Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization: ECPAT-USA, INC.

Number and street (or P.O. box, if mail is not delivered to street address): 157 MONTAGUE STREET | Room/suite

City or town, state or country, and ZIP + 4: BROOKLYN, NY 11201

D Employer identification number: 13-3755580

E Telephone number: 718-935-9192

F Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash [X] Accrual Other (specify) ▶

I Website: ▶ WWW.ECPATUSA.ORG

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J **Organization type** (check only one)— [X] 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 201,378.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	198,726.
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	334.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a			
	b	Less: direct expenses other than fundraising expenses	6b			
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ▶ OTHER REVENUE)			8	2,318.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶			9	201,378.
Expenses	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	155,511.
	13	Professional fees and other payments to independent contractors			13	100,537.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 4			14	23,651.
	15	Printing, publications, postage, and shipping			15	8,449.
	16	Other expenses (describe ▶ SEE STATEMENT 1)			16	52,795.
	17	**Total expenses.** Add lines 10 through 16 ▶			17	340,943.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	<139,565.>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	355,986.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶			21	216,421.

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Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

Line	(See the instructions for Part II.)	(A) Beginning of year	Line	(B) End of year
22	Cash, savings, and investments	68,812.	22	71,071.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	297,502.	24	149,101.
25	**Total assets**	366,314.	25	220,172.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	10,328.	26	3,751.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	355,986.	27	216,421.

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12-17-08 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** Form **990-EZ** (2008)

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14181015 759420 3636 2008.04040 ECPAT-USA. INC. 3636 1

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SEE STATEMENT 7

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28 SEE STATEMENT 6		
(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	316,042.
29		
(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30		
(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	316,042.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CAROL SMOLENSKI, 157 MONTAGUE STREET, BROOKLYN, NY 11201	EXECUTIVE DIRECTOR 40.00	40,000.	14,337.	0.
HOWARD DAVIDSON, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.
DORINDA CATALDO, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.
JOAN LEVY, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.
PAT MORRAY, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.
ANA K. MORSE, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.
PERRY WOOTEN, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.
BRENDA HEPLER, 157 MONTAGUE STREET, BROOKLYN, NY 11201	BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NY

42a The books are in care of ▶ ORGANIZATION Telephone no. ▶ 718-935-9192

Located at ▶ 157 MONTAGUE STREET, BROOKLYN, NY ZIP + 4 ▶ 11201

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Form **990-EZ** (2008)

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

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

▶ Signature of officer — Date 10/30/09

▶ Carol Smolenski, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 10/23/09 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LUTZ AND CARR, CPAS LLP
300 EAST 42ND STREET
NEW YORK, NY 10017

EIN ▶

Phone no. ▶ 212-697-2299

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

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

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

The organization is not a private foundation because it is. (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: __________
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule A (Form 990 or 990-EZ) 2008**

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	562,877.	277,521.	155,436.	463,613.	198,726.	1658173.
2 Tax revenues levied for the organization'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 - 3	562,877.	277,521.	155,436.	463,613.	198,726.	1658173.
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)						77,808.
6 **Public Support.** Subtract line 5 from line 4						1580365.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	562,877.	277,521.	155,436.	463,613.	198,726.	1658173.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	730.	1,143.	1,416.	763.	334.	4,386.
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 IV)	1,559.	3,624.	4,187.	5,547.	2,318.	17,235.
11 **Total support.** Add lines 7 through 10						1679794.

12 Gross receipts from related activities, etc. (see instructions) | 12 |

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 94.08 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 97.58 %

16a **33 1/3% support test - 2008.** 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 ▶ [X]

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTERS	VARIES	SL	5.00	16	1,520.			1,520.	1,266.		217.
2	FURNITURE AND EQUIPMENT	VARIES	SL	5.00	16	12,240.			12,240.	1,672.		1,826.
	* TOTAL 990-EZ PG 1 DEPR					13,760.		0.	13,760.	2,938.	0.	2,043.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction

828102
04-25-08

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-EZ | OTHER EXPENSES | STATEMENT 1

DESCRIPTION	AMOUNT
TRAVEL	40,342.
MEETINGS	1,811.
INSURANCE	1,248.
OTHER EXPENSES	3,538.
OFFICE SUPPLIES	5,856.
TOTAL TO FORM 990-EZ, LINE 16	52,795.

FORM 990-EZ | OTHER ASSETS | STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	283,865.	128,543.
PREPAID EXPENSES AND OTHER ASSETS	4,708.	9,279.
SECURITY DEPOSIT	2,500.	2,500.
OTHER DEPRECIABLE ASSETS	6,429.	8,779.
TOTAL TO FORM 990-EZ, LINE 24	297,502.	149,101.

FORM 990-EZ | OTHER LIABILITIES | STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	3,094.	656.
GRANTS PAYABLE	7,234.	3,095.
TOTAL TO FORM 990-EZ, LINE 26	10,328.	3,751.

FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT 4

DESCRIPTION	AMOUNT
DEPRECIATION	2,043.
OTHER EXPENSES	21,608.
TOTAL TO FORM 990-EZ, LINE 14	23,651.

FORM 990-EZ | INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS | STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

ECPAT USA 2008 PROGRAM HIGHLIGHTS

PROTECT CHILDREN IN TOURISM (PCT) PROJECT

WITH FUNDING FROM THE U.S. DEPARTMENT OF STATE, THE PCT PROJECT WORKED IN CANCUN AND THROUGHOUT THE RIVIERA MAYA SECTION OF MEXICO TO PROMOTE THE CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN FROM SEXUAL EXPLOITATION IN TRAVEL AND TOURISM. SEVEN NEW COMPANIES IN MEXICO SIGNED THE CODE OF CONDUCT. NUMEROUS TRAVEL INDUSTRY PERSONNEL WERE TRAINED AND TECHNICAL ASSISTANCE WAS PROVIDED TO COMPANIES TO IMPLEMENT THE CODE OF CONDUCT. IN ADDITION, TRAININGS WERE HELD FOR LAW ENFORCEMENT OFFICERS AND UNION MEMBERS. A CONFERENCE FOR 200 UNIVERSITY STUDENTS WAS SPONSORED BY ECPAT USA. A UNIVERSITY CURRICULUM IS UNDER DEVELOPMENT. A PROTOCOL FOR LAW ENFORCEMENT OFFICERS, COMMUNITY MEMBERS, SOCIAL SERVICE PROVIDERS AND HOTEL INDUSTRY IS UNDER DEVELOPMENT AS WELL. COMPANIES WERE ASSISTED IN THE DEVELOPMENT OF INFORMATIONAL MATERIALS FOR THE PUBLIC.

IN BELIZE, THE PCT PROJECT WORKS WITH THE BELIZE TOURISM INDUSTRY ASSOCIATION (BTIA) AND THE BELIZE NATIONAL ORGANIZATION FOR THE PREVENTION OF CHILD ABUSE AND NEGLECT (NOPCAN) EXPAND THE CODE OF CONDUCT, TRAIN TRAVEL INDUSTRY PERSONNEL AND MONITOR COMPLIANCE WITH THE CODE OF CONDUCT UNDER CONTRACT WITH ECPAT USA. TRAININGS WERE CARRIED OUT BY BTIA. NOPCAN HAS FOLLOWED UP THE TRAININGS TO ENSURE IMPLEMENTATION OF THE CODE OF CONDUCT IS GOING FORWARD.

IN THE UNITED STATES, ECPAT USA WORKED WITH RESPONSIBLE INVESTOR GROUPS WHO USE SHAREHOLDER RESOLUTIONS TO GET TRAVEL COMPANIES TO THE TABLE. THERE WERE CONTINUOUS DISCUSSIONS WITH LARGE HOTEL CHAINS AND AIRLINES ABOUT SIGNING THE CODE OF CONDUCT. A MONITORING REPORT ABOUT U.S. COMPANY IMPLEMENTATION OF THE CODE OF CONDUCT WAS WRITTEN AND DISTRIBUTED. ONE NEW COMPANY, AMAZON TOURS SIGNED THE CODE OF CONDUCT IN 2008. A SIGNING CEREMONY WAS HELD IN SEPTEMBER.

THE INTERNATIONAL SECRETARIAT FOR THE CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN FROM SEXUAL EXPLOITATION IN TRAVEL AND TOURISM IS HOUSED AT ECPAT USA AND SUPPORTED BY IT.

ECPAT USA YOUTH

THE ECPAT USA YOUTH COMMITTEE CONSISTS OF NEW YORK CITY HIGH SCHOOL STUDENT WHO ARE LEARNING ABOUT AND TEACHING OTHERS ABOUT THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN AND CHILDRENS RIGHTS. THE YOUTH COMMITTEE DESIGNED AND CREATED A MURAL TO BE USED FOR PUBLIC EDUCATION AND THEY ARE CURRENTLY WORKING ON ANOTHER ONE. THEY CONDUCTED OUTREACH IN NEW YORK CITY'S UNION SQUARE TO TALK ABOUT CHILD THE NEW YORK STATE LAW, THE SAFE HARBOR ACT THAT WOULD PROTECT CHILDREN IN THE STATE FROM BEING ARRESTED FOR PROSTITUTION. AS PART OF THE PROJECT THEY ASKED THE PUBLIC TO SIGN POSTCARDS CALLING ON THE GOVERNOR TO PROTECT CHILDREN FROM SEXUAL EXPLOITATION.

ALTERNATIVE REPORT

IN MAY 2007 THE U.S. GOVERNMENT SUBMITTED A REPORT TO THE UN COMMITTEE ON THE RIGHTS OF THE CHILD ABOUT ITS IMPLEMENTATION OF THE OPTIONAL PROTOCOL TO

THE UN CONVENTION ON THE RIGHTS OF THE CHILD ON THE SALE OF CHILDREN, CHILD PROSTITUTION AND CHILD PORNOGRAPHY. IN FEBRUARY AND AGAIN IN MAY ECPAT USA PERSONNEL TRAVELED TO GENEVA, SWITZERLAND TO MEET WITH THE MEMBERS OF THE UN COMMITTEE ON THE RIGHTS OF THE CHILD AND TO PROVIDE ADDITIONAL INFORMATION ABOUT THE US GOVERNMENT'S IMPLEMENTATION OF THE OPTIONAL PROTOCOL.

ECPAT USA PERSONNEL ALSO DID A PRESENTATION ABOUT THE RESULTS OF THE YEAR LONG REVIEW OF THE US GOVERNMENT'S REPORT. THE EVENT TOOK PLACE IN NEW YORK CITY IN JUNE.

WORLD CONGRESS AGAINST SEXUAL EXPLOITATION OF CHILDREN AND ADOLESCENTS

IN 2008 ECPAT INTERNATIONAL CO SPONSORED THE WORLD CONGRESS III AGAINST SEXUAL EXPLOITATION OF CHILDREN AND ADOLESCENTS IN RIO DE JANEIRO, BRAZIL. IN PREPARATION FOR THIS MEETING, ECPAT USA CO SPONSORED A PREPARATORY MEETING CALLED THE CANADA U.S. CONSULTATION IN PREPARATION FOR THE WORLD CONGRESS III AGAINST SEXUAL EXPLOITATION OF CHILDREN AND ADOLESCENTS. THIS MEETING WAS HOSTED BY SHARED HOPE INTERNATIONAL IN ARLINGTON VIRGINIA AND BROUGHT TOGETHER GOVERNMENTAL AND NGO EXPERTS FROM BOTH COUNTRIES. A FINAL REPORT FROM THE CONSULTATION WAS PUBLISHED BY ECPAT USA AND PRESENTED AT THE WORLD CONGRESS.

PUBLIC AWARENESS RAISING

A LARGE PART OF ECPAT USA WORK IS RAISING AWARENESS ABOUT CHILD SEXUAL EXPLOITATION, SEX TOURISM AND TRAFFICKING. THESE ARE SOME OF THE HIGHLIGHTS OF ECPAT USA AWARENESS RAISING WORK IN 2008:

SEPTEMBER 2008: NATIONAL COUNCIL OF CHURCHES OF THE USA TRAFFICKING NEW YORK, NY SEMINAR

SEPTEMBER 2008: HUMAN TRAFFICKING AND SEXUAL EXPLOITATION NEW YORK, NY CONNECT SEMINAR

SEPTEMBER 2008: WORKING GROUP ON TRAFFICKING CHILDREN NEW YORK, NY PRESENTATION ON CHILD TRAFFICKING

AUGUST 2008: CHILD ABUSE PREVENTION PROJECT NEW YORK, NY CHILD TRAFFICKING AND HOW TO IDENTIFY IT

JULY 2008: CONGRESSIONAL STAFF BRIEFINGS FOR BOTH THE HOUSE WASHINGTON, DC OF REPRESENTATIVES AND THE SENATE

JULY 2008: USCCB CONFERENCE ON MIGRATION WASHINGTON, DC CHILD SEX TOURISM

JUNE 2008: QUEENS COUNTY DOMESTIC WELFARE COMMITTEE QUEENS, NY HUMAN TRAFFICKING

APRIL 2008: ALL SOULS UNITARIAN CHURCH NEW YORK, NY HUMAN TRAFFICKING

APRIL 2008: INTERNATIONAL PEO WALL TOWNSHIP, NJ TRAFFICKING OF CHILDREN

APRIL 2008: KENNESAW STATE UNIVERSITY KENNESAW, GA TRAFFICKING OF CHILDREN

APRIL 2008: UNIVERSITY OF NORTH CAROLINA CHAPEL HILL, NC CHILD SEXUAL EXPLOITATION AND THE NEW TECHNOLOGY

MARCH 2008: WORLD BANK SYMPOSIUM ON PRIVATE SECTOR SOLUTIONS WASHINGTON, DC CHILD SEX TOURISM AND THE CODE OF CONDUCT

FEBRUARY 2008: DAUGHTERS OF CHARITY CONVENT STATION, NJ INTERNATIONAL HUMAN TRAFFICKING

JANUARY 2008: PRESBYTERIAN UN SEMINAR SERIES NEW YORK, NY TRAFFICKING OF CHILDREN FOR SEXUAL PURPOSES

ECPAT USA PARTICIPATED AS A MEMBER OF THE NATIONAL CENTER ON MISSING AND EXPLOITED CHILDREN PREVENTION COMMITTEE, THE ADVISORY COMMITTEE OF THE AMERICAN BAR ASSOCIATION CIVIL LEGAL REMEDIES FOR HUMAN TRAFFICKING VICTIMS PROJECT, THE US CATHOLIC CONFERENCE OF BISHOPS ADVISORY BOARD ON HUMAN TRAFFICKING AND THE ADVISORY COMMITTEE FOR THE SALVATION ARMY COMMUNITY INTERVENTION PROJECT TRAINING INSTITUTE.

990-EZ' PG 2 STATEMENT 7

END THE COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN, INCLUDING PROSTITUTION, PORNOGRAPHY AND TRAFFICKING.

Form **4562** Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990-EZ

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172 **2008** Attachment Sequence No 67

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ECPAT-USA, INC.	FORM 990-EZ PAGE 1	13-3755580

Part I Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7			
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7			8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8			9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562			10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5			11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11			12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13			

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (**Do not** include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,043.

Part III MACRS Depreciation (**Do not** include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28			21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr			22	2,043.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23			

816251 11-08-08 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2008)

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year					
43 Amortization of costs that began before your 2008 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization ECPAT-USA, INC.	**Employer identification number** 13-3755580
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a P O box, see instructions 157 MONTAGUE STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. BROOKLYN, NY 11201	

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ORGANIZATION 157 MONTAGUE STREET - BROOKLYN, NY 11201
  Telephone No. ▶ 718-935-9192 FAX No. ▶ 718-935-9173
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________. If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2009.

5 For calendar year 2008 , or other tax year beginning ______________, and ending ______________.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Godwin Farmys Title ▶ CPA Date ▶ 8/6/09

823832
05-26-09

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	ECPAT-USA, INC.	13-3755580
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O box, see instructions. 157 MONTAGUE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BROOKLYN, NY 11201	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ ORGANIZATION 157 MONTAGUE STREET - BROOKLYN, NY 11201
  Telephone No ▶ 718-935-9192 FAX No ▶ 718-935-9173
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ [X] calendar year 2008 or
▶ [ ] tax year beginning ______, and ending ______

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions