EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

ΑF	or the	2021 calendar year, or tax year beginning and	ending				
B c	heck if pplicable:	C Name of organization		D Employer identific	cation number		
	Address	ECPAT-USA, INC.					
	Name change	Doing business as		13-37555	80		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 86 WYCKOFF AVENUE - #609	Room/suite	E Telephone number 718 – 935 – 9			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,383,653.		
	Amende			H(a) Is this a group re			
	Applica			for subordinates			
	pending		1237	H(b) Are all subordinates in			
ΙŢ	ax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
		WWW.ECPATUSA.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile; NY		
		Summary Summary	•	•	<u> </u>		
	1 E	Briefly describe the organization's mission or most significant activities: OUR I	MISSIO	N IS TO PROT	TECT EVERY		
Governance		CHILD'S RIGHT TO GROW UP FREE FROM SEXUAL					
na	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.		
Ş.	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	16		
Activities & Go	4 1	Sumber of independent voting members of the governing body (Part VI, line 1b)			16		
		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			13		
		otal number of volunteers (estimate if necessary)			25		
		otal unrelated business revenue from Part VIII, column (C), line 12			0.		
_<		let unrelated business taxable income from Form 990-T, Part I, line 11			0.		
Revenue				Prior Year	Current Year		
	8 (Contributions and grants (Part VIII, line 1h)		903,106.	2,144,612.		
	9 F	Program service revenue (Part VIII, line 2g)		48,469.	225,585.		
	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,529.	1,444.		
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,548.	12,012.		
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		949,556.	2,383,653.		
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,539.	325,834.		
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		561,345.	1,008,917.		
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
×	b⊺	otal fundraising expenses (Part IX, column (D), line 25) 231,02					
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		236,391.	398,229.		
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		804,275.	1,732,980.		
		Revenue less expenses. Subtract line 18 from line 12		145,281.	650,673.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
set	20 7	otal assets (Part X, line 16)		1,409,675.	2,393,642.		
A	21 7	otal liabilities (Part X, line 26)		52,475.	385,768.		
<u> Ž</u> ∃	22 1	let assets or fund balances. Subtract line 21 from line 20		1,357,200.	2,007,874.		
	art II	Signature Block					
		ies of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	, correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.			
<u> </u>		Signature of officer		Date			
Sigi		LORI L. COHEN, CEO		Duto			
Her	e	Type or print name and title					
			11	Date Check	PTIN		
Paid		Print/Type preparer's name /INCENT CARTELLI VINCENT CARTELLI		.1/13/22 of the self-employe			
		Firm's name PKF O'CONNOR DAVIES, LLP			27-1728945		
		Firm's address > 245 PARK AVE, 12TH FLOOR		THIII S EIN	_, _,		
200	····,	NEW YORK, NY 10167		Phone no 21	2-867-8000		
Mav	the IR	S discuss this return with the preparer shown above? See instructions		11 Hone Ho. = 1	X Yes No		
y							

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	21
•	ECPAT-USA ENVISIONS A WORLD IN WHICH NO CHILD IS BOUGHT, SOLD, OR USED	
	FOR SEX. OUR MISSION IS TO PROTECT EVERY CHILD'S BASIC HUMAN RIGHT TO	
	GROW UP FREE FROM THE THREAT OF SEXUAL EXPLOITATION AND TRAFFICKING.	
	ECPAT-USA BELONGS TO AN INTERNATIONAL NETWORK OF ORGANIZATIONS IN 104	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 320, 877. including grants of \$325, 834.) (Revenue \$)
	ECPAT-USA ENVISIONS A WORLD IN WHICH NO CHILD IS BOUGHT, SOLD OR USED	
	FOR SEX. OUR MISSION IS TO PROTECT EVERY CHILD'S BASIC HUMAN RIGHT TO	
	GROW UP FREE FROM THE THREAT OF SEXUAL EXPLOITATION AND TRAFFICKING.	
	ECPAT-USA BELONGS TO AN INTERNATIONAL NETWORK OF ORGANIZATIONS IN 104	
	COUNTRIES, ALL WORKING TO END THE COMMERCIAL SEXUAL EXPLOITATION OF	
	CHILDREN, ECPAT-USA HAS CONSULTATIVE STATUS AT THE UNITED NATIONS AND IS	
	ALSO RELATED TO THE UNITED NATIONS THROUGH THE UN DEPARTMENT OF PUBLIC	
	INFORMATION. IT IS A MEMBER OF THE CAMPAIGN FOR U.S. RATIFICATION OF	
	THE CONVENTION ON THE RIGHTS OF THE CHILD AND THE NATIONAL COALITION TO	
	PREVENT CHILD SEXUAL ABUSE AND EXPLOITATION. ECPAT-USA IS COMMITTED TO	
	PROTECTING CHILDREN FROM SEXUAL EXPLOITATION THROUGH VARIOUS	
	EDUCATIONAL AND AWARENESS PROGRAMS. IT ENGAGES IN COMMUNITY OUTREACH	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	— ⁾
	·	
4d	Other program services (Describe on Schedule O.)	
-ru	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,320,877.	

12551113 756359 2301548.000

Form 990 (2021) 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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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			
	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	Λ	
16		46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		12
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢'′		1
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	-22	
ıIJ	•	19		x
20a	complete Schedule G, Part III	20a		X
		20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	The state of the s		200	

			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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a	24a		X
	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		
	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	05.0		$ _{\mathbf{x}}$
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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			
	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			
	Part V, line 1	34		X
	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?			.
07	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			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	1 30	- 43	
	Check if Cahadula Coontains a vacanage or note to any line in this Dart V			
	Crieck it Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 22		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
			000	

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Form	990 (2021) ECPAT-USA, INC.	13-3755	580	Р	age 5				
Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)								
		1		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 13							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	S							
			3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
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 Ac	counts (FBAR).			7.7				
			<u>5a</u>		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
	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	e organization solicit			٦,				
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and services are serviced as a contribution and partly for goods and serviced as a contribution and partly for goods and serviced as a contribution and partly for goods and serviced as a contribution and partly for goods and serviced as a contribution and partly for goods are serviced as a contribution and partly for goods and serviced as a contribution and partly for goods and serviced as a contribution and serviced as a contrib	vices provided to the payor?	7a		X				
			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				٦,				
	to file Form 8282?	1	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g						
9									
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		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.								
a			9a						
			9b						
10	Section 501(c)(7) organizations. Enter:	40							
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1						
11	Section 501(c)(12) organizations. Enter:	44.							
a	Gross income from members or shareholders	11a	1						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441							
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	120						
		12b	12a						
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1						
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.		ISa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans	13b							
_		13c	1						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	•	1/12		Х				
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14a 14b		 ^ `				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		170						
13	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.		13		<u> </u>				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
10	If "Yes," complete Form 4720, Schedule O.	income?	10		<u> </u>				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	anv							
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Ves " complete Form 6069		- <i>''</i>						

		3-3/333			age o
Pai	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v, and for a '	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruction				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervis	ion			
	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a					
	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
-	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
а			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		0.0		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	(This Section B requests information about policies not required by the internal nevertile Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates		ioa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th		11a	Х	
_		5 1011111	1 Ia	21	
120		- 1	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12b	X	
			120	- 21	
С	, , , , , , , , , , , , , , , , , , , ,		100	Х	
40	on Schedule O how this was done	·····	12c	X	
13	Did the organization have a written whistleblower policy?	·····	13	X	
14	Did the organization have a written document retention and destruction policy?		14	21	
15	Did the process for determining compensation of the following persons include a review and approval by independer	π			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- 1	45-	X	
a	, , , , , , , , , , , , , , , , , , , ,		15a		Х
b	, , , , , , , , , , , , , , , , , , , ,		15b		
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	- 1	40		·
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
0	exempt status with respect to such arrangements?	<u></u>	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	n 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy, and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	▶			
	LORI COHEN - 718-935-9192				

86 WYCKOFF AVENUE #609, BROOKLYN, NY

11237

Form 990 (2021) 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than than the structure of the structure	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	Institutional 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
(1) LORI L COHEN CHIEF EXECUTIVE OFF.	40.00	x		Х				00 222	0.	22 000
(2) KAREN WEISS	1.00	Λ		^		\vdash		98,333.	0.	33,998
BOARD MEMBER	1.00	X						0.	0.	0.
(3) NATALIE VOLIN LEHR	1.00	^						· ·	0.	0.
VICE CHAIR	1.00	X		Х				0.	0.	0.
(4) ADRIAN DANNHAUSER	1.00	22		25				•	<u> </u>	
BOARD MEMBER	1.00	х						0.	0.	0.
(5) ELISABETH SHUMAN	1.00					\vdash			•	•
BOARD MEMBER		х						0.	0.	0.
(6) SHARON APPELMAN	1.00	1				\vdash			•	
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) FAIZA MATHON	1.00									
SECRETARY		Х		Х				0.	0.	0
(10) ROBYN CONLON	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(11) JAMES HEYWORTH	1.00									
BOARD MEMBER		Х				<u> </u>		0.	0.	0.
(12) CHRISTINA MASSALAY	1.00								_	_
TREASURER		Х		Х				0.	0.	0.
(13) SANTHOSH PAULUS	1.00									
BOARD MEMBER		X				┞		0.	0.	0.
(14) KATRINA MASSEY	1.00	 								
BOARD MEMBER	1 00	Х					-	0.	0.	0 .
(15) INDRAJIT BARDHAN	1.00	٠,,							_	_
BOARD MEMBER	1 00	X	-			1	-	0.	0.	0 .
(16) CAROL CHEN	1.00	. ,							_	
BOARD MEMBER		X				\vdash		0.	0.	0.
		4	1	1	l	1	1			

Form 990 (2021)

2021.05000 ECPAT-USA, INC.

Section A. Onice	ers, Directors, Trus	tees, key ⊑mp	лоу	ees,	and	ıΠιζ	<u>jnes</u>	it C	ompensated Employee	S (continued)				
(A)	(A) Name and title		(do box,	not c	Posi heck r ss pers d a di	ition	l than d s both	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	ns compens			e ion ed
1b Cubtatal									98,333.		0.	3	3,9	9 B
1b Subtotal c Total from continuation	on sheets to Part VII								0.		0.		J, J.	0.
d Total (add lines 1b and								•	98,333.		0.	3	3,9	
	uals (including but no							o re	ceived more than \$100,	000 of reportable	i.			0
		director, trust	ee. k	ev e	empla	ove	e. or	hia	hest compensated emp	ovee on			Yes	No
line 1a? If "Yes," comp	lete Schedule J for si	uch individual							er compensation from t			3		Х
									or such individual			4		Х
5 Did any person listed o	n line 1a receive or a	ccrue comper	nsatio	on fr	om a	any	unre	elate	ed organization or individ			5		Х
Section B. Independent Co	ontractors	-												
									nat received more than \$ the organization's tax y		ensat	tion fro	om	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	ompe		า
2 Total number of indepersults \$100,000 of compensations	•	•	ot lin	nited	to t	thos C	e lis	ted	above) who received mo	ore than			000	

Form **990** (2021)

Form 990 (2021) ECPAT-U
Part VIII Statement of Revenue

		— Check if Schedule O c	contains a response	e or note to anv lir	ne 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
S (s	1 2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts					-			
جَ جَ		Membership dues		27,260.	-			
Ţ,		Fundraising events		27,200•	-			
ia i		Related organizations		220 /12	-			
ns, Sim		Government grants (contri		320,413.	4			
er S	f	All other contributions, gifts, (706 020				
ξģ		similar amounts not included		<u>,796,939.</u>				
dat	g	Noncash contributions included in li	lines 1a-1f 1g \$	16,330.				
<u>5 g</u>	h	Total. Add lines 1a-1f			2,144,612.			
				Business Code				
e l	2 a	PROGRAM SERVI	CE INCOME		225,585.	225,585.		
Program Service Revenue	b							
Se	С							
an See	d							
Pg	е							
Pro	f	All other program service r	revenue					
	a a	-			225,585.			
\neg	3	Investment income (includ						
	Ū	other similar amounts)	-		1,444.			1,444.
	4	Income from investment or						
			=	<u>-</u>				
	5	Royalties	(i) Real	(ii) Personal				
	•	0		(II) I GISOITAI	-			
			6a		-			
		Less: rental expenses	6b		4			
		Rental income or (loss)	6c					
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	_			
		assets other than inventory	7a					
	b	Less: cost or other basis						
ne		and sales expenses	7b					
le l	С	Gain or (loss)	7c					
Revenue		Net gain or (loss)						
her		Gross income from fundraisin						
퉏		including \$ 27	,260. of					
		contributions reported on	I					
		Part IV, line 18	, , , , , , , , , , , , , , , , , , ,	a 0.				
	b	Less: direct expenses		_				
		Net income or (loss) from f	<u></u>		0.			
		Gross income from gamino						
	- u	Part IV, line 19	٠ ١	a				
	h	Less: direct expenses			-			
		Net income or (loss) from (<u></u>	<u> </u>				
		Gross sales of inventory, le						
	ю а	• • • • • • • • • • • • • • • • • • • •						
		and allowances			-			
		Less: cost of goods sold)D 				
\dashv	С	Net income or (loss) from s	sales of inventory	Business Out				
ञ्				Business Code	12 012	12 012		
eor re		OTHER REVENUE			12,012.	12,012.		
lan	b							
Miscellaneous Revenue	С				-			
Mis		All other revenue			10 010			
		Total. Add lines 11a-11d			12,012.		_	1 4 4 4
	12	Total revenue. See instructio	ns		2,383,653.	237,597.	0.	1,444.

Form 990 (2021) ECPAT-USA, INC. Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must com	nplete column (A).	
	Check if Schedule O contains a respons				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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	325,834.	325,834.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	98,333.	71,783.	10,817.	15,733.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	656 550	450 000	TO 000	105 051
7	Other salaries and wages	656,572.	479,298.	72,223.	105,051.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	100 000	120 600	20 000	20 200
9	Other employee benefits	189,983.	138,688.	20,898.	30,397. 10,245.
10	Payroll taxes	64,029.	46,741.	7,043.	10,245.
11	Fees for services (nonemployees):	14 705		14 705	
	Management	14,725.		14,725.	
	Legal	40 601	6 015	11 066	
	Accounting	48,681.	6,815.	41,866.	
	Lobbying				
_	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '	195,633.	193,529.		2 104
40	column (A), amount, list line 11g expenses on Sch 0.)	6,411.	4,167.		2,104. 2,244.
12	Advertising and promotion	17,765.	12,080.	3,198.	2,487.
13	Office expenses	22,019.	14,973.	3,963.	3,083.
14	Information technology	22,017.	14,575.	3,503.	3,003.
15 16	Royalties	2,337.	1,589.	421.	327.
16	Occupancy	11,372.	7,733.	2,047.	327. 1,592.
17 18	Payments of travel or entertainment expenses	11,572.	7,755.	2,047	1,352.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	54,753.			54,753.
20	Interest	22,.331			,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,372.	933.	247.	192.
23	Insurance	4,741.	3,224.	853.	664.
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), amount, list line 24e expenses on Schedule 0.)				
а	OTHER EXPENSES	11,312.	7,692.	2,036.	1,584.
b	PUBLICATIONS AND VIDEOS	3,015.	3,015.		
С	POSTAGE AND MESSENGER	2,338.	1,590.	421.	327.
d	PRINTING	1,755.	1,193.	316.	246.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,732,980.	1,320,877.	181,074.	231,029.
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)				5 QQQ (2004)

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			318,112.	1	755,151.
	2	Savings and temporary cash investments			873,249.	2	874,400.
	3	Pledges and grants receivable, net			162,738.	3	728,294.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial (contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	tion 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
ğ	9	Prepaid expenses and deferred charges		L	51,531.	9	33,124.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			4,045.	10c	2,673.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1 400 685	15	0 202 640		
	16	Total assets. Add lines 1 through 15 (must e			1,409,675.	16	2,393,642.
	17	Accounts payable and accrued expenses			52,475.	17	100,768.
	18	Grants payable		18	285,000.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul				00	
<u>E</u>	22	controlled entity or family member of any of the				22	
	23 24	Secured mortgages and notes payable to unr					
	2 4 25	Unsecured notes and loans payable to unrela				24	
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on lir					
				· .		25	
	26	Total liabilities. Add lines 17 through 25			52,475.	26	385,768.
	20	Organizations that follow FASB ASC 958, c	heck her	e N	32,1731	20	30377301
es		and complete lines 27, 28, 32, and 33.	neok nei				
ů	27	, , ,			1,309,202.	27	1,421,369.
Sala	28				47,998.	28	586,505.
둳		Organizations that do not follow FASB ASC			•		•
ᆵ		and complete lines 29 through 33.	,				
ģ	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				1,357,200.	32	2,007,874.
~	33	Total liabilities and net assets/fund balances			1,409,675.	33	2,393,642.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,38		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>73.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,35	7,2	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,00	7,8	73.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
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				
	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.			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,			990	(2021)

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization ECPAT-USA 13-3755580 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	698,920.	685,615.	1212785.	903,106.	2144612.	5645038.	
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	698,920.	685,615.	1212785.	903,106.	2144612.	5645038.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						886,877.	
6	Public support. Subtract line 5 from line 4.							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	698,920.	685,615.	1212785.	903,106.	2144612.	5645038.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	221.	218.	5,927.	5,529.	1,444.	13,339.	
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							
	assets (Explain in Part VI.)	17,151.	12,894.	22,279.	3,537.	12,012.	67,873.	
11	Total support. Add lines 7 through 10						5726250.	
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	606,605.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)		
	organization, check this box and stop	here					>	
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2021 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	83.09 %	
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	74.07 %	
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box		
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2020. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□	
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,	
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	rganization		▶□	
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or	
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu		•				▶∐	
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 ar	nd see instructions	<u></u> ▶□	

Schedule A (Form 990) 2021

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	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 bus-						
	iness 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						ļ
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I		T	T	T
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	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 Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's fi	rst second third :	fourth or fifth tax	Vear as a section F	I 501(c)(3) organizatio	n On
	check this box and stop here	· ·		•	•		
Se	ction C. Computation of Publi						····
15	Public support percentage for 2021 (li	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2021. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	> □
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20	Drivate foundation If the organization	n did not obook o	hay an line 14 10	ar 10h ahaak th	aic how and see in	structions	▶ ¬

Т..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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_
1		
2		
За		
Sa		
3b		
30		
3с		
4a		
4b		
4c		
5a		
5b	+	<u> </u>
5c	_	
6		
7		
8		
9a		
Ob		
9b		
9с		
10a		
,		
10b	000)	

13-3755580 Page 5 ECPAT-USA, Schedule A (Form 990) 2021 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations No Yes Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes_ No 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a

that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2b

За

	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	a cresses rages
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
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-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2017

b Excess from 2018

c Excess from 2019

d Excess from 2020

e Excess from 2021

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

ECPAT-USA, INC. 13-3755580

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
VARIOUS	1,001,402.	886,877.
Total Excess Contributions to Schedule A. Part II. Line 5		886,877.

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.

OMB No. 1545-0047

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		ilar Funds or Ad	counts. Complete if the
	Organization answered Tes On Tom 330, Fait IV, line	(a) Donor advised fu	ınds	(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		n donor advised fund	
·	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			
·	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		reservation of a histo	orically important land area
	Protection of natural habitat			fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution	n in the form of a co	nservation 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				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year▶	· ·	, ,	-
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection,	handling of	
	violations, and enforcement of the conservation easements it	holds?	_	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 enforce	ing conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue	and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fina	ancial statements tha	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	-	ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue	e statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or	research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue sta	atement and balance	sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	earch in furtherance	e 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 treat	asures, or other similar asset	s for financial gain, p	
	the following amounts required to be reported under FASB AS	SC 958 relating to these iten	ns:	
а	Revenue included on Form 990, Part VIII, line 1			> \$
				> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	make sig	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition		d 🗌	Loan or exc	hange progra	am				
b	Scholarly research	•	е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma				•			\square	Yes	☐ No
Par	t IV Escrow and Custodial Arrang								ine 9, or	
	reported an amount on Form 990, Par			Ü				,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	contribution	s or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								_	
	g								Amount	
С	Beginning balance						1c			
	Additions during the year									
e	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								_	
Par										
	Complete II	(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
19	Beginning of year balance	(-,	(-,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-,)	,	,		(-/:::)	
b	Contributions									
0	Net investment earnings, gains, and losses									
٦										
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
т	Administrative expenses									
g	End of year balance		/!: 4	1 /	<u> </u>					
2	Provide the estimated percentage of the curre	ent year end balanc		j, column (a)) neid as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that	t are held ar	nd administer	ed for the	e organiza	ation	[x	/ N-
	by:									es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	+
b	If "Yes" on line 3a(ii), are the related organizate								3b	
4 Do:	Describe in Part XIII the intended uses of the		wment f	unds.						
Par						D 1 1 1				
	Complete if the organization answered	1						<u> </u>		
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	value
		basis (investi	ment)	basis	(other)	dep	reciation			
	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			1	3,529.		13,29			231.
	Other				9,659.		7,2	17.	2	,442.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X colum	n (B) line 1	0c)				2	,673.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 ECPAT-USA,	INC.	13	-3755580 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	Lan Farm 000 Dart IV line	11. Car Farma 000 Dark V line 10	
Complete if the organization answered "Yes			l =6==
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes	on Form 900 Part IV line	11d Son Form 000 Part V line 15	
) Description	Tru. See Form 990, Fart A, line 13.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	ie 15.)	······	
Complete if the organization answered "Yes	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) December of lightlife.	orr orr ood, rarry, me	110 01 1111 000 1 01111 000, 1 art X, iii10 20	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	25)		
2. Liability for uncertain tax positions. In Part XIII, provid			nat reports the
ability for an estimated positions. If I are Alli, provid	2 10 tone of the footbook to	Jigarii Lationi o iinanoiai statomonio ti	1000110 1110

Schedule D (Form 990) 2021

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)

Department of the Treasury

Internal Revenue Service

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.

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

Open to Public Inspection

Name of the organization

Employer identification number

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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

United States.	ribe in Part v the	organization's	procedures for monitoring the use of its	s grants and other assistance outs	side the
3 Activities per Region. (TI (a) Region	(b) Number of offices in the region	I, line 3 table ca (c) Number of employees, agents, and independent contractors in the region	n be duplicated if additional space is n (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
EAST ASIA AND THE	0	0	PROGRAM SERVICE	SEE PART III - 4A	270,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGAM SERVICE	SEE PART III - 4A	15,000.
NORTH AMERICA	0	0	PROGRAM SERVICE	SEE PART III - 4A	10,000.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICE	SEE PART III - 4A	30,000.
3 a Subtotal b Total from continuation sheets to Part I	0	0			325,000.
c Totals (add lines 3a and 3b)	0	0			325,000.

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

Schedule F (Form 990) 2021

INC.

ECPAT-USA,

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

tion (i) Method of sharp valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2021
(h) Description of noncash assistance								
(g) Amount of noncash assistance	.0	0	0	0			ax 🔻	A
(f) Manner of cash disbursement	10,000.WIRE TRANSFER	30,000.WIRE TRANSFER	WIRE TRANSFER	15,000. WIRE TRANSFER			ecognized as a tax iivalency letter	
(e) Amount of cash grant	.000,01	.000,08	.000,002	.000,21			oreign country, 1 ion 501(c)(3) equ	
(d) Purpose of grant	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT	GENERAL SUPPORT			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	
(c) Region	MEXICO	GUATEMALA	THAILAND	POLAND			is listed above that are r ir for which the grantee	r entities
(b) IRS code section and EIN (if applicable)	-	V	·				recipient organization nization by the IRS, o	other organizations o
1 (a) Name of organization							2 Enter total number of exempt 501(c)(3) organ	3 Enter total number of other organizations or entities

Page 3

Schedule F (Form 990) 2021 ECPAT-USA, INC. 1NC. 213-3755580

Schedule F (Form 990) 2021 ECPAT-USA, INC. 1NC. 13-3755580

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

ECPAT-USA, INC.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(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)
						Schedu	Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 Part IV Foreign Forms

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 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 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 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 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 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 Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

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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

2021

Open to Public Inspection

Name of the organization					Employer identification number		
ECPAT-USA, INC.						13-3755580	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais a	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 (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus 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			•				
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990) 2021

	rt I				: IV, line 18, or reported	
			(a) Event #1 FREEDOM AWARDS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	27,260.			27,260.
	2	Less: Contributions	27,260.			27,260.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 throug			>	
D۵	11 irt l			000 Bat N/ Eas 10		
		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered res on Form	1990, Fait IV, IIIIe 19, 011	eported more triair	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	1	0				
		Gross revenue	+			
ses	2	Cash prizes				
Expenses	2					
Direct Expenses		Cash prizes				
Direct Expenses	3	Cash prizes Noncash prizes				
Direct Expenses	3	Cash prizes Noncash prizes Rent/facility costs		☐ Yes %	Yes %	
Direct Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			□ No	
Direct Expenses	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	No No	No ▶	
6 Direct Ex	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No No	No▶	

Schedule G (Form 990) 2021

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

132082 10-21-21

Sch	edule G (Form 990) 2021 ECPAT-USA, INC.	<u> </u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount of gaming revenue retained by the third party \$\bigs\\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	retain the state gaming license?		Yes	☐ No
L		. Ш	163	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year \(\bigsim \)\$ TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ort III. lin	00.0.0	0h 10h
<u>. u</u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 L III, III I	es 9, 1	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	ECPAT-USA,	INC.	13-3755580	Page 4
Part IV	(Form 990) Supplemental Inform	nation (continued)			
	•••	(continued)			
<u> </u>					
<u> </u>					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-FZ

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

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 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTRIES, ALL WORKING TO END THE COMMERCIAL SEXUAL EXPLOITATION OF

CHILDREN. ECPAT-USA HAS CONSULTATIVE STATUS AT THE UNITED NATIONS AND

IS ALSO RELATED TO THE UNITED NATIONS THROUGH THE UN DEPARTMENT OF

PUBLIC INFORMATION. IT IS A MEMBER OF THE CAMPAIGN FOR US RATIFICATION

OF THE CONVENTION ON THE RIGHTS OF THE CHILD AND THE NATIONAL COALITION

TO PREVENT CHILD SEXUAL ABUSE AND EXPLOITATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAMS. EVENTS AND INITIATIVES TO INFORM OUR COMMUNITIES ABOUT THIS HUMAN RIGHTS CRISIS. ECPAT-USA IS EMPOWERING YOUTH TO TAKE THE LEAD IN ANTI-HUMAN TRAFFICKING EFFORTS WITH ITS YOUTH AGAINST CHILD TRAFFICKING (Y-ACT) PROGRAM. CHILDREN, WHO ARE THE PRIMARY STAKEHOLDERS ARE GETTING INVOLVED IN ADVOCATING AGAINST SEXUAL EXPLOITATION AND TRAFFICKING THROUGH THIS PROGRAM. ECPAT-USA TRAINS STUDENTS TO BE THE FOREMOST ADVOCATES 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 FOR ENSURING THEIR COMPANIES ARE FREE

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

Schedule O (Form 990) 2021

FROM HUMAN TRAFFICKING.

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Schedule O (Form 990) 2021 Page **2**

Name of the organization ECPAT-USA, INC.	Employer identification number 13-3755580
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD OF DIRECTORS REVIEW THE 990 RETURN VIA EMAIL BEE	
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 THRO	OUGH VARIOUS
PUBLICATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUES	T TO THE
ORGANIZATION.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING EXPENSE:	
PROGRAM SERVICE EXPENSES	193,529.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,104.
TOTAL EXPENSES	195,633.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	195,633.

Schedule O (Form 990) 2021