organization have a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? "Yes," complete Schedule R, Part V, line 2  35 Did the organization conduct more than 5% of its activit		disqualified persons? If so, complete Schedule L, Part II	26		X
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	27		X
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  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? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 .  Mass the organization have a controlled entity within the meaning of section 512(b)(13)? .  By "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .  Condition of the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule O for Part VI, lines 11b and	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
Schedule L, Part IV  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? If "Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,  34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and	a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
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? If "Yes," complete Schedule L, Part IV	D		28b	,	x
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	280		х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes." complete Schedule M.</i>			х
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	. 31		х
132   33   34   35   36   37   38   39   39   39   39   39   39   39	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		If "Yes." complete Schedule N, Part II	32	<u> </u>	X
<ul> <li>III, or IV, and Part V, line 1</li></ul>	33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
<ul> <li>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li></ul>	-	III. or IV. and Part V, line 1			х
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a	<u> </u>	<u> </u>
organization? If "Yes," complete Schedule R, Part V, line 2	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		)	
<ul> <li>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>.</li> <li>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and</li> </ul>	36	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u></u>	x
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	х	

Part V

# EXPLOITED CHILDREN'S HELP ORGANIZATION Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 5	consists a propieta		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			~
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		Х
	account)?	TEA		
b	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
F-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
_		0		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		Х
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
40 40	Section 501(c)(7) organizations. Enter:			
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		a stanta trans
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	1,		<b> </b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>  ,,</del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	X	

F	aa	е	ŧ

Form 990 (2013)

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	11.38		
ter alleger			

Sect	on A. Governing Body and Management			T	
			^	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a 1</u>	의		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.	1b 1	0		
b	Enter the number of voting members included in line 1a, above, who are independent		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationary other officer, director, trustee, or key employee?	Oliship with	2		Χ
_	any other officer, director, trustee, or key employee?	ler the direct	-		
3	Did the organization delegate control over management duties customarily performed by or unc	ther nerson?	3		Х
_	supervision of officers, directors, or trustees, or key employees to a management company or of the prior Form 990 w	as filed?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	le secete?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization Did the organization have members or stockholders?	15 a55ct5:	6		X
6	Did the organization have members of stockholders, or other persons who had the power to elect	or appoint			
7a	Did the organization have members, stockholders, or other persons who had the power to elect one or more members of the governing body?	or appoint	7a		Х
_	one or more members of the governing body?	ore	1.0		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?	Olo,	7b		Х
_	stockholders, or persons other than the governing body?	ken durina	1.0		,
8	Did the organization contemporaneously document the meetings held or written actions undertained in the following state of the contemporary of the	aken danng			
	the year by the following: The governing body?		8a	Х	
а	The governing body?		8b	Х	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the	ne reached	1		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	0	9		Х
04	on B. Policies (This Section B requests information about policies not required by the	nternal Revenue			
Seci	Off B. Policies (This Section Direquests information about policies necrespance by		·	Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a		Х
iva h	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters,			
D	affiliates, and branches to ensure their operations are consistent with the organization's exemp	t purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bet	fore filing the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•			
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b		Χ
C	Did the organization regularly and consistently monitor and enforce compliance with the policy	? If "Yes,"			
_	describe in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and ap	proval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberat	tion and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	1	<u> </u>
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar and	rangement			
	with a taxable entity during the year?		16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	valuate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to s	ateguard			
	the organization's exempt status with respect to such arrangements?		16b	L	Ь
Sect	ion C. Disclosure				<del></del>
17	List the states with which a copy of this Form 990 is required to be filed ► KY	1000 T (Sastian FO	(0)(3)-	only	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	1 990-1 (960000 20.	(U)(J)S	Only	,
	available for public inspection. Indicate how you made these available. Check all that apply.	volain in Cahadula	2)		
		xplain in Schedule		v 25.	4
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	na, connict of intere	er hour	y, ail	J
	financial statements available to the public during the tax year.	nke and records of t	he		
20	State the name, physical address, and telephone number of the person who possesses the bo	-636 (502)	3670		
	organization: ► KENDELL NASH  1500 POPLAR LEVEL ROAD, LOUISVILLE, KY 40217		221.0		
	1000 POPLAR LEVEL ROAD, LOUISVILLE, N. 40217				

Form 990 (2013) EXPLOITED CHILDREN'S HELP			7					!!-!		Page
Part VII Compensation of Officers, Dire		es, n	ey	EM	ipic	yee	s, r	lignest Comp	ensated	
Employees, and Independent C		to to	oni	, lin	o in	thic	Da	rt \ //I		
Check if Schedule O contains a re										<u>···                                  </u>
Section A. Officers, Directors, Trustees, Key I										#1
<b>1a</b> Complete this table for all persons required to be organization's tax year.	e listed. Report	comp	ens	atio	n to	or the	cal	endar year endi	ng with or within	tne
<ul> <li>List all of the organization's current officers,</li> </ul>							is c	r organizations)	, regardless of a	ımount
of compensation. Enter -0- in columns (D), (E), and							~ .			
List all of the organization's current key emple that the organization of the current kinds at the current ki										mployee\
<ul> <li>List the organization's five current highest co who received reportable compensation (Box 5 of Fo</li> </ul>										
organization and any related organizations.	//// VV-2 and/or	DOX I	01	. 0.		000	VIIC	o, or more than	Ψ100,000 HOIII	uic
List all of the organization's former officers, k	ev emplovees.	and h	niah	est :	con	npens	sate	d employees wh	no received mor	e than
\$100,000 of reportable compensation from the orga										
List all of the organization's former directors		-		_				ty as a former d	irector or trustee	of the
organization, more than \$10,000 of reportable comp										
List persons in the following order: individual trustee		nstitu	ıtion	al tı	rust	ees;	offic	ers; key employ	ees; highest	
compensated employees; and former such persons										
Check this box if neither the organization nor a	ny related organ	izatio	on c	omp	pen	sated	an	y current officer,	director, or trus	tee.
				((	C)					
					ition					
(A) Name and Title	(B) Average	(do not check more than on box, unless person is both a						(D) Reportable	(E) Reportable	(F) Estimated
name and mas	hours per	officer and a director/trustee					ee)	compensation	compensation	amount of
	week (list any hours for	or and	Inst	Officer	<b>₩</b>	e High	Former	from the	from related organizations	other compensation
	related organizations	Individual to or director	itutic	SE	em	oy lest	配	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	함	nal		l g	8 8		(44-2/1088-141130)		and related
	line)	stee	Institutional trustee		8	Pen				organizations
		"	ee			Highest compensated employee				
(1) SANDY BOWEN	3.00				$\vdash$	<u> </u>	<del> </del>			
CHAIR	0.00	i		Х						
(2) LINDA ENGEL	3.00									
VICE-CHAIR	0.00	1		х						
(3) DYLAN OWENS	2.00									
SECRETARY	0.00			Х						
(4) MARK BROWN	2.00									
TREASURER	0.00	,		Х		<u> </u>				
(5) AMANDA MAIN	2.00	1								
PAST CHAIR	0.00			Х		ļ				
(6) TOM DREHER	1.00	ŧ								
MEMBER	0.00	_					<u> </u>			
(7) ANDREA BRADY	1.00	•								
MEMBER	0.00		-				-			
(8) KENDELL NASH	40.00	1			х			60,000		
EXECUTIVE DIRECTOR	0.00 1.00		$\vdash$		^			60,000		
(9) ALINA KLIMKINA	0.00	1								
MEMBER (10) CHERIE DAWSON-EDWARDS	1.00		Н			<b>-</b>	┢			
MEMBER	0.00	1								
(11) TOM WINE	1.00				<b></b>	<b></b>	Г			
MEMBER	0.00	f								
(12)		i								
***************************************		1	1		i	l	1	1		

(13)

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	/ees	s, a	nd	High	est	Compensated	Employees (c	ontinued)
(A) (B) Name and title Average hours per		(C) Position (do not check more than of box, unless person is both officer and a director/trust					one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total	Section A		 				. ► . ►	60,000		0 0
Total number of individuals (including but not reportable compensation from the organization)	t limited to those	liste	d ab	ove 0	e) w	ho re	cei	ved more than \$	3100,000 of	
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated							Yes No			
manua :							4 X			
5 Did any person listed on line 1a receive or a for services rendered to the organization? If	ccrue compensa "Yes," complete	tion f Sche	rom dul	an e J	y ur for s	relat such	ed <i>per</i>	organization or i rson	ndividual 	5 X
Section B. Independent Contractors					o ot	ara th	of r	raciual mara th	an \$100 000 o	
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report year.</li> </ol>	compensation fo	or the	cal	enc	acu dar y	year e	end	ing with or withi	n the organizat	ion's tax
(A) Name and business at	Idress							(B) Description of se	rvices	(C) Compensation
							+			
				_						
							-			
Total number of independent contractors (in more than \$100,000 of compensation from t	cluding but not li	mited	l to	tho	se li	isted (		ove) who receive	ed	
more than \$100,000 of compensation from t	ie organization					`				

Form	990 (20	13) EXPLOITED CHILDREN'S HELP ORGAN	NZATION				Page \$
	t VIII					<u>** </u>	
		Check if Schedule O contains a response or	note to any line	in this Part VIII.			🔲
2.5				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	d e f	Federated campaigns	<b>.</b>	151,516			
Program Service Revenue	2a b c d e f	All other program service revenue	Business Code	0 0 0 0 0			
	3 4 5	Investment income (including dividends, interes other similar amounts)	t, and ▶ oceeds▶	91 0 0			
	6a b c d 7a	Gross rents	▶	0			
Other Revenue		Less: cost or other basis and sales expenses	0	0			
	b	Gross income from fundraising events (not including \$	19,625 2,552				
	b	Gross income from gaming activities.  See Part IV, line 19	0				
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	0	0			
	11a	Net income or (loss) from sales of inventory  Miscellaneous Revenue	Business Code	0	12		

168,680

d All other revenue . . . . . . . . .

e Total. Add lines 11a-11d . .

12 Total revenue. See instructions.

#### Part IX Statement of Functional Expenses

	s. All other organizations must complete column (A).

	Check if Schedule O contains a response or note	e to any line in this	Part IX.....		L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
5	Compensation of current officers, directors,	60,000	42,000	12,000	6,000
_	trustees, and key employees	60,000	42,000	12,000	0,000
6	Compensation not included above, to disqualified			I	
	persons (as defined under section 4958(f)(1)) and	o		1	
_	persons described in section 4958(c)(3)(B)	56,802	50,838	5,396	568
7	Other salaries and wages	30,002	30,000	0,000	
8	Pension plan accruals and contributions (include	0			
_	section 401(k) and 403(b) employer contributions)	13,580	10,783	2,023	774
9	Other employee benefits	8,735		1,302	497
10	Payroll taxes	0,733	0,000	1,002	
11	Fees for services (non-employees):	0			
а	Management	0			
b	Legal	5,283		502	53
C	Accounting	0,200			
d	Lobbying	0	THE RESERVE OF THE PARTY OF THE		
e	Investment management fees	0			
f	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	2,776	2,484	264	28
40	Advertising and promotion	0			
12	Office expenses	3,024		287	30
13	Information technology	4,823		458	48
14	Royalties	0			
15 16	Occupancy	11,400	10,203	1,083	114
17	Travel	3,388		322	34
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,743	2,183	560	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,586	1,586	0	C
23	Insurance	1,844	1,651	175	18
24	Other expenses. Itemize expenses not covered				#100 PM
<b>m</b> -7	above (List miscellaneous expenses in line 24e. If	200			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Telephone and internet	4,453			44
b	Bank charges	1,718			17
C	Program materials	8,380			
d	Memberships and dues	2,057			
e	All other expenses Miscellaneous expense	7,184			72
25	Total functional expenses. Add lines 1 through 24e.	199,776	165,839	25,640	8,297
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and			1	
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)		<u> </u>	<u> </u>	
					Form <b>990</b> (2013

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part	x		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	58,829	1	68,388
	2	Savings and temporary cash investments	45,921	2	46,003
	3	Pledges and grants receivable, net	38,805	3	7,141
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,	4.		
		trustees, key employees, and highest compensated employees.			of his in the second se
		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			S. A. C.
ets		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use	4 4 4 4	8	050
	9	Prepaid expenses and deferred charges	1,111	9	950
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 55,499		40-	
	b	Less: accumulated depreciation 10b 55,499	1,586	110	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12 13	0
	13	Investments—program-related. See Part IV, line 11	0	14	0
	14	Intangible assets	0	15	0
	15	Other assets. See Part IV, line 11	146,252	16	122,482
	16	Total assets. Add lines 1 through 15 (must equal line 34)	140,252	17	3,850
	17	Accounts payable and accrued expenses	1,044	18	3,000
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		41	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
jak			0	23	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	24	0
	24	Other liabilities (including federal income tax, payables to related third		~ .	
	25	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	2,786	25	0
	26	Total liabilities. Add lines 17 through 25	3,830		3,850
	20		Marie Land		
ģ		Organizations that follow SFAS 117 (ASC 958), check here▶ X and complete lines 27 through 29, and lines 33 and 34.			
ဦ		·	141,275	27	118,632
<u>a</u>	27	Unrestricted net assets	1,147		110,002
ă	28	Temporarily restricted net assets	1,147	29	
Ĕ	29	Permanently restricted net assets		2.0	
Ĩ		Organizations that do not follow SFAS 117 (ASC958), check here			
ō		complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds .		32	110.000
Ž	33	Total net assets or fund balances	142,422		118,632
	34	Total liabilities and net assets/fund balances	146,252	34	122,482

orm 9	990 (2013) EXPLOITED CHILDREN'S HELP ORGANIZATION		Pa	ige IZ
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, Column (A), inic 12).	1		8,680
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>9,776</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 1,096</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	<u>2,422</u>
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		7, <u>306</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	0	11	8,632
art ²	XII Financial Statements and Reporting			г
15111999050	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
	Association method used to propose the Form 990: Cash X Accrual Other		Yes	No
1	Accounting menior used to prepare the Form 556.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			100
	Schedule O.	9	2a	X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • •	Z.a	1.
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Ves" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of		
٠	the audit review, or compilation of its financial statements and selection of an independent accountant?	[	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ju	the Single Audit Act and OMB Circular A-133?		3a	<u> </u>
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.	<u></u>	3b	
			Form 996	(2013)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

#### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

Inspec

OMB No. 1545-0047

2013

Open to Public Inspection

EXP	LOIT	ED CHILDRE	N'S HELP ORG	ANIZATION		,							
Pai				<b>arity Status</b> (All org						struction	S.		
The	o <u>rga</u> r	nization is not	a private founda	ation because it is: (Fo	or lines 11	hrough 1	1, check o	only one b	oox.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	tach Sche	edule E.)							
3		A hospital or	a cooperative h	ospital service organi:	zation des	scribed in	section '	170(b)(1)	(A)(iii).				
4			_	ition operated in conju	nction wit	h a hospi	tal descril	oed in <b>se</b>	ction 170	(b)(1)(A)(	(iii). En	er the	
_			me, city, and sta	the benefit of a collec	o or univ	oreity own	ed or one	rated by	a governi	mental un	it deen	ihed	
5		in section 1	70(b)(1)(A)(iv).	(Complete Part II.)						nental un	iit uesoi	ibeu	
6				ernment or governmer									
7	X			y receives a substantia (1)(A)(vi). (Complete f		its suppor	t from a g	overnme	ntal unit c	or from the	e gener	al publ	lic
8		A community	y trust described	in <b>section 170(b)(1)(</b>	<b>A)(vi).</b> (C	omplete F	Part II.)						
9		receipts from support from	n activities relate i gross investme	y receives: (1) more the doto its exempt function its exempt function in the income and unrelated after June 30, 1975.	ons—subj ted busine	ect to cer ess taxabl	tain excep e income	otions, an (less sec	d (2) no n tion 511 t	nore than	33 1/3	% of its	ross s
10	$\Box$	An organizat	tion organized a	nd operated exclusive	ly to test t	or public	safety. Se	e sectio	n 509(a)(	4).			
11 e	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 that describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section												
			section 509(a)(2										
f		_		a written determinatior	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
			, check this box				 Heibutian f		of the				L
g		following per		the organization acce	pted any i	giit oi con	ili ibulion i	TOTTI ALTY	oi tiie				
		(i) A pers	on who directly	or indirectly controls,	either aloi	ne or toge	ther with	persons o	described	in (ii)		Yes	No
				erning body of the su							11g(i)		
		(ii) A fami	lly member of a	person described in (i)	above?	<i></i>					11g(ii)		
		(iii) A 35%	controlled entit	y of a person describe	ed in (i) or	(ii) above	?				11g(iii)		
h		Provide the t	following informa	ation about the suppor					ı		<b>T</b>		
(i)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions))	in col. (i) lis		(v) Did you notify the organization in		organiza	ls the tion in col. zed in the S.?	(vii) Am	ount of mo support	onetary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
				Note that the second se									
Tota	1			g a						1			0

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

Sect	on A. Public Support			<u> </u>	(4) 0040	(=) 2012	(f) Total
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	297,751	227,388	200,503	228,155	151,516	1,105,313
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					j	0
	organization without charge	297,751	227,388	200,503	228,155	151,516	1,105,313
4	Total. Add lines 1 through 3	297,751	221,300	200,000	220,100	101,010	
5	The portion of total contributions by each	e.		12			
	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.	,					1,105,313
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011_	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	297,751	227,388	200,503	228,155	151,516	1,105,313
8	Gross income from interest, dividends,						
Ū	payments received on securities loans,						
	rents, royalties and income from similar					- 4	0.4
	sources					91	91
9	Net income from unrelated business						
	activities, whether or not the business is						0
	regularly carried on						<u> </u>
10	Other income. Do not include gain or						
	loss from the sale of capital assets	13,354	6,905	21,426	15,708	17,073	74,466
	(Explain in Part IV.)	13,304	0,903	21,420	10,100	11,070	1,179,870
11	Total support. Add lines 7 through 10.  Gross receipts from related activities, etc. (	eee instruction	(1)			12	
12	First five years. If the Form 990 is for the c	organization's fi	irst. second. thi	ird. fourth, or fit	fth tax year as	a section 501(c	:)(3)
13	organization, check this box and stop here						▶
	ion C. Computation of Public Support						
14	Bublic cupport percentage for 2013 (line 6.	column (f) divid	ded by line 11,	column (f))		14	93.68%
15	Dublic aumort percentage from 2012 Sche	dule A. Part II.	line 14			15	94.58%
16a	22 4/29/ cupport test2013. If the organiz	ration did not c	heck the box o	n line 13, and i	ine 14 is 33 1/4	3% or more, ch	eck this box
	The ergonization qualifies	se a nuhlicky su	nnorted organi	zation			
b	22 4/20/ aumort tost 2012 If the grasniz	ration did not c	heck a box on	line 13 or 16a,	and line 15 is	33 1/3% OF MOI	e, check this_
	box and stop here. The organization qualif	ies as a public	ly supported or	ganization			
17a	40% forth and aircumstances test_2011	3 If the organiz	ration did not c	heck a box on	line 13, 16a, o	r 16b, and line	14
	:- 40% or more and if the organization men	ets the "facts-a	nd-circumstan	ces" test, cneci	k this box and s	stop nere. ⊏xp	iaiii iii
	Part IV how the organization meets the "fac	cts-and-circums	stances" test. I	he organizatio	n quaimes as a	a publicly suppo	nteu
	instinct						· · · · • 📂 📖
b	400/ facts and aircumptances test_201	<ol><li>If the organize</li></ol>	zation did not c	heck a box on	line 13, 16a, 1	bb, or 17a, and	ime
	15 is 10% or more, and if the organization	meets the "fact	s-and-circums	tances" test, cr	ieck this box a	na <b>stop nere.</b>	Explain III
	Part IV how the organization meets the "fac	cts-and-circum	stances" test.	ne organizatio	n quannes as a	a publicly	
	supported organization						· · · · • □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
18	Private foundation. If the organization did	not check a bo	ox on line 13, 1	6a, 16b, 17a, 0	or 17b, check t	nis box and see	,
	instructions	. <u> </u>					<i>.</i> ▶ <u>  _ </u>

Part III	Support Schedule	for Organizations Described in Section	on 509(a)(2)
R 1782 - ( 18.792   1 1993	Ouppoit Colloadio		. , , ,

(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.)

	tion A. Public Support			4 1 0044	( 1) 0040	(-) 0040 T	/f) Takal
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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					1	_
	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					1	0
	its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge			0	0	0	0
6	Total. Add lines 1 through 5	0	0	U	U		
7a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						<u> </u>
b	Amounts included on lines 2 and 3 received	l					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year	0	0	0	0	0	0
_	Add lines 7a and 7b	U					
8	line 6.)					4.0	0
Sac	tion B. Total Support		200	N. (1)			
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Ouio		0	0	0	0	О	0
9	Amounts from line 6	<u>U</u>	U			Ŭ,	<u> </u>
10a	Gross income from interest, dividends,				]		
	payments received on securities loans,				1		0
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
_	Add lines 10a and 10b	0	0	C	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 IV.)				1		0
13	Total support. (Add lines 9, 10c, 11,	_	_		,	o	0
	and 12.)	0					<u> </u>
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							
Sec	tion C. Computation of Public Support	Percentage				1 45 1	0.000/
15	Public support percentage for 2013 (line 8, column	ı (f) divided by lin	ie 13, column (f)	)		15	0.00%
16	Public support percentage from 2012 Schedule A,	Part III, line 15.	<u> </u>		<u> </u>	16	0.00%
Sec	tion D. Computation of Investment Inco	ome Percent	age			1471	0.00%
17	Investment income percentage for 2013 (line 10c,	column (f) divide	ed by line 13, co	lumn (f))		17	0.00% 0.00%
18	Investment income percentage from 2012 Schedu	le A, Part III, line	17				0.00%
19a	33 1/3% support tests—2013. If the organization	did not check the	e box on line 14	and line 15 is n	iore man 33 1/35	no, and time 17 is	▶ □
	not more than 33 1/3%, check this box and stop h	iere. The organiz	cation qualifies a	is a publicly sup	onteu urganizati na 16 is mara tha	on 33 1/3% and	
b	33 1/3% support tests—2012. If the organization	aid not check a	DOX ON LINE 14 O	r ilite 198, 800 III qualifice ce e su	hlich supported	nnanization	
	line 18 is not more than 33 1/3%, check this box a	na stop nere. H	ne organization	quannes as a pu	and see instructi	one	
20	Private foundation. If the organization did not che	eck a box on line	: 14, 19a, or 19b	, cneck this box	and see mshuch	UIIO	

Schedule A (Form	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 177 or 17b;
	and Part III, line 12. Also complete this part for any additional information. (See instructions).
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Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2013

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer

EXPLOITED CHILDREN'S HELP ORGANIZATION Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$5,000 or more

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 or	ganization ED CHILDREN'S HELP ORGANIZATION		Employer identification number
Part I	Contributors (see instructions). Use duplicate copie	es 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 Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
EXPLOITED CHILDREN'S HELP ORGANIZATION

Employer identification number

Part II	Int II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			

00				<u> </u>			
Name of org				Employer identification number			
Part III	ED CHILDREN'S HELP ORGANIZATION Exclusively religious, charitable, etc., total more than \$1,000 for the year. Co	mplete column	is (a) through (e) and the	e following line entry.			
	For organizations completing Part III, ent contributions of \$1,000 or less for the ye Use duplicate copies of Part III if addition	ar. (Enter this	information once. See in				
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d) Description of how gift is held			
		(e) T	ransfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationsh	ip 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			ip 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) T	ransfer of gift				
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee			
	For. Prov. Country						

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2013

OMB No. 1545-0047

Department of the Treasury Inspection Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization EXPLOITED CHILDREN'S HELP ORGANIZATION 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 Total number at end of year 0 1 Aggregate contributions to (during year). 2 3 Aggregate grants from (during year) . . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 6 used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes Νo Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. 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: 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:

Assets included in Form 990, Part X

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Pa	a	е	_

Schedule D (Form 990) 2013	EXPLOITED	CHILDREN'S HELP	ORGANIZATION

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Communed)		Idle D (10111 300) 2010 LXF EOTTED OTTEDINET					(l Oi il		٠. ١٠٠	ugu =
use of its collection items (check all that apply): a	Pari	Organizations Maintaining Colle	ections of A	rt, Histori	icai i rea	isures, or O	ther Similar Assets	s (COTIUITI	iea)	
a Public exhibition d Loan or exchange programs Scholarly research e Dan or exchange programs	3			er records,	check a	ny of the follov	wing that are a signifi	cant		
Scholarly research Preservation for future generations		use of its collection items (check all that ap	oply):							
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. 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?	а	Public exhibition		d 📗	Loan	or exchange p	rograms			
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII. 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?	h	Scholarly research		, <u> </u>	Other					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part XIII. 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?					01.101					
Part XIII. 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	С									
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?	4		collections an	id explain l	how they	further the org	ganization's exempt p	ourpose in	l	
### Secrow 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, tustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 1a Is the organization an agent, tustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 1a Is the organization angent, tustee, oustodian or other intermediary for contributions or other assets not included on Form 990, Part X2. 1a Is the organization of the arrangement in Part XIII and complete the following table:										
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 IV, line 9 and IV, line 9, or reported an amount on Form 990, Part IV, line 9, part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	5									
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? No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		assets to be sold to raise funds rather than	i to be mainta	ined as pa	rt of the o	organization's	collection?	Ye	s 🔛	No
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? No b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	Part	IV Escrow and Custodial Arrange	ments.							
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?. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance. c Beginning balance. d Additions during the year. f Ending balance. 1c Id				to Form 9	90, Part	t IV, line 9, or	r reported an amou	nt on Fo	rm	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Included on Form 990, Part X! Included o		•			•		•			
included on Form 990, Part X?.	4-		dian or other	intermedia	ary for co	ntributions or a	other assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance .	ıa							☐ Ye	.e 🖂	No
C Beginning balance	L	If If I Year II explain the arrangement in Port Y	 III and comple	to the follo	 wina tah	 .la:		ш.	·•	
c Beginning balance . 1c 1d	D	ii fes, explain the analigement in Part A	in and comple	ic the folio	Jwing tab	no.		Amount		
d Additions during the year .		D. d. dan balanca					10	, anount		
e Distributions during the year .	С									
Ending balance If O	d						 			
2a Did the organization include an amount on Form 990, Part X, line 21?	е									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII	f	-								
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance Contributions 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 b Permanent endowment	2a	Did the organization include an amount on	Form 990, Pa	art X, line 2	21?	<i>.</i>		Ye	s X	No
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	h	If "Yes " explain the arrangement in Part X	III. Check her	e if the ext	lanation	has been prov	vided in Part XIII		П	
Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions								***************************************		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (e) Four years (e) Four yea	Fart		الممالات مسمد	to Corro (OO Dor	FIV fine 10				
Beginning of year balance							! (4) Thurstone ha	-l. (a) Fa		<u> </u>
b Contributions . Net investment earnings, gains, and losses			Current year	(a) Prio	r year	(c) I wo years b	ack (u) Three years bar	3K (8) FO	ui yeais	Dack
c Net investment earnings, gains, and losses . d Grants or scholarships e Other expenditures for facilities and programs	1a	Beginning of year balance								
and losses	b	Contributions								
d Grants or scholarships	C	Net investment earnings, gains,								
e Other expenditures for facilities and programs		and losses								
and programs	d	Grants or scholarships								
and programs	е	Other expenditures for facilities								
f Administrative expenses .		· 1								
g End of year balance .	f									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	ď	·	0		0		0	0		0
Board designated or quasi-endowment	_	Provide the estimated percentage of the ci	irrent vear en	d balance	(line 1a.	column (a)) h	eld as:			
b Permanent endowment					((-7,				
Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations. (ii) related organizations. (iii) related organizations.	_		0/6							
The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations .	С									
Ves No Sa(i)	_				ion that a	ro hold and a	dministered for the			
(ii) unrelated organizations	3a		session of the	organizat	ion mat a	ile lielu aliu a	diffillistered for the	I	Voc	No
(ii) related organizations								20(1)	169	140
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?										
Describe in Part XIII the intended uses of the organization's endowment funds. 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) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value Description of property Description of property Description of property (d) Book value Description of property Description of p		(ii) related organizations					<i></i>			
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	b							30		
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 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation O D D D D D D D D D D D D	4			on's endov	vment fur	nds.				
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	Part									
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 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		Complete if the organization answ	wered "Yes"	to Form 9	990, Par	<u>t IV, line 11a</u>	. See Form 990, Pa	art X, line	10.	
final Land (investment) basis (other) depreciation b Buildings 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 55,499 55,499 0 e Other 0 0 0 0						L				е
b Buildings 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 55,499 55,499 0 e Other 0 0 0 0					basi	s (other)	depreciation			
b Buildings 0 0 0 0 0 c Leasehold improvements 0 0 0 0 0 d Equipment 0 55,499 55,499 0 e Other 0 0 0 0	1a	Land		0		0	-			0
c Leasehold improvements						o	0			0
d Equipment 0 55,499 55,499 0 e Other 0 0 0 0						0	0			0
e Other							55.499			
V Othor		• •								
					X colum					

Schedule D (Folin		TO TILLI CHOANIZATION		1 ago
Part VII	Investments—Other Securiti		O Dort IV line 11h See Form	o 000 Port V line 12
	Complete if the organization a		(c) Method of va	
(a) L	Description of security or category (including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial d	lerivatives	0		
	ld equity interests	C		
		1		
(C)				
(D)				
(Ē)				
(G)				
(H)	nust equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Rela	·	<u> </u>	
M SELICENALLY	Complete if the organization a		O Part IV line 11c See Forn	n 990 Part X line 13
			(c) Method of va	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)	A 4 9			
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)	A CONTRACTOR OF THE CONTRACTOR			
(9)				
Proposition of the Control of the Co	nust equal Form 990, Part X, col. (B) line 13.)		<u> </u>	•
Part IX	Other Assets.	noward "Voo" to Form 00	O Dort IV line 11d See Form	n 000 Dort V line 15
	Complete if the organization a	(a) Description	o, Part IV, line I Id. See Form	(b) Book value
(4)	William Control of the Control of th	(a) Description		(b) book value
(1)	4.74			
(3)				
(4)				
(5)			100 A 3 A 100 A 3 A 100 A	
(6)				
(7)				
(8)				
(9)				
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	n (b) must equal Form 990, Part X,	col. (B) line 15.)	<u> </u>	
Part X	Other Liabilities.			
	Complete if the organization a	nswered "Yes" to Form 99	00, Part IV, line 11e or 11f. Se	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal in		. (<u>)</u>	
	crued expenses			
(3)			The second secon	
(4)				
(5)	Marie and a second seco			
<u>(6)</u> (7)			The state of the s	
(8)				
(9)				511
	ıst equal Form 990, Part X, col. (B) line 25.)			
2. Liability for u	ncertain tax positions. In Part XIII, prov	ide the text of the footnote to th	e organization's financial statement	s that reports the
organization's	lability for uncertain tax positions under	FIN 48 (ASC 740). Check here	e if the text of the footnote has been	provided in Part XIII.
		de Norte de la constant de la consta		

Schedi	ule D (Form 990) 2013 EXPLOITED CHILDREN'S HELP ORGANIZATION		Page 4
Part		r 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:		
ъ а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants	7	
d	Other (Describe in Part XIII.)	7 .	
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:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)	7 -	
b	Add lines 4a and 4b	4c	0
_C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
5			
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	Jei Retuili	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	11	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		0
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4 1	
b	Other (Describe in Part XIII.)	<u> </u>	_
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
Par	XIII Supplemental Information		
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.	

Schedule D (Form	990) 2013	EXPLOITED CHILDREN'S HELP ORGANIZATION	Page 5
Part XIII	Supple	emental Information (continued)	

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#### **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. Employer Identification number

OMB No. 1545-0047

Open to Public Inspection

	of the organization					Employer Identificati	on number
EXPL	OITED CHILDREN'S HELP ORGAN	IZATION			1 1111/2 - 11 1 - 5	- 000 D-+IV lin	_ 17
Par	Fundraising Activities. Co	omplete it the	organizat	ion answe	ered "Yes" to Forn	n 990, Paπ IV, IIN	e 17.
1	Form 990-EZ filers are not Indicate whether the organization re	eised funds thr	ough any c	of the follow	ving activities. Chec	ck all that apply.	
a	Mail solicitations		e S	olicitation o	of non-government	grants	
b	Internet and email solicitations		f S	olicitation o	of government gran	ts	
C	Phone solicitations		g 🔲 S	pecial fund	raising events		
d	In-person solicitations						
2a	Did the organization have a written key employees listed in Form 990,	Part VII) or enti	ity in conne	ection with	professional fundra	aising services?	Yes No
b	If "Yes," list the ten highest paid inc	dividuals or enti	ties (fundr	aisers) pur	suant to agreemen	ts under which the	fundraiser is
	to be compensated at least \$5,000	by the organiza	ation.				
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
				Г		col. (i)	Organization
			Yes	No			
1					o	o	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							
10					0	0	0
<u> </u>			<u> </u>	<u> </u>	0	0	0
Total	List all states in which the organiza			<b>&gt;</b>	oit contributions or b	0	is evernt from
3	List all states in which the organiza registration or licensing.	tion is registere	ed or licers	sea to sond	at contributions of 1	ias peen nouned it	is exempt irom
							·

-	edule art		XPLOITED CHILDREN'S Complete if the organiz fundraising event contr	zation answered "Yes"	to Form 990, Part IV,	Page 2 line 18, or reported , lines 1 and 6b. List
		events with gross rece			(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	19,625		0	19,625
æ	2	Gross income (line 1	40.005		0	0 19,625
		minus line 2)	19,625		U	19,023
	4	Cash prizes			0	0
	5	Noncash prizes			0	0
Direct Expenses	6	Rent/facility costs			0	0
Exp	7	Food and beverages			0	0
Direct	8	B Entertainment			0	0
	9	Other direct expenses	2,552		0	2,552
	10 11	1 Net income summary. Subtra	ld lines 4 through 9 in col act line 10 from line 3, co	lumn (d)		( 2,552) 17,073
Pa	irt l	Gaming. Complete if t than \$15,000 on Form	the organization answe	ered "Yes" to Form 990	0, Part IV, line 19, or re	еропеа тоге
- anus		triair \$10,000 0111 01111	(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
ses	2	2 Cash prizes				0
Expenses	3	Noncash prizes				0
Direct Ex	4	Rent/facility costs				0
	5	Other direct expenses				0
	6	Volunteer labor	Yes <u>%</u> No	Yes %. No	Yes <u>%</u> No	
	7	P Direct expense summary. Ac	ld lines 2 through 5 in co	lumn (d)		( 0)
	8	Net gaming income summar	y. Subtract line 7 from lin	e 1, column (d)	<u> </u>	0
٤	а	Enter the state(s) in which the organization licensed to of "No," explain:	perate gaming activities	in each of these states?		. Yes No
10		Were any of the organization's (	gaming licenses revoked	, suspended or terminat	ed during the tax year?.	. Yes No
	b	If "Yes," explain:				

Sched	ule G (Form 990 or 990-EZ) 2013 EXPLOITED CHILDREN'S HELP ORGANIZATION Page 3
11	Does the organization operate gaming activities with nonmembers?
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?
13 a	Indicate the percentage of gaming activity operated in:  The organization's facility
ь 14	An outside facility
	Name ▶
	Address •
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
Part	or spent in the organization's own exempt activities during the tax year  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 complete this part to provide any additional information (see instructions).

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

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 on request.	

Schedule O (Form 990 or 990-EZ) (2013)	Page	2
Name of the organization	Employer identification number	
EXPLOITED CHILDREN'S HELP ORGANIZATION		
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	Cash	Noncash
Federated Campaigns		
Membership dues		
Fundraising events		
Related organizations		
Government grants (contributions)	123,556	
All other contributions, gifts, grants, and similar amounts not included above:	27,960	
Other contributions total	27,960	

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization (A) Total (C) (D) (B) Program Management Fundraising and general services 1,586 1 Depreciation 0 1.586 0 1,586

151,516

Part X, Line 3 (990) - Pledges and Grants Receivable Allowance for doubtful accounts Pledges and grants receivable Beginning End Beginning End 38,805 7,141 Grants Receivable 8 9 10 38,805 7,141 11 11 Total pledges and grants receivable . .



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

							Total:	55,499	53,913	55,499	0	1,586	
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated		Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
EQUIPMENT				×				45,643	44,057	45,643		1,586	
LIBRARY				×				9,856	9,856	9,856		0	

office of secretary of state

FRANCES JONES MILLS Secretary



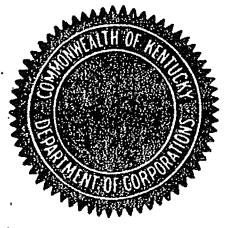
FRANKFORT, KENTUCKY

CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I. FRANCES IONES MILLS, Secretary of State of the Commonwealth of

2, 110m, 122 Vol. 12 12 12 12 12 12 12 12 12 12 12 12 12
Kentucky certify that there has been delivered to my office articles of
incorporation of EXPLOITED CHILDREN'S HELP ORGANIZATION - GREATER LOUISVILLE, INC.
The name and address of the registered agent of this corporation is
ROSIE NORRIS, CHAIRPERSON
1204 S. THIRD STREET, SUITE B
LOUISVILLE, KENTUCKY 40203
CANAL CLATE

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I; FRANCES JONES MILLS, Secretary of State, issue this Certificate of Incorporation.



Issued this 29TH day of

at Frankfort, Kentucky.

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

AUG 29 1983

ARTICLES OF INCORPORATION

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EXPLOITED CHILDREN'S HELP ORGANIZATION (- CREATER GOVESNA

The following Articles of Incorporation of the Exploited Children's Help Organization (Greater Chilsville, 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 CEREATER VOLUSION 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):

uddy

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 3825 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 <u>furtherance</u> of the purposes set <u>forth</u> in <u>Article</u> IV hereof.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, 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 liaibilities 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.

RECEIVED & FILED

Sep | | 06 | OF AMENDMENT OF EXPLOITED CHILDREN'S

Corporation Laws, designed to give notice to corporate action effectuating amendment of certain provisions of its Articles of Incorporation, sets forth the following amendments:

The name of the corporation is: EXPLOITED CHILDREN'S HELP ORGANIZATION, INC.

The exact text of Article 1 of the Articles of Incorporation is hereby changed to: The name of the corporation shall be EXPLOITED CHILDREN'S HELP ORGANIZATION, INC.

The exact text of Article 5 of the Articles of Incorporation is hereby changed to: The number of directors shall be fixed from time to time by the Board of Directors as they see fit, and in accordance with KRS 273.211(1).

The exact text of Article 6 of the Articles of Incorporation is hereby changed to: 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 provision of these Articles, the corporation should 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 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.

A127557

Document No: 1993127557 Lodged By: 60ETZ Recorded On: Sep 28, 1993 10:58:20 A.W.

Total Fees: \$5.50 County Clerk: Rebecca Jackson

Deputy Clerk: SHERRI

END OF DOCUMENTS

57

BOOK 456 PAGE 527

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 I	NORRIS,	CHAIRPERSON
WITNESSED	BY:	DATE		

Zay H. Lowe

EXPLOITED CHILDREN'S HELP ORGANIZATION

BOARD OF DIRECTORS

August 1986

CHAIRPERSON:

Rosie Norris -- 4H Youth Director

Work: 637-8761

VICE-CHAIRPERSON:

Phil Locke Principal, Smyrna Elementary

454-8329 Work:

SECRETARY:

YMCA Shelter House Nancy Beck

Project Safe Place

Work: 635-5233

TREASURER:

Benefits Analyst Paula Lombard --

Higgins

Work: 568-9300

MEETING DIRECTOR:

Lucy Callahan --Office Director

Holv Trinity School

Work: 897-2785

		A.	in ha	Prio
		ROSIE Y	ORRIS	
		Jak	Xanko	elsen.
		PAT RAN	IDOLPH	
		Com) JOLACTICA NEX	·
		JAN MOC	NEY (
STATE OF KENTUCKY)		•	,
DIAID OF IGHTOOM	j · s	S:		
COUNTY OF JEFFERSON)			
The foregoing in	strument was	acknowledged	before me by	Rosie Norris,
Pat Randolph, and Jan	. Mooney on th	is 30th day o	of June, 1983	
•	Muz	commission ex	mires M	ARCh 28, 1984
	r.ty			7 00:
			for B.	Tolsur
		Wotary	Public	
				• .

THIS INSTRUMENT WAS PREPARED BY:

ERNEST E. ALLEN

Attorney at Law

609 W. Jefferson Street

Louisville, KY 40202

COMMERCIAL LEASE

THIS LEA	SE is made on the $_$	day c	f_April	1999.		
The Landlo		ase to the	Tenant and the T	mont house.	re and take from the Landlord,	
LANDLOR		· · · · · · · · · · · · · · · · · · ·		TENANT(S): _	Exploited Childre Help Organization	en 1. Tre
Address:	1500 Poplar	Leve1	Rd.	Address:	2440 Grinstead Dr	
	Louisville,	KY	40217	_	Louisville, KY	40204
1. Leased	Premises. The Lea Suite #2	sed Premi (East	ses are those prem end- upsta	ises described as:		
	1500 Popl		·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··			
2. Term.	The term of the Leas	e shall be	for a period of O	1e vear(s) commencing	on the 1st day of May	. 00
converted to a notice to the constitution of t	a month-to-month Leighter party. Lease red by Tenant The Tenant agrees to go all installments \$ _5 **CARRY X **CA	and and earn and the second and the	ch party shall have extended a vivide to the covenants and the covenants are the cov	Ethe right to terminate the reaches the right to terminate the radditional two additional two sixty six humans and every sixty six humans are sixty si	d as hereinafter provided. If To see expiration date stated above the Lease by giving at least one is to (2) years at exitandred Dollar ery calendar month during the expectation of the lease dynamics and conditions at to be performed, then the sum of the leased property to the Terato the Tenant for any loss or of the case term and the second property to the Terato the Tenant for any loss or of the case term and the second property to the Terato the Tenant for any loss or of the tenant for any loss or the tenant fo	this Lease will be months' prior written sting rate if sting rate if s (\$ 6600.00) full term of this with the second buildings x x received buildings x x received build
	•			ed only for the following		I the time when
	Normal offic			,	, purposo.	
8. Utilities. Premises. The a			annos, as well	as all services, shall be in	and services that are furnished nade by and only in the name o	to the Leased f the Tenant:
Condition of and repair. The T	f Leased Premise; M Tenant agrees to take.	Iaintenan good care	ce and Repair. of and maintain th	The Tenant acknowledg te Leased Premises in go	es that the Leased Premises are od condition throughout the ter	in good order
Thextenant and	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ah akees	<u>aring rhingrwi</u> n	Hackmanktoxiexkerse	TERNISES KOLKEINEN SOEKEN TREDIKKEN KOLKEINEN SOEKEN TREDIKKEN KOLKEINEN SOEKEN TREDIKES KOLKEINEN SOEKEN TREDIK SOEKEN TRED	Cottal reconstruction
orders, and regular Leased Premises. this lease, or for th	with Laws and Regitions, and with all law The Tenant at its exti	dations. ful directi ense, shall dterations	Tenant, at its exp ives of public office	ense, shall promptly concers, which impose any conditions	uply with all federal, state, and luty upon it or Landlord with re the conduct of its business wit then necessary, will join with the	municipal laws,
and fixtures install		come Lan	dlord's property o	t the and of the I	improvements to, or install an alterations, additions, and impro m. Landlord may, however, re	



12. Assignment/Subletting Restrictions. Tenant may not assign this agreement or sublet the Leased Premises without the prior written consent of the Landlord. Any assignment, sublease or other purported license to use the Leased Premises by Tenant without the Landlord's consent shall be void and shall (at Landlord's option) terminate this Lease.

13. Insurance.

- (i) By Landlord. Landlord shall at all times during the term of this Lease, at its expense, insure and keep in effect on the building in which the Leased Premises are located fire insurance with extended coverage. The Tenant shall not permit any use of the Leased Premises which will make voidable any insurance on the property of which the Leased Premises are a part, or on the contents of said property or which shall be contrary to any law or regulation from time to time established by the applicable fire insurance rating association. Tenant shall on demand reimburse the Landlord, and all other tenants, the full amount of any increase in insurance premiums caused by the Tenant's use of the premises.
- (ii) By Tenant. Tenant shall, at its expense, during the term hereof, maintain and deliver to Landlord public liability and property damage and plate glass insurance policies with respect to the Leased Premises. Such policies shall name the Landlord and Tenant as

insureds, and have limits of at least \$\frac{500,000}{\} for injury or death to any one person and \$\frac{500,000}{\} for any one accident, and \$\frac{50,000}{\} with respect to damage to property and with full coverage for plate glass. Such policies shall be in whatever form and with such insurance companies as are reasonably satisfactory to Landlord, shall name the Landlord as additional insured, and shall provide for at least ten days' prior notice to Landlord of cancellation.

- 14. Indemnification of Landlord. Tenant shall defend, indemnify, and hold Landlord harmless from and against any claim, loss, expense or damage to any person or property in or upon the Leased Premises, arising out of Tenant's use or occupancy of the Leased Premises, or arising out of any act or neglect of Tenant or its servants, employees, agents, or invitees.
- 15. Condemnation. If all or any part of the Leased Premises is taken by eminent domain, this lease shall expire on the date of such taking, and the rent shall be apportioned as of that date. No part of any award shall belong to Tenant.
- 16. Destruction of Premises. If the building in which the Leased Premises is located is damaged by fire or other casualty, without Tenant's fault, and the damage is so extensive as to effectively constitute a total destruction of the property or building, this Lease shall terminate and the rent shall be apportioned to the time of the damage. In all other cases of damage without Tenant's fault, Landlord shall repair the damage with reasonable dispatch, and if the damage has rendered the Leased Premises wholly or partially untenantable, the rent shall be apportioned until the damaged is repaired. In determining what constitutes reasonable dispatch, consideration shall be given to delays caused by strikes, adjustment of insurance, and other causes beyond the Landlord's control.
- 17. Landlord's Rights upon Default. In the event of any breach of this lease by the Tenant, which shall not have been cured within TEN (10) DAYS, then the Landlord, besides other rights or remedies it may have, shall have the immediate right of reentry and may remove all persons and property from the Leased Premises; such property may be removed and stored in a public warehouse or elsewhere at the cost of, and for the account of, the Tenant. If the Landlord elects to reenter as herein provided, or should it take possession pursuant to any notice provided for by law, it may either terminate this Lease or may, from time to time, without terminating this lease, relet the Leased Premises or any part thereof, for such term or terms and at such rental or rentals and upon such other terms and conditions as the Landlord in Landlord's own discretion may deem advisable. Should rentals received from such reletting during any month be less than that agreed to be paid during the month by the Tenant hereunder, the Tenant shall pay such deficiency to the Landlord monthly. The Tenant shall also pay to the Landlord, as soon as ascertained, the cost and expenses incurred by the Landlord, including reasonable attorneys fees, relating to such reletting.
- 18. Quiet Enjoyment. The Landlord agrees that if the Tenant shall pay the rent as aforesaid and perform the covenants and agreements herein contained on its part to be performed, the Tenant shall peaceably hold and enjoy the said rented premises without hindrance or interruption by the Landlord or by any other person or persons acting under or through the Landlord.
- 19. Landlord's Right to Enter. Landlord may, at reasonable times, enter the Leased Premises to inspect it, to make repairs or alterations, and to show it to potential buyers, lenders or tenants.
- 20. Surrender upon Termination. At the end of the lease term the Tenant shall surrender the leased property in as good condition as it was in at the beginning of the term, reasonable use and wear excepted.
- 21. Subordination. This lease, and the Tenant's leasehold interest, is and shall be subordinate, subject and inferior to any and all liens and encumbrances now and thereafter placed on the Leased Premises by Landlord, any and all extensions of such liens and encumbrances and all advances paid under such liens and encumbrances.
- 22. Additional Provisions: Any month's rent not received by the fourth day of the month in which it is due shall be subject to a late fee of \$5.00 per day beginning on the fifth day of the month and continuing until paid.

23. Miscellaneous Terms.

- (i) Notices. Any notice, statement, demand or other communication by one party to the other, shall be given by personal delivery or by mailing the same, postage prepaid, addressed to the Tenant at the premises, or to the Landlord at the address set forth above.
- (ii) Severability. If any clause or provision herein shall be adjudged invalid or unenforceable by a court of competent jurisdiction or by operation of any applicable law, it shall not affect the validity of any other clause or provision, which shall remain in full force and effect.

 (iii) Welver. The fully of aither porty to or force over fell a provision of the provision of t
- (iii) Walver. The failure of either party to enforce any of the provisions of this lease shall not be considered a waiver of that provision or the right of the party to thereafter enforce the provision.
- (iv) Complete Agreement. This Lease constitutes the entire understanding of the parties with respect to the subject matter hereof and may not be modified except by an instrument in writing and signed by the parties.
 - (v) Successors. This Lease is binding on all parties who lawfully succeed to the rights or take the place of the Landlord or Tenant.
- 24. [FOR LEASED PREMISES IN FLORIDA ONLY]: Radon Gas: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county public health unit.

IN WITNESS WHEREOF the parties have set the	ir hands and seals on this day of
Machen	Lucy C. Lee Efecutives Harioton
Landlord or Landlord's Authorized Agent	Tenant J
	ECHO, Explaited Children Och Brangation

Form W-9
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	1 1 Name (as shown on your income tay return) Name is required on this line, do not be not be used to be a line of the property of the propert		
	1 Name (as snown on your income tax return). Name is required on this line; do not leave this line blank Exploited Children's Help Organization, Inc.	•	
6	2 Business name/disregarded entity name, if different from above		
	ЕСНО		
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	☐ Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
ic it	Note: For a cincle member 1.1 Other in disconnected decay in a 1.1 Other in disconnected decay in disconnected decay in a 1.1 Other in disconnected decay in a 1.1 Other in disconnected decay in a 1.1 Other in disconnected decay in disconnected deca	ship) ►	
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	n the line above for	Exemption from FATCA reporting code (if any)
교등	Other (see instructions)		(Applies to accounts maintained outside the U.S.)
Ġ.	5 Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)
ğ	1500 Poplar Level Road, Suite 2		
99	6 City, state, and ZIP code		
ഗ്	Louisville, KY 40217		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
Entery	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	curity number
backu	p withholding. For individuals, this is generally your social security number (SSN). However, fint allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other	ora ETT	
entities	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	t	- -
TIN on	page 3.	or	
Note. guideli	If the account is in more than one name, see the instructions for line 1 and the chart on page nes on whose number to enter.	4 for Employer	identification number
Part			
	penalties of perjury, I certify that:		
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be iss	sued to me); and
0011	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o onger subject to backup withholding; and) I have not been n or dividends, or (c)	otified by the Internal Revenue the IRS has notified me that I am
3. I am	n a U.S. citizen or other U.S. person (defined below); and		
4. The !	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	a is correct.	
Certific becaus interest general instruct	cation instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate transate paid, acquisition or abandonment of secured property, cancellation of debt, contributions to ally, payments other than interest and dividends, you are not required to sign the certification, tions on page 3.	at you are currently at you are currently at your are currently at your areas at your areas are individual retires.	s not apply. For mortgage
Sign Here	Signature of U.S. person ► Dat	te > //	38/1

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 o be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. 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
- 4. 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 U 2 Know: Telling Our Stories

Body Safety Presentation

PRE-SURVEY

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7		v		∕ 、			•	, ,	100			v	- 37	٠.	•	: N	w		ľ		2.1		,,	л.	57		ч		15	- 3	•	1 1	234	u	16	J	ು	u	10.0	,	- 1	

- No one from your home or community will ever see your answers.
- You may skip any question you don't want to answer.
- THIS IS NOT A TEST. There are no right or wrong answers. You will not receive a grade.

Code:	School:		Date:		
Please fill in the circle below the	answer that best desribes you.	www.constructure.com/accessories/world-do-com/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessories/accessor	Agree	Not Sure	Disagree
If you don't like how someon	ne is touching you, it's OK to say no.		0	0	0
If someone touches you in a until someone believes you.	way that does not feel good, you should k	eep on telling	l o	0	0
3. Even someone in your family	might want to touch you in a way that fe	els confusing.	0	0	0
4. If someone touches you in a	way you don't like, it's your own fault.		0	0	0
5. If someone you trust encoura	ages you to break a safety rule, it's OK to s	ay no.	0	0	0
6. Sometimes, people who hurt	t kids try to trick them.		0	0	0
7. No one has the right to touc	ch your body without your permission.		0	0	0
8. I can think of at least two ad or uncomfortable.	lults I trust to talk to if I ever feel sad, scare	d, confused,	0	0	0
I can think of a safe place wh uncomfortable.	nere I could go if I ever feel sad, scared, cor	nfused, or	0	0	0
10. I know how to listen to my f	eelings, or my 'inner voice,' to help me stay	y safe.	0	0	0
Please fill in the circle below the	answer that best desribes you.	I definitely can say no	l probably can say no	I probably <u>can't</u> say no	I definitely <u>can't</u> say no
	vould be able to say "NO!" to a <u>stranger</u> ht or makes you uncomfortable?	0	0	0	0
	ould be able to say "NO!" to a <u>friend</u> if or makes you uncomfortable?	0	O	0	0
	vould be able to say "NO!" to a <u>family</u> 't feel right or makes you uncomfortable?	0	0	0	0
	vould be able to say "NO!" to a <u>familiar</u> r karate instructor) if something doesn't mfortable?	0	0	0	0



4 U 2 Know: Telling Our Stories

Body Safety Presentation

POST-SURVEY

- You DO NOT have to write your name on this survey.
- No one from your home or community will ever see your answers.
- You may skip any question you don't want to answer.
- THIS IS NOT A TEST. There are no right or wrong answers. You will not receive a grade.

Code:	School:		Date:		
Please fill in the circle below the	answer that best desribes you.	TOLAN BUTTURAN PERIODEN PERIOD	Agree	Not Sure	Disagree
If you don't like how someon	ne is touching you, it's OK to say no.		0	0	0
If someone touches you in a until someone believes you.	way that does not feel good, you should k	eep on telling	' O	0	0
3. Even someone in your family	might want to touch you in a way that fe	els confusing.	0	0	0
4. If someone touches you in a	way you don't like, it's your own fault.		0	0	0
5. If someone you trust encour	ages you to break a safety rule, it's OK to s	ay no.	0	0	0
6. Sometimes, people who hur	t kids try to trick them.		0	0	0
7. No one has the right to touc	h your body without your permission.		0	0	0
8. I can think of at least two ad or uncomfortable.	ults I trust to talk to if I ever feel sad, scare	d, confused,	0	0	O
I can think of a safe place wh uncomfortable.	nere I could go if I ever feel sad, scared, co	nfused, or	0	0	0
10. I know how to listen to my fo	eelings, or my 'inner voice,' to help me stay	/ safe.	0	0	O
Please fill in the circle below the	answer that best desribes you.	I definitely can say no	I probably can say no	I probably <u>can't</u> say no	I definitely <u>can't</u> say no
	yould be able to say "NO!" to a <u>stranger</u> ht or makes you uncomfortable?	0	0	0	0
	rould be able to say "NO!" to a <u>friend</u> if or makes you uncomfortable?	0	O	0	0
	rould be able to say "NO!" to a <u>family</u> t feel right or makes you uncomfortable?	0	0	0	0
	rould be able to say "NO!" to a <u>familiar</u> r karate instructor) if something doesn't mfortable?	0	0	0	0

15. Now one final question: Today you learned a lot of important information in a short amount of time. You may still have questions that we didn't get to, or that you didn't feel comfortable asking in class. Please use this space to share any questions that you'd like to ask.





NetSmartz Workshop

Internet Safety Presentation

PRE-SURVEY

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- No one from your home or community will ever see your answers.
- You may skip any question you don't want to answer.
- THIS IS NOT A TEST. There are no right or wrong answers. You will not receive a grade.

Co	de:	School:	Date:		
Ple	ase fill in the circle below t	Agree	Not Sure	Disagree	
1.	You have to be careful about what you tell and who you talk to when you are online.		0	0	0
2.	It is okay to post your friend's phone number online on a site like Facebook.		0	0	0
3.	Posting mean things or revealing pictures online could hurt your chances of getting into college.		0	0	0
4.	It would be okay to share your last name with someone you met on Neopets or Playstation.		0	0	0
5.	A good way to stop online bullying is to block the bully from your account.		0	0	0
6.	If you know that someone in your class is being bullied online, you should speak up and report it to an adult.		0	0	0
7.	Adults you don't know should not be trying to talk to you online.		0	0	0
8.	It is okay to tell your best friend what your email password is.		0	0	0
9.	. I can think of at least two things to do if I was being bullied online.		0	0	0

- You DO NOT have to write your name on this survey.
- No one from your home or community will ever see your answers.
- You may skip any question you don't want to answer.
- THIS IS NOT A TEST. There are no right or wrong answers. You will not receive a grade.

Code:		School:	Date:	on the process where the control of	
Please fill in the circle below the answer that best describes you.			Agree	Not Sure	Disagree
1.	You have to be careful about what you tell and who you talk to when you are online.		0	0	0
2.	It is okay to post your friend's phone number online on a site like Facebook.		0	0	0
3.	Posting mean things or revealing pictures online could hurt your chances of getting into college.		Ο	0	0
4.	It would be okay to share your last name with someone you met on Neopets or Playstation.		0	0	0
5.	A good way to stop online bullying is to block the bully from your account.			0	0
6.	If you know that someone in your class is being bullied online, you should speak up and report it to an adult.			0	0
7.	Adults you don't know should not be trying to talk to you online.		0	0	0
8.	It is okay to tell your best friend what your email password is.		0	0	0
9.	I can think of at least two things to do if I was being bullied online.		0	0	0

ECHO NDF Application Attachment: Staff List

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