Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	e 2023 calendar year, or tax year beginning and	enaing		
B c	heck if pplicabl	C Name of organization		D Employer identifie	cation number
	Addre	ECPAT-USA, INC.			
	Name chang	Doing business as		13-37555	80
	Initial return	,	Room/suite	E Telephone number	
	Final return			718-935-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,270,845.
	Amen	BROOKLIN, NI 11237		H(a) Is this a group re	
	Application	F Name and address of principal officer: DOK1 D. COREN		for subordinates	? Yes X No
	pendir	¹⁹ 86 WYCKOFF AVENUE #609, BROOKLYN, NY 1	1237	H(b) Are all subordinates in	cluded? Yes No
1 T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 🔲 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: $1994 _{ m N}$	1 State of legal domicile: NY
Pa	rt I	Summary			
a)		Briefly describe the organization's mission or most significant activities: OUR 1			TECT EVERY
ŭ		CHILD'S RIGHT TO GROW UP FREE FROM SEXUAL	EXPLO	DITATION AND	
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	19
<u>ت</u>		Number of independent voting members of the governing body (Part VI, line 1b)			19
es 4		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			23
ξ	6	Total number of volunteers (estimate if necessary)		6	4
Activities & Governance	l			<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ē	l	Contributions and grants (Part VIII, line 1h)		1,760,461.	2,901,590.
en	l	Program service revenue (Part VIII, line 2g)		362,280.	312,925.
Revenue	ı	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,863.	46,650.
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-24,569.	-20,243.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,101,035.	3,240,922.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		30,000.	283,046.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		1,309,794.	1,652,083.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,309,794.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 240,6	71	0.	U •
Ϋ́	l			677,084.	943,456.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,016,878.	2,878,585.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		84,157.	362,337.
<u>- «</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	200	Total cocata (Part V. lina 16)		2,464,479.	2,993,210.
Asse Bala	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		379,588.	401,479.
let /	21 22	Net assets or fund balances. Subtract line 21 from line 20		2,084,891.	2,591,731.
Pa	rt II	Signature Block		2,004,001.	2,331,7316
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh		-	knowledge and belief, it is
ii uo,	001100	t, and complete. Becautation of property (early than emech) to become an an information of the	non propuror	Thus any knowledge.	
Sigr	1	Signature of officer		Date	
Her		LORI L. COHEN, CEO			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		VINCENT CARTELLI VINCENT CARTELLI	c <u> </u> 1	1/12/24 if self-employ	P00363667
	arer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC			7-3231666
	Only	Firm's address 245 PARK AVE, 12TH FLOOR			
		NEW YORK, NY 10167		Phone no. 21	2-867-8000
M <u>a</u> y	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2023) ECPAT-USA, INC.	13-3755580	Page 2
Pa	rt 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:		
	OUR MISSION IS TO PROTECT EVERY CHILD'S BASIC HUMAN RIGH	T TO GROW UP	
	FREE FROM SEXUAL EXPLOITATION AND TRAFFICKING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Voc	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		_21_ NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	X No
3	If "Yes," describe these changes on Schedule O.		111
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 other		
	revenue if any for each program service reported		
4a	2 210 000 202 046	312.	925.
	OUR MISSION IS TO PROTECT EVERY CHILD'S BASIC HUMAN RIGH	TO GROW UP	
	FREE FROM SEXUAL EXPLOITATION AND TRAFFICKING. ECPAT-US		
	INTERNATIONAL NETWORK OF ORGANIZATIONS ACTIVE IN OVER 10		
	ALL WORKING TO END THE COMMERCIAL SEXUAL EXPLOITATION OF		
	ECPAT-USA HAS CONSULTATIVE STATUS AT THE UNITED NATIONS	AND IS ALSO	
	RELATED TO THE UNITED NATIONS THROUGH THE UN DEPARTMENT	OF PUBLIC	
	INFORMATION. ECPAT-USA IS COMMITTED TO PROTECTING CHILDR	EN FROM SEXU	AL
	EXPLOITATION THROUGH VARIOUS EDUCATIONAL AND AWARENESS P	ROGRAMS. IT	
	ENGAGES IN COMMUNITY OUTREACH PROGRAMS, EVENTS AND INITI	ATIVES TO	
	INFORM OUR COMMUNITIES ABOUT THIS HUMAN RIGHTS CRISIS.	ECPAT-USA IS	
	EMPOWERING YOUTH TO TAKE THE LEAD IN ANTI-HUMAN TRAFFICK	ING EFFORTS	
	WITH ITS YOUTH AGAINST CHILD TRAFFICKING (Y-ACT) PROGRAM	. CHILDREN	ARE
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	
4c	(Code:) (Expenses \$) (Rever	nue \$	
	Other and the Control of Control		
4d	Other program services (Describe on Schedule O.)	· ·	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 2,318,988.)	
<u>4e</u>	Total program service expenses 2,318,988.		

2023.05000 ECPAT-USA, INC.

11361112 756359 2301548.000

Form 990 (2023) ECPAT-USA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1 37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Λ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

ı aı	t IV Checklist of Required Schedules (continued)		Ι.,	T
	• · · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
_				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? [Fig. 1] [Fig. 2] [Fig. 2] [Fig. 3] [Fig. 4] [Fig. 4]	200		X
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		X
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩.
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	10		

Form **990** (2023)

Form 990		13-375580	Page
Part V	Statements Regarding Other IRS Filings and Tax Compliance	e (continued)	

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u> X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		- 21
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
С	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
р	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	400		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form **990** (2023) 332005 12-21-23

Check if Scheduk 0 contains a response or note to any line in this Part VI Section A. Governing Boty and Management 1 a Enter the number of voting members of the governing body at the end of the tax year		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	_	,	a "No" i	espon	ise
Section A. Governing Body and Management 1a Enter the number of volting members of the governing body at the end of the tax year 1if there are nativation differences in volting rights among members of the governing body, or if the governing body dependent of the control of							X
Is Enter the number of voting members of the governing body at the end of the tax year	Sec	· · · · · · · · · · · · · · · · · · ·					
the sear make of voting members of the governing body at the end of the tax year If there are make idliference is voting rights among members of the governing body, of the governing body delegated broad authority to an executive committee, explain on Schedule 0. b First the number of voting members included on line 1st, above, who are independent of the first the number of voting members included on line 1st, above, who are independent of officers, clienctor, instehe, or key employees have a tarnly relationship or a business relationship with any other officers, directors, instehe, or key employees have a tarnly relationship or a business relationship with any other officers, directors, instehe, or key employees to a management duries customarily performed by or under the direct supervision of efficers, directors, instehes, or key employees to a management duries customarily performed by or under the direct supervision of efficers, directors, instehes, or key employees to a management company or other person. 5 Did the organization have members, stockholders? 6 Did the organization have members or stockholders? 7a Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members, stockholders, or other than the governing body? 6 Did the organization and cliesions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Exchange that the director instended the meetings field or written actions undertaken during the year by the following: a The governing body? 5 In the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing body? 7 The section of subject that the governing body? 8 In the way officer, director, trustee, or key employees itself on Part IVI, Section A, who cannot be reached at the 7 The governing body?		<u> </u>				Yes	No
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box		(C Posi heck i	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
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CHIEF EXECUTIVE OFF.	1 00	Х		Х				136,314.	0.	42,825.
(2) KATRINA MASSEY	1.00	ļ						0 000	•	•
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(3) NATALIE VOLIN LEHR SECRETARY	1.00	х		х				0.	0.	0.
(4) ADRIAN DANNHAUSER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ELISABETH SHUMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) ADAM VAN GROVER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) FERNANDO CAMACHO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JASON MATTHEWS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROBYN CONLON	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) JAMES HEYWORTH	1.00									
CHAIR		X		Х				0.	0.	0.
(11) CHRISTINA MASSALAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) INDRAJIT BARDHAN	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(13) ANDREA ROBERTSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) VAISHALI SHUKLA	1.00	1								
BOARD MEMBER		Х						0.	0.	0.
(15) SUSAN LEVITT	1.00	ļ								
TREASURER	1 00	Х		Х		_		0.	0.	0.
(16) FAIZA MATHON-MATHIEU	1.00								_	_
BOARD MEMBER	1 00	Х				_	_	0.	0.	0.
(17) SANTHOSH PAULUS	1.00	٦,							^	_
BOARD MEMBER		X						0.	0.	990 (2022)

Form **990** (2023)

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued). Average Phours for wook Programme Phours for wook Phours for wook Programme Phours for wook Phours f	Form 990 (2023) ECPAT-USA	A, INC.								13-37	55	580	Page 8
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1									_			12	
compensation from the organization 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	'								· · · · · · · · · · · · · · · · · · ·		0.	74,	023.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		or infinted to th	036	IISLE	u au	iove,	, wiic	יוכ	ceived more than \$100,	boo of reportable			1
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization											Ye	es No
line 1a? If "Yes," complete Schedule J for such individual 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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Compensation 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) (B) (C) Compensation 1 Total number of independent contractors (including but not limited to those listed above) who received more than	3 Did the organization list any former officer	director truste	ee k	ev e	empl	ovec	e or	hia	hest compensated empl	ovee on	1		
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? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 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) (B) (C) Compensation None 1 Total number of independent contractors (including but not limited to those listed above) who received more than	,	*	,	,	•	,	,	٠		•		3	х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 NONE Bescription of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												4 Σ	ζ
rendered to the organization? If "Yes," complete Schedule J for such person													
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) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than												5	Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than													
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest con	mpensated ind	leper	nder	nt co	ontra	ctor	s th	nat received more than \$	100,000 of compe	ensat	ion from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	the organization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith o	r wit	hin	the organization's tax y	ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)								(B)			(C)	
	Name and business	address	NC	NE	3				Description of s	ervices	С	ompensa	ation
								_					
								\dashv					
								\dashv					
	2 Total number of independent contractors for	odudina but	o+ I:∽	ni+o-	1 + ^ +	thar	م انمه		abovo) who roosi and in-	oro than			
	·	ŭ	טנ וווז	шес	ו נט	_		eu	above) who received mo	ne man			

Form **990** (2023)

Form 990 (2023) ECPAT-U
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ထ	1 9	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership dues 1b					
جَ ق		Fundraising events 1c	197,661.				
ffs,	-	Related organizations 1d	<u> </u>				
ig ig	0		529,668.				
Sir	e	• • •	323,000.				
utic er	т	All other contributions, gifts, grants, and	17/ 261				
들 된			174,261.				
o d	9	Noncash contributions included in lines 1a-1f		2,901,590.			
<u>0</u> 8	n	Total. Add lines 1a-1f		2,901,390.			
		DDOCDAM CEDVICE INCOME	Business Code	212 025	212 025		
<u>ic</u>		PROGRAM SERVICE INCOME		312,925.	312,925.		
er v	b						
n S	C						
e S	d						
Program Service Revenue	е						
Δ.		All other program service revenue		242 225			
	g	Total. Add lines 2a-2f		312,925.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		45,146.	45,146.		
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 971,833.					
	b	Less: cost or other basis					
<u>e</u>		and sales expenses 76 970,329.					
her Revenue	c	Gain or (loss) 7c 1,504.					
Re	d	Net gain or (loss)		1,504.	1,504.		
ē		Gross income from fundraising events (not					
₽		including \$197,661. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	10,388.				
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events		-49,206.			-49,206.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\neg			Business Code				
sno	11 a	OTHER REVENUE		28,963.	28,963.		
nec Jue	b				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Miscellaneous Revenue	C						
Sce	4	All other revenue					
Σ	-	Total. Add lines 11a-11d	1	28,963.			
	12	Total revenue. See instructions		3,240,922.	388,538.	0.	-49,206.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nolete column (A).	
2000	Check if Schedule O contains a respon			, v y.	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			garraran arquarra	
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,095.	3,095.		
3	Grants and other assistance to foreign	·			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	279,951.	279,951.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	136,314.	99,509.	19,084.	17,721.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,090,863.	796,330.	152,721.	141,812.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	290,425.	212,010.	40,660.	37,755.
10	Payroll taxes	134,481.	98,171.	18,827.	17,483.
11	Fees for services (nonemployees):				
	Management				
	Legal	F.C. 484	6 011	F0 062	
	Accounting	56,474.	6,211.	50,263.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	E22 006	E22 006		
	column (A), amount, list line 11g expenses on Sch O.)	532,096. 44,620.	532,096. 33,465.	4,016.	7 120
12	Advertising and promotion	41,262.	30,949.	6,601.	7,139. 3,712.
13	Office expenses	41,202.	30,949.	0,001.	5,112•
14	Information technology				
15 16	Royalties	38,745.	29,059.	6,199.	3,487.
17	Occupancy	88,946.	66,710.	14,231.	8,005.
18	Travel Payments of travel or entertainment expenses	00/3101	0077200	11/2310	0,0031
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	608.	456.	97.	55.
23	Insurance	7,034.	5,276.	1,125.	633.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM EXPENSE	69,357.	69,357.		
a b	PUBLICATIONS AND VIDEOS	19,980.	19,980.		
C	TELEPHONE AND EQUIPMENT	14,120.	10,590.	2,259.	1,271.
d	BAD DEBT EXPENSE	12,447.	12,447.	2,2334	_,_,_,
	All other expenses	17,767.	13,326.	2,843.	1,598.
25	Total functional expenses. Add lines 1 through 24e	2,878,585.	2,318,988.	318,926.	240,671.
26	Joint costs. Complete this line only if the organization	, ,,,,,,,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	.,
=	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

11361112 756359 2301548.000

Form 990 (2023)
Part X | Balance Sheet

<u>P</u> ai	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		515,511.	1	780,352	
	2	Savings and temporary cash investments			848,027.	2	203,917
	3	Pledges and grants receivable, net			827,652.	3	827,907
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Dona sid some men and defended also made			40,855.	9	76,597
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,188.			
	b	Less: accumulated depreciation	22,495.	1,301.	10c	693	
	11	Investments - publicly traded securities			231,133.	11	1,103,744
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			2,464,479.	16	2,993,210
	17	Accounts payable and accrued expenses			244,588.	17	266,479
	18	Grants payable	135,000.	18	135,000		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or form	ner offic	er, director,			
Ě		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		1			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X			
		of Schedule D			270 500	25	401 470
	26			77	379,588.	26	401,479
s		Organizations that follow FASB ASC 958, che	eck her	X			
JCe		and complete lines 27, 28, 32, and 33.			1 600 270		2 020 255
alaı	27	Net assets without donor restrictions			1,680,279.	27	2,028,255
B	28	Net assets with donor restrictions			404,612.	28	563,476
Ĕ		Organizations that do not follow FASB ASC 9	ck here				
F		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			2 004 001	31	2 501 721
ž	32	Total net assets or fund balances			2,084,891.	32	2,591,731
	33	Total liabilities and net assets/fund balances			2,464,479.	33	2,993,210 Form 990 (202

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,24			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,87			
3	Revenue less expenses. Subtract line 2 from line 1	3		2,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,08		<u>91.</u> 03.	
5	5 Net unrealized gains (losses) on investments					
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2,59	1,7	31.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization ECPAT-USA Employer identification number 13-3755580

	ECPAT-USA, INC.							3-3755580		
Pá	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	orgar	nization is not a private found	lation because it is: (I	For lines 1 through 12, cl	heck 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 (Form 990).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 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). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
	_	See section 509(a)(2). (Con	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organization organized a	•	•	-			•		
		more publicly supported or	-						Check the box on	
	_	lines 12a through 12d that	• •					-		
á	a <u></u>		· · · · · · · · · · · · · · · · · · ·		•	-				
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	pporting	
		organization. You must o								
ı	o		•				-	• • •	-	
		control or management o			ame perso	ns that co	ntrol or manaç	ge the supp	ported	
		organization(s). You mus							J 245	
•								y integrate	ed with,	
_		its supported organization		·						
,	d L							-	* *	
		that is not functionally int requirement (see instruction		• ,	•		•	an attentiv	/eriess	
		Check this box if the orga	,	•	•			I. Type III		
,	9 ∟	functionally integrated, or					турет, турет	i, type iii		
	f Ent	er the number of supported of			ig organiz	ation.				
		vide the following information	•	d organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	structions)	support (see instructions)	
				above (see mondonomy)						
_										
	_									
Tot	al							<u></u>		

332021 12-21-23

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1212785.	903,106.	2144612.	1760461.	2911978.	8932942.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1212785.	903,106.	2144612.	1760461.	2911978.	8932942.
5							
_	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)						2318243.
6	Public support. Subtract line 5 from line 4.						6614699.
	etion B. Total Support						0011033.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1212785.	903,106.	2144612.	1760461.	2911978.	8932942.
	Gross income from interest,	12127031	303,100.	2111012.	1700401.	23113700	0332342.
0	·						
	dividends, payments received on						
	securities loans, rents, royalties,	5,927.	5,529.	1,444.	2,863.	45,146.	60,909.
_	and income from similar sources	3,321.	3,329.	1,444.	2,003.	45,140.	00,909.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	00 070	2 525	10 010	0 010	00 060	75 600
	assets (Explain in Part VI.)	22,279.	3,537.	12,012.	8,818.	28,963.	
	Total support. Add lines 7 through 10					1	9069460.
	Gross receipts from related activities,	•	,				,184,668.
13	First 5 years. If the Form 990 is for the	-		-			
	organization, check this box and stor						
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I					14	72.93 %
	Public support percentage from 2022					15	74.65 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			Ш
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3
						Schedule A	(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					T T	
15	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2022					16	%
	ction D. Computation of Inves					Т Т	
	Investment income percentage for 20					17	<u>%</u>
18	, ,					18	<u>%</u>
19	a 33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
_		
За		
3b		
Зс		
4a		
4b		
4c		
F		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
01-		
9b		
90		
9c		
10a		
.54		
10b		
	n 990)	2023

332024 12-21-23

Sche	dule A	(Form 990) 2023	ECPAT-USA,	INC.	13-375558	0 P	age 5
Pai	rt IV	Supporting Organization	ations (continued)				
						Yes	No
11	Has th	ne organization accepted a	gift or contribution fror	m any of the following persons?			
а	A pers	son who directly or indirectly	y controls, either alone	or together with persons described on lines 11b and			
	11c b	elow, the governing body of	a supported organiza	tion?	11a		
		ily member of a person des			11b		
С	A 35%	6 controlled entity of a person	on described on line 11	1a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.			11c		
Sec	tion E	3. Type I Supporting (Organizations			1	
						Yes	No
1				y, officers acting in their official capacity, or membership of			
				rly appoint or elect at least a majority of the organization's on "No," describe in Part VI how the supported organization(s,			
				ization's activities. If the organization had more than one sup			
				r remove officers, directors, or trustees were allocated amor			
		_		ons, if any, applied to such powers during the tax year.	1		
2				orted organization other than the supported			
	organ	ization(s) that operated, sup	ervised, or controlled	the supporting organization? If "Yes," explain in			
	Part \	/I how providing such benef	it carried out the purpo	oses of the supported organization(s) that operated,			
<u> </u>	super	vised, or controlled the supp	orting organization.		2		
Sec	tion (C. Type II Supporting	Organizations			T	1
						Yes	No
1				es during the tax year also a majority of the directors			
	or trus	stees of each of the organiz	ation's supported orga	nization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting	organization was veste	ed in the same persons that controlled or managed			
800	the su	pported organization(s). D. All Type III Support	ina Organization	0	1		
Sec	tion L	7. All Type III Support	ing Organization	5		1	Τ
						Yes	No
1				ganizations, by the last day of the fifth month of the			
				e type and amount of support provided during the prior tax			
				filed as of the date of notification, and (iii) copies of the			
•	-			te of notification, to the extent not previously provided?	1		
2		· ·		stees either (i) appointed or elected by the supported			
				supported organization? If "No," explain in Part VI how			
•		_		king relationship with the supported organization(s).	2		
3				e, did the organization's supported organizations have a			
	•	•	•	s and in directing the use of the organization's			
				s," describe in Part VI the role the organization's	3		
Sec	<u>suppo</u> tion E	orted organizations played in E. Type III Functionall	<u>tnis regara.</u> v Integrated Supi	porting Organizations			l
1					etructions)		
' a		The organization satisfied t	-	used to satisfy the Integral Part Test during the year (see in	su uctions).		
b				orted organizations. Complete line 3 below.			
c	一			/ Describe in Part VI how you supported a governmental e	ntity (soo instructio	nol	
2	Activit	ties Test. Answer lines 2a		Describe in Further now you supported a governmental el	fility (see instruction	Yes	No
a				g the tax year directly further the exempt purposes of		100	110
-		,		was responsive? If "Yes," then in Part VI identify			
				e activities directly furthered their exempt purposes,			
				d organizations, and how the organization determined			
		nese activities constituted su		-	2a		
b			•	e activities that, but for the organization's involvement,	20		
~				on(s) would have been engaged in? If "Yes," explain in			
				s supported organization(s) would have engaged in			
		activities but for the organiz		o supported organization(s) would have engaged in	2b		
3		t of Supported Organization		nd 3b below.			
а		• • • •		t or elect a majority of the officers, directors, or			
_		•		s" or "No" provide details in Part VI.	3a		
b				rection over the policies, programs, and activities of each	337		
				rt VI the role played by the organization in this regard.	3b		

1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see					

Schedule A (Form 990) 2023

instructions)

Schedule A (Form 990) 2023

e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2023
Open to Public Inspection

Name of the organization

ECPAT-USA, INC.

Employer identification number 13-3755580

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nilar Funds or A	Accounts. Complete if the
	organization answered Tes On Form 990, Fait IV, link	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	()		
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held	in donor advised fu	nds
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ac			
J	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?		•	
Pai				
1	Purpose(s) of conservation easements held by the organization		,	,
-	Preservation of land for public use (for example, recreat		Preservation of a his	storically important land area
	Protection of natural habitat			rtified historic structure
	Preservation of open space		1 10001 Valion of a 00	Timed motorio di dotale
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribut	ion in the form of a c	conservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				<u> </u>
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year	, ,	, ,	Ç
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		n, handling of	
	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcing conservation e	easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of	f 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	on easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.	A	0.11	O: 11 A
Pai	t III Organizations Maintaining Collections of	-	sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	•		ance of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			, provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			4
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	llections of Art	t, Histo	rical Tre	asures, o	r Other S	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	make sigr	nificant u	se of its		
	collection items (check all that apply).									
а	Public exhibition	d		oan or exc	hange progra	am				
b	b Scholarly research e Other									
С	c Preservation for future generations									
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 main	ntained as part of th	ne organ	ization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	ements Comple	te if the o	organization	answered "	Yes" on Fo	rm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n, or other intermed	liary for o	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII ar									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liability	?	\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds Complete if the	ne organization ans	wered "	Yes" on For	m 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (c	I) Three ye	ears back	(e) Four ye	ears back_
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%)								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	tion that	are held ar	nd administer	ed for the			_	
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ons listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment fu	ınds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X, lir	ie 10.			
	Description of property	(a) Cost or o basis (investn			or other (other)		umulated	d	(d) Book v	/alue
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment	I			3,529.		L3,52			0.
е	Other				9,659.		8,96	6.		693.
Γotal	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990. Part	X. line 10	c. column	(B))					693.

Schedule D (Form 990) 2023

Schedule D	(Form 990) 2023 ECPAT-USA,	INC.	13	-3755580 Page 3
Part VII				
(a) Decerir	Complete if the organization answered "Yes oftion of security or category (including name of security)	on Form 990, Part IV, line 1	(c) Method of valuation: Cost or end	d of year market value
		(b) Book value	(c) Method of Valuation. Cost of end	1-01-year market value
(3) Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	(h) must squal Form 000 Part V line 12 col (P)			
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets			
	Complete if the organization answered "Yes	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 15, c	ol. (B))		
Part X	Other Liabilities	F 000 D+ /	14 146 O Favor 000 Bart V Frag 05	
	Complete if the organization answered "Yes	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990. Part X. line 25. c	ol (R))		

Schedule D (Form 990) 2023

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

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

ECPAT-USA, INC. 13-3755580 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA 0 0 PROGAM SERVICE SEE PART III - 4A 270,000. NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 PROGRAM SERVICE SEE PART III - 4A 9,950. 0 0 279,950. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a 279,950. and 3b)

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

Schedule F (Form 990) 2023

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MEXICO	GENERAL SUPPORT	9,450.	WIRE TRANSFER	0.		
		THAILAND	GENERAL SUPPORT	270,000.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

	-		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

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Schedule F (Form 990) 2023 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: ALL GRANTS MADE ARE TO MEMBER ORGANIZATIONS OF ECPAT INTERNATIONAL THAT SHARE THE SAME ORGANIZATIONAL MISSION. PART V - ADDITIONAL INFORMATION ECPAT-USA, INC. IS A MEMBER OF ECPAT INTERNATIONAL. ECPAT INTERNATIONAL IS A GLOBAL NETWORK COMMITTED TO ENDING THE COMMERICAL EXPLOITATION OF CHILDREN, ACTIVE IN OVER 100 COUNTRIES.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
	SA, INC.					13-3755	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includantes)	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	gistration
					_		

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

Schedule G (Form 990) 2023

7 Food and beverages

8 Entertainment

ECPAT-USA, INC. 13-3755580 Page 2 Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on 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 FREEDOM NONE (add col. (a) through AWARDS col. (c)) (event type) (event type) (total number) 208,049. 208,049. 1 Gross receipts 197,661. 2 Less: Contributions 197,661. 10,388. 3 Gross income (line 1 minus line 2) 10,388. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs

59,594.

9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) -49,20611 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 ECPAT-USA, INC.	13-3/33380 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	I I
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
Address	
16 Gaming manager information:	
Name	
Coming manager companyation	
Gaming manager compensation \$	
Description of services provided	
-	
·	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	······
organization's own exempt activities during the tax year \$	1 1116
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III lines 9 9b 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and r are in, in 188 8, 88, 188,
Too, too, to, and too, as approached the promate any additional minority and mentioned	

Schedule G	(Form 990)	ECPAT-USA,	INC.	13-3755580	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		,			
-					
-					
-					
-					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number ECPAT-USA, INC. 13-3755580 **Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		<u>X</u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	<u>5a</u>		<u>X</u>
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:			Х
	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7		7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		- 47
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		Х
9	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	r		
9	Regulations section 53 (4058-6/c)?	٩		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LORI L COHEN	(i)	136,314.	0.	0.	0.	42,825.	179,139.	0.
CHIEF EXECUTIVE OFF.	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2023

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ECPAT-USA, INC.

Employer identification number 13-3755580

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRAFFICKING THROUGH LEGISLATIVE ADVOCACY, EDUCATION AND PARTNERSHIPS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE PRIMARY STAKEHOLDERS AND ADVOCATE AGAINST SEXUAL EXPLOITATION AND
TRAFFICKING THROUGH THIS PROGRAM. ECPAT-USA TRAINS STUDENTS TO BE
LEADERS IN THEIR COMMUNITIES, EDUCATING THEM ON THE FACTS,
MISCONCEPTIONS AND RISKS OF TRAFFICKING. ECPAT-USA PROMOTES AWARENESS
AND EDUCATION WITHIN THE PRIVATE SECTOR. PRIVATE SECTOR PROGRAMS
INCLUDE RESEARCH, EDUCATION AND TRAINING PROGRAMS WITHIN THE TRAVEL,
TOURISM AND HOSPITALITY INDUSTRIES. COMPANIES ARE OFFERED EXTENSIVE
ASSISTANCE IN DEVELOPING EMPLOYEE TRAINING PROGRAMS AS WELL AS POLICY
DEVELOPMENT AND OTHER METHODS TO PREVENT HUMAN TRAFFICKING.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEW THE 990 RETURN VIA EMAIL BEFORE IT IS
FINALIZED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES UPDATED ANNUAL DISCLOSURES.
FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATION'S BOARD REVIEWS COMPARABLE SALARIES THROUGH VARIOUS
PUBLICATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** ECPAT-USA, INC. 13-3755580 GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING EXPENSE: PROGRAM SERVICE EXPENSES 532,096. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES TOTAL EXPENSES 532,096. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 532,096.