

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 org- anizations 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

Open to Public Inspection

| B Creek if squartable National Contractions and Section 1972. Address change with the classical contraction of the contraction | Α | For the 2008 calendar year, or tax year beginning $4/09$, 2008, and ending $12/31$ | , 2008 | |
|---|----------|--|-------------------------------|--|
| Tennation Tenn | <u>B</u> | | oloyer identification number | |
| Templation Part A A A A A A A A A | L | Address change Juse IRS EMERGENCY CHILDRENS HELP ORGANIZATION 11 | 11-3828185 | |
| Termination Section | . | Traine change Indies INC. | phone number | |
| Tender Section Secti | <u>X</u> | | 366) 755-3246 | |
| **Saction 501(cX3) organizations and 4947(a\X1) nonexempt charitable trusts under the investigation of the completed Schedule A Form 990 or 990-E2. Website: ** WiWN_ECHOORGANTZATION_ORG** Organization type (check only one) - X 501(c) 3 = (ment no) 4947(a\X1) nonexempt charitable trusts 1 4017(a\X1) 1 1 1 1 1 1 1 1 1 | ┝ | Specific STATEN ISLAND, NY 10309 | | |
| Website: Wild CEHOORGANIZATION ORG Organization type (thek think one) Milk CEHOORGANIZATION ORG Organization type (thek think one) Milk Organization type (thek think one) Milk Organization type (thek think one) Milk Organization the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 Arcturn is not required, but if the organization the organization thouses to file a return, be sure to file a complete return of the complete return of the complete return of the complete return is the complete return of the complete retur | Ė | tions, | | |
| Website: NWW.ECHOORGANIZATION.ORG WWW.ECHOORGANIZATION.ORG Under two Management Manage | | | d Cash X Accrual | |
| Checker I If the organization is not a section 509(a) supporting organization and its gross receipts are normally not more than \$25,000 A Tellum is not required, but if the organization chooses to file a certificial organization is not a section 509(a) supporting organization and its gross receipts are normally not more than \$25,000 A Tellum is not required, but if the organization chooses to file a certificial organization and its gross receipts are normally not more than \$25,000 A Tellum is not required, but if the organization chooses to file a certificial organization and its gross receipts are the action \$25,000 A Tellum is not required, but if the organization chooses to file a certificial organization and its gross receipts are the action \$25,000 A Tellum is not required. But if the organization is not required to the instructions for Part I.) Lead lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 2 Program service revenue including government fees and contracts 2 1 90, 423. 2 1 2 2 2 2 2 2 2 2 | _ | H Check ► If the | ne organization is not | |
| 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. Are terrum is not required, but if the organization chooses to file a complete return | i | 000 57 000 05 |) | |
| \$25,000 A Teturn is not required, but if the organization chooses to file a return, be sure to file a complete return Add Lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 \$ 128,276. | ĸ | | nally not more than | |
| Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 90, 423. | | \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return | 1 | |
| 1 Contributions, grifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 3 4 Investment income 4 553. 5 4 553. 5 5 5 5 5 5 5 5 5 | | instead of Form 990-EZ | | |
| 2 Program service revenue including government fees and contracts 3 3 3 4 | Pa | | | |
| 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Garn (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ 46,700 of contributions reported on line 1) b Less: direct expenses other than funtraising activities. (Subtract line 6b from line 5) c Net income or (loss) from special events and activities (Subtract line 6b from line 6b from line 6b contributions reported on line 1) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory. (Subtract line 6b from line 6b contributions reported on line 1) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory. (Subtract line 6b from line 7a) 8 Other revenue (describe > 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | | | | |
| 4 Investment income 5 a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory. (Subtract in 56 from in 5a) (att sch) Special events and activities (complete applicable parts of Schedule (b). If any amount is from gaming, check here a Gross revenue (not including \$ 46,700. of contributions reported on line 1) b Less: direct expenses other than fundriary accounts of 66 a 37,300. b Less: cost of goods sold c Ross profit or (loss) from special events and activities (Subtract line 60 from line 60) c Rott income or (loss) from special events and activities (Subtract line 60 from line 60) c Rott income or (loss) from special events and activities (Subtract line 60 from line 60) c Rott income or (loss) from special events and activities (Subtract line 60 from line 60) c Rott income or (loss) from special events and activities (Subtract line 60 from line 60) c Rott income or (loss) from special events and activities (Subtract line 60) c Rott income or (loss) from special events and activities (Subtract line 60) c Rott income or (loss) from special events and activities (Subtract line 60) c Rott income or (loss) from special events and activities (Subtract line 60) c Rott income or (loss) from special events and activities (Subtract line 60) c Rott income or (loss) from special events and activities (Subtract line 60) c Rott income or (loss) from special events and activities (Subtract line 70) c Rott income or (loss) from special events and activities (Subtract line 70) c Rott evenue (describe > SEE STATEMENT 2 c Rott income or (loss) from special events and activities (Subtract line 70) c Rott income or (loss) from special events and activities (Subtract line 70) c Rott income or (loss) from special events and activities (Subtract line 70) c Rott income or (loss) from special events and activities (Subtract line 70) c Rott income or (loss) from special events and activities (Subtract line 70) c Rott income or (loss) | | } | | |
| 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ 4.6, 700. of contributions reported on line 1) b Less: direct expenses other than funfriarying expenses. C Ret income or (loss) from special events and activities (Subtract line 6b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and adultances 2010 c Gross profit or (loss) from sales of inventory, less returns and less and other payments to independent contractors. 10 | | | | |
| b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than invertory (Subtract in 5b from in 5a) (att sch) 6 Special events and activates (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ | | l , , , , , , , , , , , , , , , , , , , | 4 553. | |
| c Gan or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule (s). If any amount is from gaming, check here a Gross revenue (not including \$ 46,700. of contributions reported on line 1) b Less: direct expenses other than fundrarsing expenses. 7 a Gross sales of inventory, less returns and activities (Subtract line 6b from line 6b) b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory, less returns and activities (Subtract line 6b from line 6b) b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory, less returns and activities (Subtract line 6b from line 6b) 7 a Gross sales of inventory, less returns and activities (Subtract line 6b from line 6b) b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory, less returns and activities (Subtract line 6b from line 6b) b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory, less returns and activities (Subtract line 6b from line 6b) 7 a Gross sales of inventory, less returns and activities (Subtract line 6b from line 6b) b Less: cost of goods sold. c Gross profit or (loss) from sales of inventory, less returns and similar amounts paid (attach schedule) 7 a Grants and similar amounts paid (attach schedule) 8 Total expense (other compensation, and employee benefits. 10 Grants and similar amounts paid (attach schedule) 11 Salaries, other compensation, and employee benefits. 12 Cocupancy, rent, utilities, and maintenance 14 Total expenses (describe > SEE STATEMENT 2 16 Other expenses (describe > SEE STATEMENT 2 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Octor changes in net assets or fund balances (attach explanation) 20 Indicate the first paid activities of from 990 ins | | 1 | | |
| 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ 46,700. of contributions reported on line 1) b Less: direct expenses other than fundraises expenses. VED c Net income or (loss) from special events and activities (Subtract line bit from line 68) 7a Gross sales of inventory, less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory, less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory, less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or floss) from sales of inventory, less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or floss) from sales of inventory less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or floss) from sales of inventory less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or floss) from sales of inventory less returns and abblandes 2010 b Less: cost of goods sold c Gross profit or floss) from sales of inventory less returns and abblandes 2010 c Gross profit or floss) from sales of inventory less returns and abblandes 2010 c Gross profit or floss) from sales of inventory less returns and abblandes 2010 c Gross profit or floss) from sales or floss floss and single profit in a floss of the sales and of the profit in a floss of the sales and of the profit in a floss of the sales and of the profit in a floss of the sales and of the profit in a floss of the sales and of the profit in a floss of the sales and of the profit in a floss of the sales and of the profit in a floss of the sales and of th | | | 5.0 | |
| b Less: direct expenses other than furbrians expenses. To ket income or (loss) from special events and expenses. To ket income or (loss) from special events and expenses. To ket income or (loss) from special events and expenses. To ket income or (loss) from special events and expenses. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. To a levenue (describe > SEE STATEMENT 1 10 10,000.) To all revenue (describe > SEE STATEMENT 1 10 10,000.) To all evenues (describe > SEE STATEMENT 2 11 10,000.) To tal expenses (describe > SEE STATEMENT 2 11 10,000.) To tal expenses (describe > SEE STATEMENT 2 11 16 5591. To tal expenses (describe > SEE STATEMENT 2 11 16 5591. To tal expenses (describe > SEE STATEMENT 2 11 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | Ê | | | |
| b Less: direct expenses other than furbrians expenses. To ket income or (loss) from special events and expenses. To ket income or (loss) from special events and expenses. To ket income or (loss) from special events and expenses. To ket income or (loss) from special events and expenses. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. To b Less: cost of goods sold. C Gross profit or (loss) from sales of inventors. To b Less: cost of goods sold. To a levenue (describe > SEE STATEMENT 1 10 10,000.) To all revenue (describe > SEE STATEMENT 1 10 10,000.) To all evenues (describe > SEE STATEMENT 2 11 10,000.) To tal expenses (describe > SEE STATEMENT 2 11 10,000.) To tal expenses (describe > SEE STATEMENT 2 11 16 5591. To tal expenses (describe > SEE STATEMENT 2 11 16 5591. To tal expenses (describe > SEE STATEMENT 2 11 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18 | Ě | | | |
| b Less: direct expenses other than fundrarates a point of the text of the thorne or (loss) from special events and activates 2010 | Ŭ | | | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 37 a Gross sales of inventory, less returns and allowings 2010 of 7b b. Less: cost of goods sold c Gross profit or (loss) from sales of inventory. Britary line 2 from line 7a) 7c 8 other revenue (describe ▶ 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶ 9 104, 949. 10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 10 10,000. 11 Benefits paid to or for members 11 12 12 13 15,032. 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors 13 15,032. 14 Cocupancy, rent, utilities, and maintenance 14 14 15 Printing, publications, postage, and shipping 15 527. 16 Other expenses (describe ▶ SEE STATEMENT 2) 16 591. 17 Total expenses (add lines 10 through 16) 17 Total expenses (deficit) for the year (Subtract line 17 from line 9) 18 78,799. 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) 20 Other changes in net assets or fund balances (attach explanation) 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 Net assets or fund balances 19 Net assets or fund balan | E | | | |
| 7a Gross sales of inventory, less returns 1 1 1 1 1 1 1 1 1 | | | 13 973 | |
| b Less: cost of goods sold c Gross profit or (loss) from sales of inventors (Lipsch time 7a) 8 Other revenue (describe > 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits. 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe > SEE STATEMENT 2 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > SEE STATEMENT 3) 24 2,000. 25 Total assets 26 Total liabilities (describe > SEE STATEMENT 4) 0. 26 6,624. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78,799. | | | 13,973. | |
| c Gross profit or (loss) from sales of inventors and the Fal (loss) from sales of inventors and similar amounts paid (attach schedule) Professional serial ramounts paid (attach schedule) SEE STATEMENT 1 | | | | |
| 8 Other revenue (describe > 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | | | 76 | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 104, 949. 10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 10 10,000. 11 Benefits paid to or for members 11 12 13 15,032. 12 Salaries, other compensation, and employee benefits | | | | |
| Total expenses (add lines 10 through 16) Total expenses 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) Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances (attach explanation) Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances (attach explanation) Total expenses or fund balances at each of year Combine lines 18 through 20 Total expenses or fund balances (attach explanation) Total expenses or fund b | | ` | | |
| 11 Benefits paid to or for members 11 | _ | | | |
| 12 Salaries, other compensation, and employee benefits. 13 15,032. 13 15,032. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 527. 16 591. 17 Total expenses (describe > SEE STATEMENT 2) 16 591. 17 Total expenses (add lines 10 through 16) 17 26,150. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 78,799. 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) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances (attach explanation) 20 21 78,799. 18 Excess or (deficit) for the year (Subtract line 17 from line 27) 18 78,799. 19 Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 21 78,799. 21 78,799. 22 Sas, 423. 23 24 24 2,000. 25 35,423. 23 Land and buildings 23 24 2,000. 25 35,423. 24 Other assets (describe > SEE STATEMENT 3 | | · · · · · · · · · · · · · · · · · · · | | |
| 15 15 16 17 16 16 17 16 17 17 | E | | | |
| 15 15 16 17 16 16 17 16 17 17 | P | I | | |
| 15 15 16 17 16 16 17 16 17 17 | Ñ | · · · · · · · · · · · · · · · · · · · | | |
| 16 Other expenses (describe SEE STATEMENT 2 17 Total expenses (add lines 10 through 16) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 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. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe SEE STATEMENT 3 25 Total assets Total liabilities (describe SEE STATEMENT 4 Cash must agree with end-of-year lip of the proof of the prior year setting in the proof of the prior year setting in the proof of the prior year lip of y | | | | |
| 17 Total expenses (add lines 10 through 16) 17 26,150. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 78,799. 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) 20 20 Other changes in net assets or fund balances (attach explanation) 20 21 78,799. 22 Cash, savings, and investments (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 83,423. 23 Land and buildings 23 24 Other assets (describe SEE STATEMENT 3) 24 2,000. 25 Total assets 0. 25 85,423. 26 Total liabilities (describe SEE STATEMENT 4) 0. 26 6,624. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78,799. 28 Total state Total liabilities (describe SEE STATEMENT 4) 0. 27 78,799. 29 Total assets 0. 27 78,799. 20 Total assets 0. 27 78,799. 21 Total state Total liabilities (describe SEE STATEMENT 4) 0. 27 78,799. 20 Total assets 0. 27 78,799. 21 Total assets 0. 27 78,799. 22 Total assets 0. 27 78,799. 23 Total assets 0. 27 78,799. 24 Total assets 0. 27 78,799. 25 Total assets 0. 27 78,799. 26 Total liabilities (describe SEE STATEMENT 4) 0. 27 78,799. 27 Total assets 0. 27 78,799. | 5 | 1 31 11 3 | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 78,799. | | | | |
| Second control of the data o | | | 18 78,799. | |
| Second 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. Cash, savings, and investments Cash, savings, and investm | N S | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year) | | |
| Second control of the data o | Ë | figure reported on prior year's return) | | |
| Part IIBalance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.(See the instructions for Part II.)(A) Beginning of year(B) End of year22Cash, savings, and investments2283, 423.23Land and buildings2324Other assets (describe ► SEE STATEMENT 3)242,000.25Total assets0. 2585, 423.26Total liabilities (describe ► SEE STATEMENT 4)0. 266,624.27Net assets or fund balances (line 27 of column (B) must agree with line 21)0. 2778, 799. | '] | 20 Other changes in flet assets of faile balances (attach explanation) | | |
| (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 22 83,423. 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 3) 24 2,000. 25 Total assets 0. 25 85,423. 26 Total liabilities (describe ► SEE STATEMENT 4) 0. 26 6,624. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78,799. | _ | | | |
| 22 Respect to the contract of t | P | <u> </u> | | |
| 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 3) 24 2,000. 25 Total assets (describe ► SEE STATEMENT 4) 0. 25 85,423. 26 Total liabilities (describe ► SEE STATEMENT 4) 0. 26 6,624. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78,799. | _ | | | |
| 24 Other assets (describe ► SEE STATEMENT 3) 24 2,000. 25 Total assets (describe ► SEE STATEMENT 4) 0. 25 85,423. 26 Total liabilities (describe ► SEE STATEMENT 4) 0. 26 6,624. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78,799. | | | | |
| 25 Total assets 0. 25 85, 423. 26 Total liabilities (describe ► SEE STATEMENT 4) 0. 26 6, 624. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78, 799. | _ | | | |
| 26 Total liabilities (describe > SEE STATEMENT 4)0. 266, 624.27 Net assets or fund balances (line 27 of column (B) must agree with line 21)0. 2778, 799. | _ | | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0. 27 78,799. | | | | |
| | | | | |
| | | | <u> </u> | |

| Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.) (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 and deferred compensation and other allowances | | Form 990-EZ (2008) EMERGENCY CHILDRENS HELP ORGANIZATION 11-3828185 Page 2 | | | | | | | |
|--|------|---|--|-----------------------|---|----------|--|--|--|
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, and (4) organizations and describe the services provided, the number of persons benefited, or other relevant information for each program title. 28 SEE STATEMENT 6 (Grants \$ 10,000.) if this amount includes foreign grants, check here 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) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs) (c) Compensation (if (d) Contributions to employee benefit plans and deferred compensation and other allowances of the position of the program of the program and (4) organizations and add of the program and (4) organizations and (4) organizations | Par | t III Statement of Program Se | rvice Accomplishments | (See the instruction | ns.) | | Expenses | | |
| Grants \$ 10,000.) If this amount includes foreign grants, check here | Desc | ribe what was achieved in carrying out the ribe the services provided, the number o | ncise manner, each | and (4 4947(a |) organizations and a)(1) trusts, optional | | | | |
| (Grants \$) If this amount includes foreign grants, check here 29a (Grants \$) If this amount includes foreign grants, check here 30a Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 31a Total program service expenses (add lines 28a through 31a) 32 10,000 Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs) (a) Name and address (b) Title and average hours per week devoted to position 10 posi | 28 | | | · | | 28a | 10.000 | | |
| Grants \$ Other program services (attach schedule) Grants \$ Other program services (attach schedule) Grants \$ Other program service (attach schedule) Other program service expenses (add lines 28a through 31a) Other | 29 | | | | | | | | |
| Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs) (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (If not paid, enter -0) employee benefit plans and deferred compensation (e) Expense account and other allowances and to position TRUSTEE 0. 0. 0. 0 | 30 | (Grants \$) If the | ns amount includes foreign a | ents check here | | 30.3 | | | |
| Total program service expenses (add lines 28a through 31a). Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.) (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (lf not paid, enter -0) employee benefit plans and deferred compensation (d) efferred compensation (d) efferred compensation (d) employee benefit plans and deferred compensation (d) efferred compensation (d) employee benefit plans and deferred compensation (d) efferred compensation (d) employees. (List each one even if not compensated See the instrs.) TRUSTEE 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. | 31 | Other program services (attach schedul | e) | | ▶□ | | | | |
| Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrs.) (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 and deferred compensation (e) Expense account not paid, enter -0) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account not paid, enter -0) (d) Contributions to employee benefit plans and deferred compensation (e) Expense account not paid, enter -0) (e) Expense account not paid, enter | 32 | | | arts, check here | _ | | 10,000. | | |
| (a) Name and address (b) Title and average hours per week devoted to position (c) Compensation (lf not paid, enter -0) (d) Contributions to employee benefit plans and deferred compensation (deferred compensation) (e) Expense account and other allowances of the position of the paid, enter -0) (e) Expense account and other allowances of the position of the posit | | | | ployees. (List each o | ne even if not cor | | | | |
| 4288 ARTHUR KILL RD 0 | | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If | (d) Contributions employee benefit plan | to and a | (e) Expense account and other allowances | | |
| | 428 | 88 ARTHUR KILL RD | 1 | 0. | | 0. | 0. | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Other Information (Note the statement requirement in General Instruction V.) 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 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 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 6033(e) notice, reporting, and proxy tax requirements? Х 35 a b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N 36 Х 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0. b Did the organization file Form 1120-POL for this year? 37 b Х **38 a** 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? 38 a X b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9 39 a N/A **b** Gross receipts, included on line 9, for public use of club facilities 39 b N/A 40 a 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 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? 'Yes,' complete Schedule L, Part I 40 b X c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 O 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 40 e Х 41 List the states with which a copy of this return is filed ▶ NY NJ 42 a The books are in care of ► SEBI ANGELICO (866) 755-3246 Located at ▶ 4288 ARTHUR KILL RD STATEN ISLAND NY 10309 No Yes 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)? X 42 b 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 a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the US? 42 c Х If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year **⊳** 43 N/A Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Х

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

| Form 990-E | EZ (2008) EMERGENCY CHILDRENS Section 501(c)(3) organization | | | 11-3828 | | | | | |
|---|--|--|--|--|---|--|--|--|--|
| 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. SEE STATEMENT 7 | | | | | | | | | |
| for pu 47 Did th 48 Is the 49 a Did th b If 'Ye 50 Comp | the organization engage in direct or indirect ublic office? If 'Yes,' complete Schedule (whe organization engage in lobbying activities organization operating a school as describe organization make any transfers to an es,' was the related organization(s) a sect plete this table for the five highest compensed. | C, Part I ties? If 'Yes,' complete ribed in section 170(b)(exempt non-charitable ion 527 organization? | Schedule C, Part II (1)(A)(II)? If 'Yes,' comrelated organization? | in opposition to candidate opp | 46 X 47 X 48 X 49a X | | | | |
| | ved more than \$100,000 of compensation Name and address of each employee paid more than \$100,000 | (b) Title organization. (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances | | | | |
| NONE _ | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total number | of other employees paid over \$100,000 | | | | | | | | |
| 51 Comp | plete this table for the five highest compe the organization of there is none, enter ' | nsated independent co None ' | ntractors who each red | ceived more than \$100,000 | 3 of compensation | | | | |
| | (a) Name and address of each independent contr | actor paid more than \$100,000 | | (b) Type of service | (c) Compensation | | | | |
| NONE | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| - | | | | | | | | | |
| | /) | | | | | | | | |
| Total numb | ber of other independent contractors rece | | • | | | | | | |
| Sign Here | Under penalties of perjury, I declare that I have examine, correct, and complete Declaration of preparer (Signature of officer SEBASTIAN ANGELICO | nned this return, including acco | mpanying schedules and state all information of which prepai | ements, and to the best of my knowner has any knowledge 6 21 - /p Date CHAIRMAN | /ledge and belief, it is | | | | |
| | Type or print name and title | | I - | | noroda Idantés - Alicab | | | | |
| Paid Pre- | Preparer's STEVEN BARBERES Firm's name (or RUFOLO & BARBER | I AS PAS CA | © Date 6/21/10 | Check if self-employed N/ | parer's Identifying Number e instructions) 'A | | | | |
| parer's Use | yours if self- employed), > 260 CHRISTOPHER | | | EIN ► 1 | N/A | | | | |
| Only | address and | NY 10314 | | Phone no ► (718 | | | | | |
| May the IR | <u> </u> | | | 1110110110 | <u>) </u> | | | | |

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Total

EMERGENCY CHILDRENS HELP ORGANIZATION INC.

Employer identification number 11-3828185

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) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) Δ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(bX1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 Type III - Functionally integrated d | Type III- Other Type II C 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) 11g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (v) Did you notify the organization in col (i) of (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (i) Name of Supported Organization (vi) Is the (vii) Amount of Support (ii) EIN organization in col (i) listed in your governing document? organization in col (i) organized in the your support? Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2008

| | dule A (Form 990 or 990-EZ) 200 | | | | | 11-382 | | |
|----------|---|-----------------------|----------------------|--------------------|--------------------------|----------------|----------|--------------------|
| Par | t II Support Schedule for | _ | | | (b)(1)(A)(iv) ar | nd 170(b)(1 |)(A)(| (vi) |
| 500 | (Complete only if you check | ed the box on line | 5, 7, or 8 of Part | .1) | | | | |
| | tion A. Public Support | | | | | | | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 200 | В | (f) Total |
| | Gifts, grants, contributions and membership fees received (Do not include unusual grants ') | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | | | |
| 4 | Total. Add lines 1-3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | |
| Sec | tion B. Total Support | 1 | | | T | | - 1 | |
| | ndar year (or fiscal year nning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 200 | 8 | (f) Total |
| 7 | Amounts from line 4. | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources | | | | | | | |
| 9 | Net income form unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | |
| 12 | Gross receipts from related activ | vities, etc. (see ins | structions) | | | | 12 | |
| 13 | First five years. If the Form 990 organization, check this box and | | ation's first, secor | nd, third, fourth, | or fifth tax year a | as a section ! | 501(c) | (3) |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | | |
| 14 15 | Public support percentage for 20 Public support percentage for 20 | | | ne 11, column (f) |) | | 14 15 | <u>%</u> % |
| 16 | a 33-1/3 support test – 2008. If the and stop here. The organization | e organization did | not check the bo | x on line 13, ar | nd the line 14 is 3 | 3-1/3 % or m | ore, cl | heck this box ▶ |
| I | 33-1/3 support test — 2007. If the and stop here. The organization | e organization did | not check a box | on line 13, or 16 | Sa, and line 15 is 3 | 33-1/3% or n | nore, c | check this box |
| 17 | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact | meets the 'facts-a | and-circumstance | s' test, check thi | s box and stop he | ere. Explain i | n Part | IV how |
| 1 | b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar | meets the 'facts-a | and-circumstance | s' test, check thi | s box and stop he | ere. Explain i | n Part | IV how the |
| _18 | Private foundation. If the organ | | | | 7a, or 17b, check | this box and | see in | structions P |
| BAA | 1 | | | | S | chedule A (F | orm 9 | 90 or 990-EZ) 2008 |

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

| | (Complete only if you ched | cked the box on lin | ne 9 of Part I) | | | | |
|---|--|--|---|---|---|---|--|
| Sect | ion A. Public Support | | - | · · · · | | | |
| Calen | dar year (or fiscal yr 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 'unusual grants') | | | | | 90,423. | 90,423. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt | | | | | 37,300. | 37,300. |
| 3 | purpose Gross receipts from activities that are not an unrelated trade or business | | | | | 37,300. | |
| 4 | under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| | Total. Add lines 1-5 | 0. | 0. | 0. | 0. | 127,723. | 127,723. |
| 7a | Amounts included on lines 1, 2, 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| 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 | 0. | 0. | 0. | 0. | 0. | 0. |
| c | Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| | Public support (Subtract line | | | | | | |
| | 7c from line 6.) | | | _ | | | 127,723. |
| Sec | tion B. Total Support | | • | | | | |
| Cale | - day | (a) 2004 | (h) 200E | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| Cuic | ndar year (or fiscal yr beginning in) | (a) 2004 | (b) 2005 | (6) 2000 | (4) 2001 | | |
| 9 | Amounts from line 6 | (a) 2004 0. | 0. | 0. | 0. | 127,723. | 127,723. |
| 9 | | | | | | 127,723. | 127,723. |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 0. | 0. | 0. | 0. | 127,723. 553. | 127,723. 553. 0. |
| 9 10 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is | | | | | 127,723. | 127,723. 553. |
| 9 10 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, | 0. | 0. | 0. | 0. | 127,723. 553. | 553. 0. 553. |
| 9 10 a b | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) | 0. | 0. | 0. | 0. | 553. 553. | 127,723. 553. 0. 553. 0. 128,276. |
| 9 10 a b 11 12 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and | 0. 0. s for the organization here | 0. 0. ation's first, second | 0. | 0. | 553. 553. | 127,723. 553. 0. 553. 0. 128,276. |
| 9 10 a b 11 12 13 14 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | 0. 0. s for the organized stop here blic Support P | 0. ation's first, second | 0. 0. d, third, fourth, | 0. or fifth tax year a | 553. 553. | 127,723. 553. 0. 553. 0. 128,276. (3) ► X |
| 9 10 a 11 12 13 14 Sec 15 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu | 0. Is for the organized stop here blic Support P 008 (line 8, column | 0. ation's first, second | d, third, fourth, one 13, column (f)). | 0. or fifth tax year a | 553. 553. 553. | 127,723. 553. 0. 553. 0. 128,276. (3) ► X |
| 9 10 a b 11 12 13 14 Sec 15 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from | o. Is for the organized stop here blic Support P 008 (line 8, column 2007 Schedule A, | 0. 0. ation's first, second ercentage n (f) divided by line Part IV-A, line 27 | d, third, fourth, one 13, column (f)). | 0. or fifth tax year a | 553. 553. | 127,723. 553. 0. 553. 0. 128,276. (3) ► X |
| 9 10 a 11 12 13 14 Sec 15 16 Sec | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tion D. Computation of Inventors | 0. Is for the organized stop here blic Support P 008 (line 8, column 2007 Schedule A, restment Incor | ation's first, second ercentage n (f) divided by line Part IV-A, line 27 ne Percentage | d, third, fourth, one 13, column (f)). | 0. or fifth tax year a | 553. 553. 553. | 127,723. 553. 0. 553. 0. 128,276. (3) |
| 9 10 a 11 12 13 14 Sec 15 16 Sec 17 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from Investment income percentage | o. Is for the organized stop here blic Support P 008 (line 8, column 2007 Schedule A, restment Incor | o. 0. ation's first, second ercentage n (f) divided by line Part IV-A, line 27 ne Percentage column (f) divided | d, third, fourth, de 13, column (f), | 0. or fifth tax year a | 553. 553. 553. 127,723. | 127,723. 553. 0. 553. 0. 128,276. (3) |
| 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupulic support percentage for 20 Public support percentage from tho D. Computation of Investment income percentage investment income percentage investment income percentage. | o. Is for the organization did not consume the consumer to consumer the consumer that consumer the consumer the consumer the consumer the consumer the consumer the cons | o. o. ation's first, second ercentage n (f) divided by line Part IV-A, line 27 ne Percentage column (f) divided le A, Part IV-A, line check the box, on li | 0. d, third, fourth, of the 13, column (f)). d by line 13, column (f) the 27h the 14, and line 15. | O. Or fifth tax year a | 127, 723. 553. 553. 553. 15 16 17 18 | 127,723. 553. 0. 553. 0. 128,276. (3) ► X % % |
| 9 10 a 11 12 13 14 Sec 15 16 Sec 17 18 19 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from the support pe | o. Is for the organizated stop here blic Support P 008 (line 8, column 2007 Schedule A, vestment Incor for 2008 (line 10c, from 2007 Schedu organization did not boox and stop here the organization did k this box and sto | o. o. o. o. o. ercentage n (f) divided by line Part IV-A, line 27 me Percentage column (f) divided le A, Part IV-A, line check the box on li The organization d not check a box phere. The organi | d, third, fourth, of the 13, column (f)). g to by line 13, column (f) to 27h (f) the 14, and line 15 (f) qualifies as a pure on line 14 or 19 (f) to 2 (f) the 2 (f) | or fifth tax year at min (f)) is more than 33-1/3 iblicly supported a, and line 16 is in a publicly supp | 127, 723. 553. 553. 553. 553. 15 16 17 18 18%, and line 17 is norganization more than 33-1/39 orted organization | 127,723. 553. 0. 553. 0. 128,276. (3) X % % ot |

| Part IV | Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) |
|--------------|---|
| | |
| | |
| | |
| | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Department of the Treasury Internal Revenue Service Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

| | | | | 11411 \$15,000 011 1 01111 | 555-LZ, IIIIC Oa. | Шэресион | |
|---|------------------|--------------|--|--|---|---|--|
| Name of the organization EMERGENCY CH INC. | ILDRENS HE | LP ORG | ANIZAT: | ION | Employer identifica 11-382818 | | |
| Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. | | | | | | | |
| Indicate whether the organization Mail solicitations Email solicitations Phone solicitations In-person solicitations | raised funds th | rough any | of the foll | owing activities Check Solicitation of non- Solicitation of gove Special fundraising | all that apply government grants ernment grants events | | |
| 2a Did the organization have written employees listed in Form 990, Pa b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | ndividuals or en | tities (func | Iraisers) n | ursuant to agreements | under which the fundra | | |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | (III) Did | fundraiser ly or control ibutions? | (iv) Gross receipts | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization | |
| | | Yes | No | | | | |
| | | | | | | | |
| | | | | | | | |
| | _ | | | | | | |
| | | | | | | | |
| | | | | | _ | | |
| | | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| , | | <u> </u> | | | | | |
| Total | | _ | Δ | | | | |
| List all states in which the organiz or licensing | ation is registe | red or lice | nsed to so | olicit funds or has been | notified it is exempt fro | om registration | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | |
| | | | | | | | |
| | | - | | | | | |
| | | - | | | | | |
| | | _ | | | | | |
| | | | | | | | |
| | | | | | - | | |
| | | | | | | | |

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (d) Total Events (Add col (a) through col (c)) (b) Event #2 (c) Other Events DINNER GALA (event type) (event type) (total number) 84,000. 1 Gross receipts 84,000. 2 Less Charitable contributions 46,700. 46,700. 3 Gross revenue (line 1 minus line 2) 37,300. 37,300. 4 Cash prizes 1,000. 1,000. DIRECT 5 Non-cash prizes 468. 468. 6 Rent/facility costs 18,617. 18,617. EXPENSES 7 Other direct expenses 3,242. 3,242. 8 Direct expense summary Add lines 4- through 7 in column (d) 23,327. Net income summary. Combine lines 3 and 8 in column (d). 13,973. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col (a) through col (c)) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes 왕 Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d) YES NO **9** Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' Explain Does the organization operate gaming activities with nonmembers? 11 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?

| Scriedule G (Form 990 or 990-EZ) 2008 EME | RGENCY CHILDRENS HELP ORGANIZA | 11-382818 | <u> </u> | Page 3 |
|---|---|--------------------------------|----------|----------|
| 12 Indicate the assessment of | Average | <u> </u> | YI | S NO |
| 13 Indicate the percentage of gaming activi | - • | | | |
| a The organization's facility | • • • | 13a % | | |
| b An outside facility | | 13b % | | |
| 14 Provide the name and address of the pe | erson who prepares the organization's gaming/sp | ecial events books and records | | |
| Name • | - | | | |
| Address • | | | | |
| | th a third party from whom the organization rece | | 15a | |
| of gaming revenue retained by the third | party \$ | and the amount | | |
| c If 'Yes,' enter name and address | | | | |
| Name • | | | | |
| Address | | | | |
| 16 Gaming manager information | | | | |
| Name • | | | | |
| Gaming manager compensation ▷ \$_ | | | | |
| Description of services provided· > | · | | | |
| Director/officer Em | ployee Independent contra | ctor | | |
| 17 Mandatory distributions | | | | |
| state gaming license? | law to make charitable distributions from the gar | | 17a | |
| · | ed under state law distributed to other exempt or | janizations or spent in the | | |
| organization's own exempt activities dur | | | | |
| BAA | TEEA3703L 07/18/08 | Schedule G (Form 990 | or 990- | LZ) 2008 |

PAGE 1 2008 FEDERAL STATEMENTS **EMERGENCY CHILDRENS HELP ORGANIZATION** INC. 11-3828185 STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS: GRANT ANTHONY CRIMENI 432 UNION HILL RD ENGLISHTOWN, NJ 07726 RELATIONSHIP OF DONEE: NONE 2,500. \$ CASH AMOUNT GIVEN: CLASS OF ACTIVITY: GRANT DONEE'S NAME: PASQUALE CAPOBIANCO DONEE'S ADDRESS: 17 DIGGER STREET HOWELL, NJ 07731 RELATIONSHIP OF DONEE: NONE 2,500. CASH AMOUNT GIVEN: CLASS OF ACTIVITY: GRANT DONEE'S NAME: DONEE'S ADDRESS: DENA SHERWOOD 3 DICKSON ROAD MARLBORO, NJ 07746 RELATIONSHIP OF DONEE: NONE: CASH AMOUNT GIVEN: 2,500. CLASS OF ACTIVITY: GRANT DONEE'S NAME: CHRISTINE SAMO DONEE'S ADDRESS: 23 LOCUST AVENUE STATEN ISLAND, NY 10306 RELATIONSHIP OF DONEE: NONE CASH AMOUNT GIVEN: 2,500. **STATEMENT 2** FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES 59<u>1.</u> ADVERTISING AND PROMOTION TOTAL \$ 591.

STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES .

 BEGINNING
 ENDING

 \$ 0.
 \$ 2,000.

 TOTAL \$ 0.
 \$ 2,000.

2008

FEDERAL STATEMENTS

PAGE 2

EMERGENCY CHILDRENS HELP ORGANIZATION

INC.

11-3828185

6/21/10

11 47AM

STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

ACCOUNTS PAYABLE AND ACCRUED EXPENSES

| | BEGINNI. | NG_ | ENDING | | |
|-------|----------|-----|--------|--------|--|
| | \$ | 0. | \$ | 6,624. | |
| TOTAL | \$ | 0. | \$ | 6,624. | |
| | | | | | |

STATEMENT 5 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION OFFERS MONETARY ASSISTANCE TO BENEFIT THE WELFARE OF CHILDREN WHOSE FUTURE IS BLEAK DUE TO THE EXISTENCE OF A SERIOUS HEALTH, MEDICAL OR LIVING EMERGENCY. THE ORGANIZATION PROVIDES THIS ASSISTANCE TO HELP EASE THE FINANCIAL BURDEN ON THE FAMILIES OF THESE CHILDREN, WHILE SPREADING GOODWILL AND HOPE THROUGHOUT THE COMMUNITY.

STATEMENT 6 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DURING THE YEAR, GRANT AWARDS OF \$2,500 EACH WERE GIVEN TO THE FAMILIES OF FOUR CHILDREN WHO HAVE SERIOUS, LIFE-THREATENING HEALTH AND MEDICAL CONDITIONS.
THE FUNDS WERE USED TO HELP THESE FAMILIES PAY THEIR CHILDREN'S MEDICAL BILLS AND TO UNDERGO MUCH NEEDED MEDICAL TESTING.

STATEMENT 7 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO







EXECUTIVE BOARD

CHAIRMAN Sebastian Angelico

VICE CHAIRMAN Paul Dapolito, III

SECRETARY Joseph DiGiso

TREASURER Pat Gambaro

MEMBER - AT - LARGE Robert Felice

MEMBER - AT - LARGE Nicholas Marone

MEMBER - AT - LARGE Michael Singer

BOARD OF DIRECTORS

Daniel Abbatemarco Anthony Greco

Anthony Angelico Joseph Greco

Vincent Angelico Paul Liubicich

Susan Brienza Christopher Paulsen

Carmelo Contrino Ben Pistilli

Vincent D'Elia Nicholas Ponzio

Christine DelDuca Louis Rapuano

Russell Doherty Joseph Schauer, III M.D.

Dana Fiumefreddo Larry Schwartz

Frank Fiumefreddo John Sorkvist

Michael Valenzo