

Additional Disclosure and Signatures

Additional Council Office Disclosure

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

| | | | |
|-------------------------|---|---------------------------------------|------------------------|
| <u>3</u> District # | <u>Mary Wooldredge</u> Council Member Signature | <u>500.00</u> Amount | <u>7/30/15</u> Date |
| <u>13</u> District # | <u>Vicki Aubrey Welch</u> Council Member Signature | <u>\$500⁰⁰</u> Amount | <u>7/30/15</u> Date |
| <u>6</u> District # | <u>[Signature]</u> Council Member Signature | <u>\$ 500.⁰⁰</u> Amount | <u>7/30/15</u> Date |
| <u>2</u> District # | <u>Barbara Montelisi</u> Council Member Signature | <u>\$ 500.00</u> Amount | <u>7/30/15</u> Date |
| <u>1</u> District # | <u>Jessica E. H.</u> Council Member Signature | <u>\$ 500.00</u> Amount | <u>7/30/15</u> Date |
| <u>15</u> District # | <u>Maunani Poutler</u> Council Member Signature | <u>\$ 500 -</u> Amount | <u>7-30-15</u> Date |
| <u>4</u> District # | <u>[Signature]</u> Council Member Signature | <u>\$ 500.00</u> Amount | <u>7-30-15</u> Date |



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

| SECTION 1 – APPLICANT INFORMATION | | | |
|--|-------------------------|---|-----------------------|
| Legal Name of Applicant Organization: Exploited Children's Help Organization, Inc. <small>(as listed on: http://www.sos.ky.gov/business/records)</small> | | | |
| Main Office Street & Mailing Address: 1500 Poplar Level Road, Suite 2 - Louisville, KY 40217 | | | |
| Website: echo-ky.org | | | |
| Applicant Contact: | Kendell Nash | Title: | Executive Director |
| Phone: | (502)636-3670 | Email: | Kendell@echo-ky.org |
| Financial Contact: | Leigh Ann Yost | Title: | Development Assistant |
| Phone: | 502-636-3670 | Email: | Leighann@echo-ky.org |
| Organization's Representative who attended NDF Training: Kendell Nash | | | |
| GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED | | | |
| Program Facility Location(s): Metro Louisville | | | |
| Council District(s): 1-26 | | Zip Code(s): All | |
| SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION | | | |
| PROGRAM/PROJECT NAME: Transforming our Communities | | | |
| Total Request: (\$) | \$26,000 | Total Metro Award (this program) in previous year: (\$) | \$0 |
| Purpose of Request (check all that apply): <input checked="" type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc) | | | |
| The Following are Required Attachments: | | | |
| <input checked="" type="checkbox"/> IRS Exempt Status Determination Letter <input checked="" type="checkbox"/> Current Year Projected Budget <input checked="" type="checkbox"/> List of Board of Directors (include term & term limits) <input checked="" type="checkbox"/> Current financial statement <input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H <input checked="" type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense | | <input checked="" type="checkbox"/> Signed lease if rent costs are being requested <input checked="" type="checkbox"/> IRS Form W9 <input checked="" type="checkbox"/> Evaluation forms if used in the proposed program <input type="checkbox"/> Annual audit (if required by organization) <input type="checkbox"/> Faith Based Organization Certification Form, if required <input checked="" type="checkbox"/> Staff including the 3 highest paid staff | |
| For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary. | | | |
| Source: | External Agency Funding | Amount: (\$) | \$4900 |
| Source: | | Amount: (\$) | |
| Source: | | Amount: (\$) | |
| Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

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

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

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

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

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

The Exploited Children's Help Organization has been the only organization providing child abuse victim identification and court based direct services in support of youth in 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 access to information and referrals to the appropriate medical, legal, and social services.

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LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

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

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

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
This funding will support our general operating costs including rent, 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 programming, 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.





LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent:
This is not a fundraiser.

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

Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

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



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served: Transforming Our Communities is designed to raise awareness through education and to create behavioral change and information sharing in developmentally appropriate ways to be suitable for all ages in all Louisville Metro Districts. ECHO will reach a minimum of 10,000 unduplicated children 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 (Pre K-1 st) | Students will understand that they can say "no" to adults who make them feel uncomfortable. | Drawing in class, age appropriate questionnaire day of training & again 8-12 weeks after program |
| Darkness to Light's Stewards of Children 2.0 | Participants will have an increased awareness of prevalence, consequences & circumstances of child sexual abuse. | Pre and Post Tests |
| | New skills for adults to prevent, recognize, & react responsibly to child sexual abuse. | |
| These 5 goals use the same components but not identical tools: age appropriate surveys, facilitator observations & school liaison focus group—data collected will be information learned & behaviors utilized | | |
| Internet safety education (K-2)**curriculum in draft form | Participants will be able to identify whom they should ask before using the Internet. | |
| My Body Belongs to Me (2nd-3rd Grade) | Students will understand how a "good touch" & a "bad touch" make them feel. | |
| 4 U 2 KNOW (4th-6th) | Students will recognize common "tricks"/grooming tactics of perpetrators of child sexual abuse. | |
| NetSmartz Router's Birthday Surprise (3rd-5th) | Students will recognize potential Internet risks | |
| NSTeens (6th-8th) | Students will recognize potential Internet risks | |
| These 2 goals use the same components but not identical tools: age appropriate surveys, facilitator observations & school liaison focus group—data collected will be information learned & behaviors utilized | | |
| Everyone Has a Role: Report Child Abuse (Adults) | Participants will be able to identify signs of physical, sexual & emotional abuse. | |
| | Participants will understand their legal requirement & the process of making a child abuse report. | |
| Parent Education (Internet & Body Safety) ***Draft | Participants will identify internet safety risks for their children. | |
| | Participants will be able to identify signs of physical, sexual & emotional abuse. | |



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 5 – PROGRAM/PROJECT BUDGET SUMMARY

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

| | 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"

**Must equal or exceed total in column 2.

klm
[Handwritten Signature]

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 |
| <u>General Liability</u> | <u>\$1147</u> |
| 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 |
| <u>Kosair Charities</u> | <u>\$22,500</u> |
| Total | \$191,211 |



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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

| Donor*/Type of Contribution | Value of Contribution | Method of Valuation |
|---|-----------------------|-----------------------------|
| KSMCA (landlord) Utilities | \$2448 | at cost and then it is spre |
| Volunteers | \$5168 | aid to volunteers based on |
| | | |
| | | |
| <i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind)</i> | \$7616 | See above |

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

Agency Fiscal Year Start Date:

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

If YES, please explain:

We do not anticipate a huge increase in expenses for this program, however we are planning for an increase in revenue via individual fundraising for this program.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 6 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

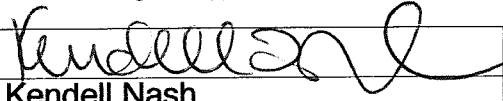
Standard Certifications

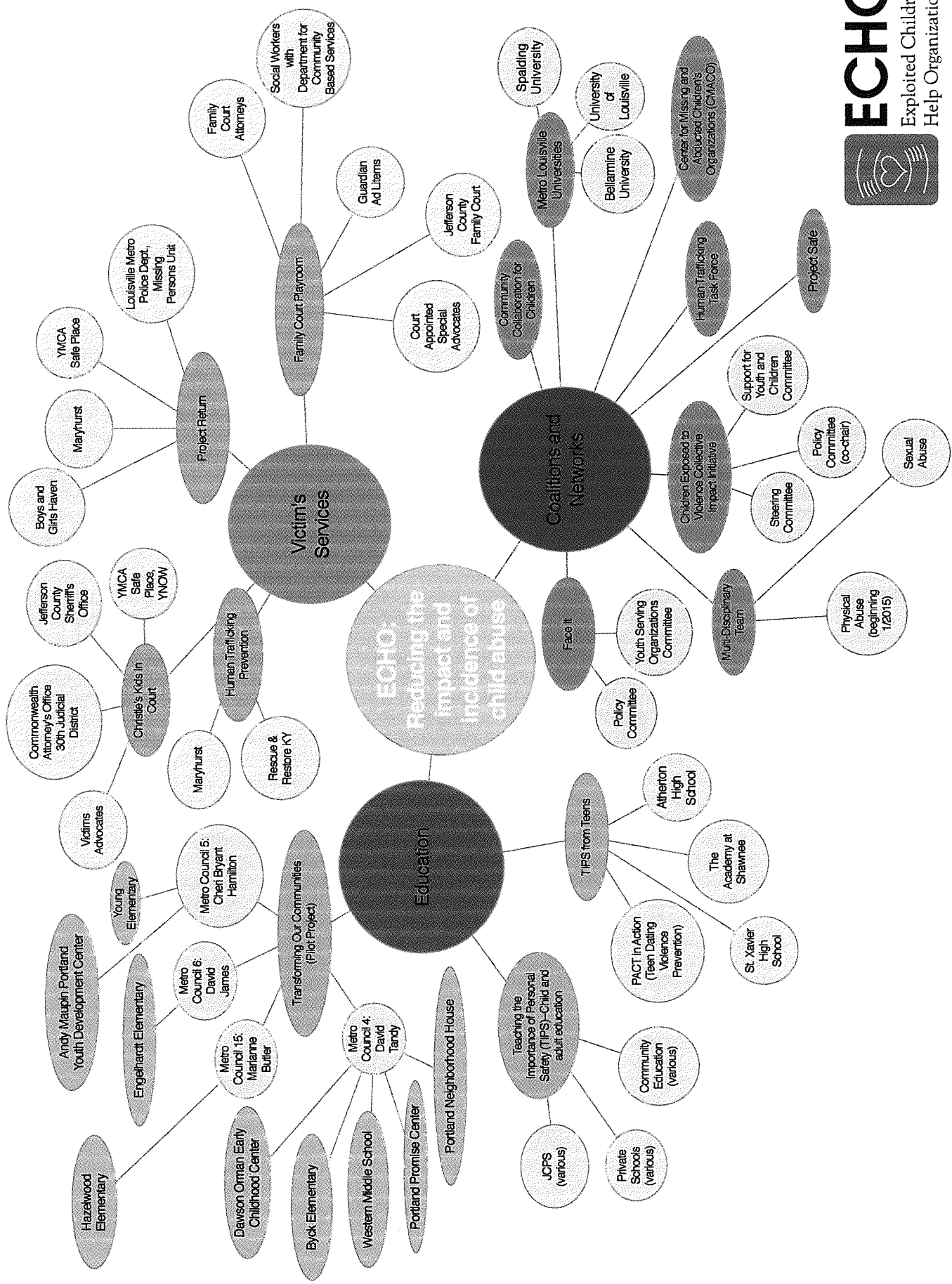
1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event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

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

SECTION 7 – CERTIFICATIONS & ASSURANCES

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

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





Transforming Our Communities

Education

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

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

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

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

St. Xavier High School—Archdiocese of Louisville High School

The West End School and Collegiate—Private school in Louisville

Victim's Services

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

Maryhurst—a residential therapeutic treatment facility for girls.

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

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

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

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

Coalition and Networks

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

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



ECHO

Exploited Children's
Help Organization

Transforming Our Communities

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

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

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

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

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

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

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

Internal Revenue Service
District Director

Department of the Treasury

Date: 1984

Employer Identification Number:
[REDACTED]

Accounting Period Ending:
June 30

Foundation Status Classification:
509(a)(1) and 170(b)(1)(A)(vi)

Advance Ruling Period Ends:
June 30, 1985

Person to Contact:
Joe Swann

Contact Telephone Number:
513-684-4866

Case No. 31421502110

Re: Exploited Children's Help
Organization-Greater Louisville, Inc.
1207 S. Third Street, Suite B
Louisville, KY 40203

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 income 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(a) of the Code. However, we have determined that you can reasonably be expected to be a publicly supported organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

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(a)(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 donors 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 donors 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 as a section 509(a)(1) and* organization is published in the Internal Revenue Bulletin, grantors and donors may not rely on this determination after the date of such publication. Also, a grantor or donor 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 509(a)(1) and* organization.

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


(over)

P.O. Box 2508, Cincinnati, Ohio 45201

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

E/R
ms
copy

0115 0001

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248164828
Feb. 01, 2013 LTR 4168C E0
[REDACTED] 000000 00
00019345
BODC: TE

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



011912

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

Dear Taxpayer:

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

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

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

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

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

| 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 |
| <i>Specific Expenses</i> | |
| Business Registration | \$ 15 |
| Postage (Development) | \$ 250 |
| Credit Card processing (multiple paypoints) | \$ 1,200 |
| #TFP Upfront costs (per TFP budget) | \$ 5,000 |
| MG meetings | \$ 250 |
| | \$ - |
| Mileage | \$ 7,500 |
| | \$ - |
| | \$ - |
| #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 |
| **Evaluation Consultant (grant dependent) | \$ 1,200 |
| **Program Consumables (handouts, backpacks, etc.) | \$ 5,000 |
| **Electronic Hardware (phones/computers) | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| Total Direct OTPS | \$ 34,272 |
| <i>Shared Expenses (allocated by FTE)</i> | |
| Internet and phone | \$ 3,000 |
| #Supplies | \$ 650 |
| #Website, Email, Social Media | \$ 1,000 |
| Membership and Dues | \$ 350 |
| D&O Insurance | \$ 569 |
| General Liability | \$ 1,147 |
| Postage (non development) | \$ 500 |
| Payroll Services | \$ 2,000 |
| Bookkeeper | \$ 5,100 |
| | \$ - |

**Grant dependent
#room to maneuver

| | |
|--|-------------------|
| #Accountant's Compilation | \$ 1,500 |
| <i>Shared Expenses (allocated by other method)</i> | |
| Office Space | \$ 6,600 |
| Utilities | \$ 3,600 |
| Database | \$ 3,000 |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| | \$ - |
| Total Shared OTPS | \$ 29,016 |
| Total Budget by Program/Function | \$ 217,155 |

**Grant dependent
#room to maneuver



ECHO

Exploited Children's
Help Organization

Board of Directors July 2015

Executive Committee

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

Linda Engel, L.C.S.W - Vice-Chair
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

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

Sandy Bowen, Immediate Past Chair
National Safe Place



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

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

Board Members

Lt. Tom Dreher
Commander, LMPD.
635 Industry Road 2nd Floor
Louisville, KY 40208
W: 502.574.2465
Tom.dreher@louisvilleky.gov
Term 1: 2009-2012
Term 2: 2012-2015

Tom Wine
Commonwealth 's Attorney
514 W. Liberty Street
Louisville, KY 40202
W: 502.595.2340
tbwine@louisvilleprosecutor.com
Term1: 2013-2016

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

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

ASSETS

| | | |
|------------------------------|----|-------------------------|
| Current Assets | | |
| Cash - Republic Bank | \$ | 13,320.35 |
| Money Market Account | | 75,996.43 |
| Prepaid Expenses | | 950.00 |
| Accounts Receivable | | 1.43 |
| Grants Receivable | | <u>7,680.50</u> |
| Total Current Assets | | 97,948.71 |
| Property and Equipment | | |
| Office Equipment | | 45,802.94 |
| Library | | 9,855.59 |
| Accumulated Depreciation | | <u>(55,658.53)</u> |
| Total Property and Equipment | | 0.00 |
| Other Assets | | |
| Total Other Assets | | <u>0.00</u> |
| Total Assets | \$ | <u><u>97,948.71</u></u> |

LIABILITIES AND CAPITAL

| | | |
|-----------------------------|----|-------------------------|
| Current Liabilities | | |
| Accounts Payable | \$ | 950.00 |
| Accrued Payroll Liabilities | | <u>(1.75)</u> |
| Total Current Liabilities | | 948.25 |
| Long-Term Liabilities | | |
| Total Long-Term Liabilities | | <u>0.00</u> |
| Total Liabilities | | 948.25 |
| Capital | | |
| Equity-Retained Earnings | | 118,631.77 |
| Net Income | | <u>(21,631.31)</u> |
| Total Capital | | <u>97,000.46</u> |
| Total Liabilities & Capital | \$ | <u><u>97,948.71</u></u> |

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 |
|------------|------------------------------|--------------------------------|--------------------------------|--------------------|----------------------------------|
| Net Income | (24,080.69) \$ | 58,905.79 \$ | 44,848.94 | 14,056.85 | 12,745.57 |

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 | 0.00 \$ | 0.00 \$ | 44,937.00 | (44,937.00) | 0.00 |
| Revenue Shortfall | 14,145.13 | 19,357.74 | 80,350.00 | (60,992.26) | 0.00 |
| VOCA 1 | 4,974.00 | 4,900.00 | 4,900.00 | 0.00 | 0.00 |
| Metro Government (TKKS) | 6,450.00 | 0.00 | 6,000.00 | (6,000.00) | 0.00 |
| Louisville Bar Foundation | 3,567.99 | 0.00 | 0.00 | 0.00 | 0.00 |
| Kentucky Colonels | 1,575.29 | 5,744.00 | 0.00 | 5,744.00 | 0.00 |
| WHAS Crusade | 0.00 | 0.00 | 3,000.00 | (3,000.00) | 0.00 |
| Gheens Foundation | 15,964.02 | 0.00 | 0.00 | 0.00 | 0.00 |
| OJJDP | 88,472.70 | 85,404.38 | 26,750.00 | 58,654.38 | 19,234.91 |
| VOCA 2 | 0.00 | 1,000.00 | 0.00 | 1,000.00 | 0.00 |
| Church of the Epiphany | 0.00 | 21,486.00 | 21,486.00 | 0.00 | 0.00 |
| Crime Victim Trust Fund | 0.00 | 10,000.00 | 9,999.98 | 0.02 | 0.00 |
| Kosair | 485.28 | 505.00 | 1,500.00 | (995.00) | 0.00 |
| Profit Sharing | 15,484.56 | 7,000.00 | 15,000.00 | (8,000.00) | 0.00 |
| Wine Tasting Event-Odd Year | 4,140.00 | 15,961.03 | 0.00 | 15,961.03 | 0.00 |
| Wine Tasting Event-Even Year | 2,219.01 | 2,810.37 | 1,200.00 | 1,610.37 | 0.00 |
| Other Small Fundraisers | 2,860.92 | 2,990.00 | 4,000.00 | (1,010.00) | 0.00 |
| EOY Campaign | 4,790.37 | 1,808.57 | 2,500.00 | (691.43) | 116.00 |
| CAPM Campaign | 1,600.00 | 910.00 | 10,000.00 | (9,090.00) | 0.00 |
| Major Donor Asks | 1,650.00 | 1,825.00 | 3,850.00 | (2,025.00) | 500.00 |
| Board Member Contributions | 987.26 | 125.00 | 0.00 | 125.00 | 0.00 |
| Contributions-Unsolicited | 0.00 | 200.00 | 0.00 | 200.00 | 0.00 |
| Commonwealth Attorney Donation | 336.20 | 300.00 | 0.00 | 300.00 | 0.00 |
| Restitution | 1,437.51 | 0.00 | 0.00 | 0.00 | 0.00 |
| Other Income | 91.43 | 89.85 | 0.00 | 89.85 | 5.00 |
| Interest Income | | | | | |
| Total Revenues | 171,231.67 | 182,416.94 | 235,472.98 | (53,056.04) | 19,855.91 |
| Expenses | | | | | |
| Payroll | 116,802.03 | 105,611.32 | 128,459.79 | (22,848.47) | 6,156.14 |
| Health Insurance | 7,984.20 | 1,225.91 | 603.03 | 622.88 | 56.42 |
| Payroll Tax | 8,734.94 | 466.15 | 939.22 | (473.07) | 20.92 |
| Retirement | 3,864.00 | 0.00 | 4,057.00 | (4,057.00) | 0.00 |
| Worker's Compensation Insuranc | 1,442.00 | (391.03) | 2,166.00 | (2,557.03) | 0.00 |

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 |
|-------------------------------|------------------------------|--------------------------------|--------------------------------|--------------------|----------------------------------|
| Unemployment Insurance | 840.56 | 0.00 | 0.00 | 0.00 | 0.00 |
| Disability Insurance | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Life Insurance | (550.52) | 0.00 | 0.00 | 0.00 | 0.00 |
| Contracted Services | 2,775.00 | 0.00 | 850.00 | (850.00) | 0.00 |
| Rent | 11,400.00 | 950.00 | 11,400.00 | (10,450.00) | 0.00 |
| Utilities | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Telephone and Internet | 3,947.06 | 858.56 | 2,700.00 | (1,841.44) | 52.88 |
| Cell Phone Reimbursement | 506.06 | 700.00 | 1,440.00 | (740.00) | 0.00 |
| Office Supplies | 3,025.04 | 22.34 | 200.00 | (177.66) | 0.00 |
| Database Expenses | 2,797.97 | 1,334.64 | 1,440.00 | (105.36) | 119.52 |
| E-newsletter Platform | 0.00 | 0.00 | 350.00 | (350.00) | 0.00 |
| Computer Support | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| General Liability Insurance | 1,844.64 | 384.34 | 1,176.00 | (791.66) | 0.00 |
| D&O Insurance | 0.00 | 558.18 | 1,200.00 | (641.82) | 558.18 |
| Business Registration | 0.00 | 15.00 | 15.00 | 0.00 | 15.00 |
| Postage | 0.00 | 0.00 | 136.00 | (136.00) | 0.00 |
| Bank Charges | 132.24 | 0.00 | 0.00 | 0.00 | 0.00 |
| Accounting Services | 5,282.85 | 3,501.87 | 9,320.00 | (5,818.13) | 129.64 |
| Audit | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Depreciation Expense | 1,586.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| MG Meetings | 0.00 | 0.00 | 200.00 | (200.00) | 0.00 |
| Wine Tasting Event Expenses | 2,552.33 | 4,626.30 | 2,000.00 | 2,626.30 | 0.00 |
| Development Meetings | 559.91 | 1.64 | 800.00 | (798.36) | 1.64 |
| Program Materials Consumables | 8,380.31 | 1,159.31 | 16,595.00 | (15,435.69) | 0.00 |
| Commonwealth's Attorney | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Background Checks | 0.00 | 21.20 | 660.00 | (638.80) | 0.00 |
| CAPM Event | 0.00 | 0.00 | 2,500.00 | (2,500.00) | 0.00 |
| Mileage Expense | 3,387.45 | 2,135.73 | 1,117.00 | 1,018.73 | 0.00 |
| Professional Development | 2,183.21 | 40.00 | 0.00 | 40.00 | 0.00 |
| Memberships and Dues | 0.00 | 8.40 | 300.00 | (291.60) | 0.00 |
| Strategic Planning | 2,056.72 | 0.00 | 0.00 | 0.00 | 0.00 |
| Miscellaneous Expense | 1,752.35 | 31.30 | 0.00 | 31.30 | 0.00 |
| Technology Equipment-Expensed | 2,026.01 | 249.99 | 0.00 | 249.99 | 0.00 |
| Total Expenses | 195,312.36 | 123,511.15 | 190,624.04 | (67,112.89) | 7,110.34 |

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/1/2013, and ending 6/30/2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization EXPLOITED CHILDREN'S HELP ORGANIZATION
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1500 POPLAR LEVEL ROAD
 City or town State ZIP code
LOUISVILLE KY 40217
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number _____

E Telephone number (502) 636-3670

F Name and address of principal officer:
KENDELL NASH 1500 POPLAR LEVEL ROAD, LOUISVILLE, KY 402

G Gross receipts \$ 171,232

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

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

J Website: WWW.ECHOLOU.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1983 **M** State of legal domicile: KY

H(c) Group exemption number

Part I Summary

| | | | | |
|-----------------------------|---|--|--------------------------------------|-------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: <u>TO REDUCE THE INCIDENCE AND IMPACT OF CHILD VICTIMIZATION THROUGH PUBLIC AWARENESS, EDUCATION AND PREVENTION PROGRAMS, PARENT SUPPORT SERVICES AND PROGRAMS THAT PROVIDE A FORUM FOR VOLUNTEERISM AND COMMUNITY</u> | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 5 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 150 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 228,155 | Current Year 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 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 138,856 | 139,117 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <u>8,297</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 66,344 | 60,659 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 205,200 | 199,776 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 38,663 | -31,096 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 146,252 | End of Year 122,482 |
| | 21 | Total liabilities (Part X, line 26) | 3,830 | 3,850 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 142,422 | 118,632 |

Part II Signature Block

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

Sign Here

Signature of officer: KENDELL NASH Date: 5/15/2015
 Type or print name and title: EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name: STEPHANIE REESE Preparer's signature: [Signature] Date: 5/14/2015 Check if self-employed PTIN: _____
 Firm's name: STEPHANIE REESE CPA Firm's EIN: _____
 Firm's address: 2400 Fallsview Rd, Louisville, KY 40207 Phone no.: _____

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

Part III

Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 165,839 including grants of \$) (Revenue \$) This year ECHO piloted a new public health model to deliver our child abuse victim identification and prevention programs. ECHO served over 5700 children in child abuse prevention education, over 275 adults within schools and communities, on how to recognize, report and prevent child abuse. Through all of our programs, ECHO served over 16,000 children + families, through 3000 volunteer hours, with more than 30 partner agencies.

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

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

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

4e Total program service expenses 165,839

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), Form 501(c)(29), and Form 720.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KENDELL NASH (502) 636-3670 1500 POPLAR LEVEL ROAD, LOUISVILLE, KY 40217

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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



Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|--|---|----------|----------------------|--|---|--|----------------------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 0 | | | | | |
| | b Membership dues | 1b | 0 | | | | | |
| | c Fundraising events | 1c | 0 | | | | | |
| | d Related organizations | 1d | 0 | | | | | |
| | e Government grants (contributions) | 1e | 123,556 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 27,960 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 0 | | | | | |
| | h Total. Add lines 1a-1f ▶ | | 151,516 | | | | | |
| | Program Service Revenue | | | | | | | Business Code |
| 2a | | | | 0 | | | | |
| b | | | | 0 | | | | |
| c | | | | 0 | | | | |
| d | | | | 0 | | | | |
| e | | | | 0 | | | | |
| f All other program service revenue | | | | 0 | | | | |
| g Total. Add lines 2a-2f ▶ | | | 0 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 91 | | | | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | 0 | | | | |
| | 5 Royalties ▶ | | | 0 | | | | |
| | 6a Gross rents | | | (i) Real | | | | |
| | | | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | | | |
| | | c Rental income or (loss) | 0 | 0 | | | | |
| | d Net rental income or (loss) ▶ | | | 0 | | | | |
| | 7a Gross amount from sales of assets other than inventory | | | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | | | |
| | | c Gain or (loss) | 0 | 0 | | | | |
| | d Net gain or (loss) ▶ | | | 0 | | | | |
| | 8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 | a | 19,625 | | | | | |
| | | b Less: direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | 17,073 | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | | | | |
| | b Less: direct expenses | b | | | | | | 0 |
| | c Net income or (loss) from gaming activities ▶ | | | | | | | 0 |
| 10a Gross sales of inventory, less returns and allowances | a | 0 | | | | | | |
| | b Less: cost of goods sold | b | | | | | | 0 |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | | 0 |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a | | | 0 | | | | | |
| b | | | 0 | | | | | |
| c | | | 0 | | | | | |
| d All other revenue | | | 0 | | | | | |
| e Total. Add lines 11a-11d ▶ | | | 0 | | | | | |
| 12 Total revenue. See instructions ▶ | | | | 168,680 | 0 | 0 | 0 | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 | Grants and other assistance to 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 | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 60,000 | 42,000 | 12,000 | 6,000 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 56,802 | 50,838 | 5,396 | 568 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 13,580 | 10,783 | 2,023 | 774 |
| 10 | Payroll taxes | 8,735 | 6,936 | 1,302 | 497 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | | | |
| b | Legal | 0 | | | |
| c | Accounting | 5,283 | 4,728 | 502 | 53 |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 2,776 | 2,484 | 264 | 28 |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 3,024 | 2,707 | 287 | 30 |
| 14 | Information technology | 4,823 | 4,317 | 458 | 48 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 11,400 | 10,203 | 1,083 | 114 |
| 17 | Travel | 3,388 | 3,032 | 322 | 34 |
| 18 | Payments of travel or entertainment expenses 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 | 0 |
| 23 | Insurance | 1,844 | 1,651 | 175 | 18 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a | Telephone and internet | 4,453 | 3,986 | 423 | 44 |
| b | Bank charges | 1,718 | 1,538 | 163 | 17 |
| c | Program materials | 8,380 | 8,380 | | |
| d | Memberships and dues | 2,057 | 2,057 | | |
| e | All other expenses <u>Miscellaneous expense</u> | 7,184 | 6,430 | 682 | 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 fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|-------------------|-----------|--------------|
| | | Beginning of year | | End of year |
| Assets | 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, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 1,111 | 9 | 950 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 55,499 | | |
| | b Less: accumulated depreciation | 10b 55,499 | 1,586 | 10c 0 |
| | 11 Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 146,252 | 16 | 122,482 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,044 | 17 | 3,850 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 2,786 | 25 | 0 |
| | 26 Total liabilities. Add lines 17 through 25 | 3,830 | 26 | 3,850 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 141,275 | 27 | 118,632 |
| | 28 Temporarily restricted net assets | 1,147 | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 142,422 | 33 | 118,632 | |
| 34 Total liabilities and net assets/fund balances | 146,252 | 34 | 122,482 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 168,680 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 199,776 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -31,096 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 142,422 |
| 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 | 7,306 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 118,632 |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----------|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | X |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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
 - e 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 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see Instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
| (E) | | | | | | | | | |
| Total | | | | | | | | | 0 |



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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) 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 organization without charge | | | | | | 0 |
| 4 Total. Add lines 1 through 3 | 297,751 | 227,388 | 200,503 | 228,155 | 151,516 | 1,105,313 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 1,105,313 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (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, payments received on securities loans, rents, royalties and income from similar sources | | | | | 91 | 91 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 13,354 | 6,905 | 21,426 | 15,708 | 17,073 | 74,466 |
| 11 Total support. Add lines 7 through 10 | | | | | | 1,179,870 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 93.68% |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 94.58% |
| 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2009 | (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 organization's tax-exempt purpose | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 0 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|-------|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | 0.00% |

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



Part IV

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

Area with horizontal dashed lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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2013

▶ 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 identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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 II.

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 during the year ▶ \$

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

| | |
|---|--|
| Name of organization EXPLOITED CHILDREN'S HELP ORGANIZATION | Employer identification number <div style="background-color: black; width: 100px; height: 15px;"></div> |
|---|--|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|--|
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| ----- | ----- ----- Foreign State or Province: ----- Foreign Country: ----- | \$ ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization EXPLOITED CHILDREN'S HELP ORGANIZATION | Employer identification number [REDACTED] |
|---|---|

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

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

| | |
|---|--|
| Name of organization EXPLOITED CHILDREN'S HELP ORGANIZATION | Employer identification number [REDACTED] |
|---|--|

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization: **EXPLOITED CHILDREN'S HELP ORGANIZATION** Employer identification number: [REDACTED]

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

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | 0 | 0 |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements.

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 0 | 0 | 0 | 0 | 0 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Temporarily restricted endowment ▶ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 0 | 0 | 0 | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 55,499 | 55,499 | 0 |
| e Other | 0 | 0 | 0 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 0 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 0 |
| (2) Other accrued expenses | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 0 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.



Part XIII Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|--|---------------------------------|--------------|------------------------|---------------------------------|
| | | PREVENTION WINI (event type) | (event type) | NONE (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 19,625 | | 0 | 19,625 |
| | 2 Less: Contributions | | | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 19,625 | | 0 | 19,625 |
| Direct Expenses | 4 Cash prizes | | | 0 | 0 |
| | 5 Noncash prizes | | | 0 | 0 |
| | 6 Rent/facility costs | | | 0 | 0 |
| | 7 Food and beverages | | | 0 | 0 |
| | 8 Entertainment | | | 0 | 0 |
| | 9 Other direct expenses | 2,552 | | 0 | 2,552 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | (2,552) |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 17,073 |

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

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

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

SCHEDULE O
(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

2013

**Open to Public
Inspection**

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.

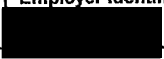
Form 990, Part VI, Section B, Line 15: The Personnel Committee of the Board of Directors
approves compensation. The Personnel Committee also periodically compares the level of pay
with information provided by the Louisville Center for Non-Profit Excellence.

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

Name of the organization

Employer identification number

EXPLOITED CHILDREN'S HELP ORGANIZATION



Area with horizontal dashed lines for additional information.



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

| | | Cash | Noncash |
|---|---|---------|---------|
| 1 Federated Campaigns | 1 | | |
| 2 Membership dues | 2 | | |
| 3 Fundraising events | 3 | | |
| 4 Related organizations | 4 | | |
| 5 Government grants (contributions) | 5 | 123,556 | |
| 6 All other contributions, gifts, grants, and similar amounts not included above: | | | |
| | | 27,960 | |
| | | | |
| | | | |
| Other contributions total | 6 | 27,960 | 0 |
| 7 Total | 7 | 151,516 | 0 |

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

| | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--------------------------|---|--------------|----------------------------|----------------------------------|--------------------|
| 1 Depreciation | 1 | 1,586 | 1,586 | | |
| 2 Depletion | 2 | 0 | | | |
| 3 Amortization | 3 | 0 | | | |
| 4 Total | 4 | 1,586 | 1,586 | 0 | 0 |

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

| | | Pledges and grants receivable | | Allowance for doubtful accounts | |
|--|----|-------------------------------|-------|---------------------------------|-----|
| | | Beginning | End | Beginning | End |
| 1 Grants Receivable | 1 | 38,805 | 7,141 | | |
| 2 | 2 | | | | |
| 3 | 3 | | | | |
| 4 | 4 | | | | |
| 5 | 5 | | | | |
| 6 | 6 | | | | |
| 7 | 7 | | | | |
| 8 | 8 | | | | |
| 9 | 9 | | | | |
| 10 | 10 | | | | |
| 11 Total pledges and grants receivable | 11 | 38,805 | 7,141 | 0 | 0 |

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

| | | Land | Buildings | Leasehold Improvements | Equipment | Other | Check if Investment Asset | Check if Asset Disposed | Cost/Other Basis | Beginning Accumulated Depreciation | Ending Accumulated Depreciation | Disposals/ Adjustments | Beginning Balance | Ending Balance |
|---------------|------------------|------|-----------|------------------------|-----------|-------|---------------------------|-------------------------|------------------|------------------------------------|---------------------------------|------------------------|-------------------|----------------|
| 1 | EQUIPMENT | | | | X | | | | 45,643 | 44,057 | 45,643 | | 1,586 | 0 |
| 2 | LIBRARY | | | | X | | | | 9,856 | 9,856 | 9,856 | | 0 | 0 |
| Total: | | | | | | | | | 55,499 | 53,913 | 55,499 | | 1,586 | 0 |

Commonwealth of Kentucky

OFFICE OF
SECRETARY OF STATE

FRANCES JONES MILLS
Secretary



FRANKFORT,
KENTUCKY

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

I, FRANCES JONES MILLS, Secretary of State of the Commonwealth of 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

NAME

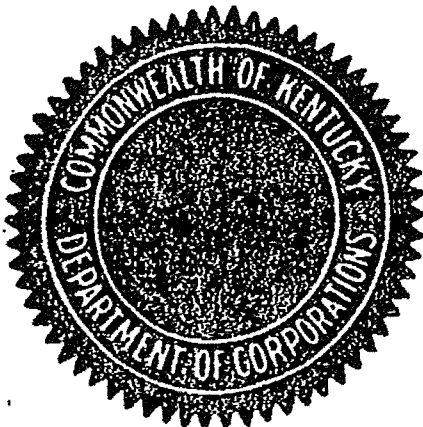
1204 S. THIRD STREET, SUITE B

STREET ADDRESS

LOUISVILLE, KENTUCKY 40203

CITY, STATE

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 AUGUST, 19 83,
at Frankfort, Kentucky.

Frances Jones Mills
SECRETARY OF STATE

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

AUG 29 1983

ARTICLES OF INCORPORATION

OF

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

James Lee [Signature]
SECRETARY OF STATE 7/7/83

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

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

Article II. The Corporation's duration is perpetual.

Article III. The place in this state where the principal office of the

Corporation is to be located is the City of Louisville, Jefferson County.

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

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

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

Address same as Art VIII

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

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

Jan Mooney, Treasurer
8825 Roman Court
Louisville, KY 40291

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

No substantial part of the activities of the corporation shall be the carrying on of 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 liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the corporation is then located, exclusively, for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

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

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

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

RECEIVED & FILED

Ch 4800

ARTICLES OF AMENDMENT OF EXPLOITED CHILDREN'S
HELP ORGANIZATION/GREATER LOUISVILLE, INC.

SEP 14 10 06 AM '93

BOB BARRAGE
SECRETARY OF STATE
COMM. OF KENTUCKY

The above corporation existing pursuant to the Kentucky 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, Chairman
WILLIAM C. GOETZ, CHAIRPERSON

A127557

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

END OF DOCUMENT³

57

EXPLOITED CHILDREN'S HELP ORGANIZATION

BOARD OF DIRECTORS

August 1986

CHAIRPERSON: Rosie Norris -- 4H Youth Director

[REDACTED]
Work: 637-8761

VICE-CHAIRPERSON: Phil Locke -- Principal, Smyrna Elementary

[REDACTED]
Work: 454-8329

SECRETARY: Nancy Beck -- YMCA Shelter House
Project Safe Place

[REDACTED]
Work: 635-5233

TREASURER: Paula Lombard -- Benefits Analyst
Johnson and Higgins

[REDACTED]
Work: 568-9300

MEETING DIRECTOR: Lucy Callahan -- Office Director
Holy Trinity School

[REDACTED]
Work: 897-2785

Rosie Norris
ROSIE NORRIS

Pat Randolph
PAT RANDOLPH

Jan Mooney
JAN MOONEY

STATE OF KENTUCKY)
)
COUNTY OF JEFFERSON)

SS:

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

My commission expires MARCH 28, 1984

John B. Labrecque
Notary Public

THIS INSTRUMENT WAS PREPARED BY:

Ernest E. Allen

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

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 \$500,000 for injury or death to any one person and \$500,000 for any one accident, and \$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) **Waiver.** 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 their hands and seals on this 9 day of April 19 99.

[Signature]
Landlord or Landlord's Authorized Agent

[Signature]
Tenant

[Signature]
Tenant

Read the instructions and other important information on the package. When using this form you will be acting as your own attorney since Rediform, its advisors and retailers do not render legal advice or services. Rediform, its advisors and retailers assume no liability for loss or damage resulting from the use of this form.



ECHO

Exploited Children's
Help Organization

4 U 2 Know: Telling Our Stories Body Safety Presentation

PRE-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: | | | | |
|--|---|-------|-------------------------|-----------------------|--------------------------------|----------------------------------|
| <i>Please fill in the circle below the answer that best describes you.</i> | | | Agree | Not Sure | Disagree | |
| 1. | If you don't like how someone is touching you, it's OK to say no. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. | If someone touches you in a way that does not feel good, you should keep on telling until someone believes you. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. | Even someone in your family might want to touch you in a way that feels confusing. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. | If someone touches you in a way you don't like, it's your own fault. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. | If someone you trust encourages you to break a safety rule, it's OK to say no. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. | Sometimes, people who hurt kids try to trick them. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 7. | No one has the right to touch your body without your permission. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 8. | I can think of at least two adults I trust to talk to if I ever feel sad, scared, confused, or uncomfortable. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. | I can think of a safe place where I could go if I ever feel sad, scared, confused, or uncomfortable. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 10. | I know how to listen to my feelings, or my 'inner voice,' to help me stay safe. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <i>Please fill in the circle below the answer that best describes you.</i> | | | 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 |
| 11. | How sure are you that you would be able to say "NO!" to a <u>stranger</u> if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | How sure are you that you would be able to say "NO!" to a <u>friend</u> if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | How sure are you that you would be able to say "NO!" to a <u>family member</u> if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | How sure are you that you would be able to say "NO!" to a <u>familiar adult</u> (like a neighbor or your karate instructor) if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



ECHO

Exploited Children's
Help Organization

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: | | | | |
|--|---|-------|-------------------------|-----------------------|--------------------------------|----------------------------------|
| <i>Please fill in the circle below the answer that best describes you.</i> | | | Agree | Not Sure | Disagree | |
| 1. | If you don't like how someone is touching you, it's OK to say no. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 2. | If someone touches you in a way that does not feel good, you should keep on telling until someone believes you. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 3. | Even someone in your family might want to touch you in a way that feels confusing. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 4. | If someone touches you in a way you don't like, it's your own fault. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 5. | If someone you trust encourages you to break a safety rule, it's OK to say no. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 6. | Sometimes, people who hurt kids try to trick them. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 7. | No one has the right to touch your body without your permission. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 8. | I can think of at least two adults I trust to talk to if I ever feel sad, scared, confused, or uncomfortable. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 9. | I can think of a safe place where I could go if I ever feel sad, scared, confused, or uncomfortable. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| 10. | I know how to listen to my feelings, or my 'inner voice,' to help me stay safe. | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <i>Please fill in the circle below the answer that best describes you.</i> | | | 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 |
| 11. | How sure are you that you would be able to say "NO!" to a <u>stranger</u> if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | How sure are you that you would be able to say "NO!" to a <u>friend</u> if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. | How sure are you that you would be able to say "NO!" to a <u>family member</u> if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. | How sure are you that you would be able to say "NO!" to a <u>familiar adult</u> (like a neighbor or your karate instructor) if something doesn't feel right or makes you uncomfortable? | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

CONTINUED ON REVERSE SIDE

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.





ECHO

Exploited Children's
Help Organization

NetSmartz Workshop

Internet Safety Presentation

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



ECHO

Exploited Children's
Help Organization

NetSmartz Workshop

Internet Safety Presentation

POST-SURVEY

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

ECHO NDF Application Attachment: Staff List

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