2939328409725 Amended Return - Section 512(a)(7) Repeal Change in Accounting Posical

	4	;	, -	Cha	nge in Accoui	nting	Perioa		1			
	. 1	DOO T	ı	Exempt Organiz	ation Busin	ess	Income Tax	Retur	n	OME	B No 1545-0687	
	Form	9 90- T			xy tax under:			1809	_	æ	2040	
		•	For cate	ndar year 2018 or other tax y	_					4	2 018	
	Departm	ent of the Treasury		► Go to www.irs.gov/i								
	-	Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)								Public Inspection for Organizations Only	
	A 🗸	Check box if address changed									entification number	
	B Exem	pt under section	Print		CHILDREN'S DEFENSE FUND						ust, see instructions)	
	_	₀₁₍ C)(3)	or	1 ' '	Number, street, and room or suite no. If a P.O. box, see instructions						895622 siness activity code	
	∐ 40		Туре		5401 IKST STREET NE, 500						ons)	
	∐ 40 □ 52			City or town, state or proving WASHINGTON, DC 2000		toreign p	oostai code					
	C Book	yalue of all assets d of year	F Gr	oup exemption number		1 🕨						
		739,194		neck organization type	•		n 501(c) tru	st [401(a)	trust	Other trust	
	H Er	ter the number		organization's unrelated		_		Describ	e the on	the only (or first) unrelated		
	-	de or business				. If on	ly one, complete P	arts I–V. I	f more t	han or	ne, describe the	
			-	at the end of the previo	us sentence, com	plete l	Parts I and II, com	plete a S	chedule	M for	each additional	
				omplete Parts III-V.			_					
	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?										∐ Yes ☑ No	
				and identifying number	of the parent corp	oration				(000) 000 0000		
	Part			 GIJS DELEEDE e or Business Incon 	10		Telephor (A) Income		penses	(20	02) 662-3622 (C) Net	
	1a	Gross receipts				1	(A) IIIOOIIIC	(0, 2		_		
	b	Less returns and			c Balance ▶	1c	o		'			
	2			Schedule A, line 7)		2	0				 i	
_	3	_	-	t line 2 from line 1c		3	0			\top	0	
3	4a	-	let income (attach Schedule D) 4a 0								0	
ង	b		(Form 4797, Part II, line 17) (attach Form 4797)								0	
Peraluari in	С		eduction for trusts								0	
₹	5	Income (loss) fro	m a partnership or an S corporation (attach statement) 5 0								0	
ž	6	Rent income (Schedu	le C)	0		0		0			
•	7	Unrelated deb	t-financ	t-financed income (Schedule E)							0	
>	8	Interest, annuities,	royalties,	and rents from a controlled org	ganization (Schedule F)	8	0		0		0	
)	9	Investment incom-	nvestment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I)								0	
0	10	•									0	
,0	11	_	Advertising income (Schedule J)								0	
Urse o	12	•									0	
3	13	Total. Combine lines 3 through 12									0	
	Part			be directly connected				ns.) (Exc	ept for t	contric	outions,	
	14			cers, directors, and trus			7		1	4	0	
2020	15						ì			5	0	
20	16	Repairs and m	alaries and wages							6	0	
6.2	17	Bad debts .	ch schedule) (see instructions of limitation rules) UT								0	
644)	18	Interest (attach									0	
\geq	19	Taxes and lice									0	
NOV	20	Charitable con	tributio	ns (See instructions for	Imager Files	JŢ			. 2	0	0	
	21	Depreciation (a	attach F	Form 4562)			. 21	0				
	22	Less depreciat	tion cla	imed on Schedule A and	d elsewhere on re	turn .	. 22a	0	2:	2b	0	
Z	23	Depletion	Depletion								0	
Z	24	Contributions to deferred compensation plans								4	0	
SCANNED.	25									5 6	0	
Ō	26	Excess exemp	ss exempt expenses (Schedule I)								0	
	27	Excess reader	ship co	sts (Schedule J)		•			. 2	7	0	
	28			ach schedule)						8	0	
	29			ld lines 14 through 28					_	9	0	
	30			xable income before net	•		•			0		
	31		-	ating loss arising in tax ye ixable income. Subtract	-		-			2	0	
	32	Unitelated Dusi	เกษรร เล	ixacie income. Subtract	ime or from line t	υ.			. ! 3	~	٧I	

Form **990-T** (2018)

Cat No 11291J

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For Paperwork Reduction Act Notice, see instructions.

Form 99	990-T (2018)						Page :
Part	t III Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unre	elated trades or	businesses (se	е			T
	instructions)			33		0	, [
34	Amounts paid for disallowed fringes			34			
35	Deduction for net operating loss arising in tax years beginning						
	instructions)				1	0	,
36	Total of unrelated business taxable income before specific deductio	n. Subtract line	35 from the su	m			
	of lines 33 and 34					0	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for					0	1
38	Unrelated business taxable income. Subtract line 37 from line 36.	If line 37 is gre	ater than line 3	6,			
	enter the smaller of zero or line 36			38		0	
Part							
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (39		0	4
40	Trusts Taxable at Trust Rates. See instructions for tax				_		
	the amount on line 38 from Tax rate schedule or Schedule D	•		▶ 40	ļ		↓
41	Proxy tax. See instructions	-		► <u>41</u>	ļ <u>. </u>		↓
42	Alternative minimum tax (trusts only)			_	<u> </u>		-
43	Tax on Noncompliant Facility Income. See instructions			43	—		
44 Part	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies . Tax and Payments	<u> </u>	· · · · ·	44		0	↓
45a		(6) . 45a	 	т			1
b		· —	! 	\dashv			
C	and the state of t				i		
d				⊣ ∙			
e				——————————————————————————————————————	-	0	
46	Subtract line 45e from line 44			46	 	0	+
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 For			47	+	0	+
48	Total tax. Add lines 46 and 47 (see instructions)		•	48	†	0	+
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part			49			†
50a		3				-	
b	2018 estimated tax payments	50b	0				
С			6,000				
d	Foreign organizations. Tax paid or withheld at source (see instruction	ns) . 50d					
е	Backup withholding (see instructions)	50e		1			
f	Credit for small employer health insurance premiums (attach Form 8	941) . 50f					
g				٠,			
		Total ► 50g	(428)		.		
51	Total payments. Add lines 50a through 50g			_ 51	<u> </u>	5,572	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attack		▶	<u> 52</u>	<u> </u>		ـــــــ
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter	_		53	<u> </u>	0	+
54 55	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52	· 1	•	54		5,572	+
Part V	Enter the amount of line 54 you want Credited to 2019 estimated tax ► VI Statements Regarding Certain Activities and Other In	52	Refunded	55		5,520	1
56		•	·			Yes	No
30	At any time during the 2018 calendar year, did the organization have over a financial account (bank, securities, or other) in a foreign coun						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts.						
	here ▶	,		10101911	oody		1
57	During the tax year, did the organization receive a distribution from, or was r	t the grantor of o	r transferor to a	foreign tr	ust?		1
	If "Yes," see instructions for other forms the organization may have t			ioroigii ti			۱Ť
58	Enter the amount of tax-exempt interest received or accrued during	the tax year	\$				
	Under penalties of perjury, I declare that I have examined this return, including accompany	ing schedules and st	atements, and to the	best of m	knowledg	e and be	lief, it i
Sign		rmation of which prep	arer has any knowled	lge May	the IRS dis	cuss this	return
Here		FO, TREASURER	<u> </u>	with	the prepare	er shown	below
	Signature of officer Date	le		,356	.556.10(18)		
Paid	Print/Type preparer's name Preparer's signature		Date	Check [] if F	PTIN	
Prepa	parer GREGORY M PLOTTS Plany Must		7/30/20	self-empl		P01255	961
Use (Only Firm's name ARONSON LLC	Firm's EIN	rm's EIN ▶ 37-1611326				
	Firm's address ▶ 111 ROCKVILLE PIKE SUITE 600, ROCKVILLE, N	/ID 20850		Phone no.	(301) 231-6	200

Form **990-T** (2018)

(1) (2) (3) (4) 4. Amount of average 5. Average adjusted basis 6. Column 8. Allocable deductions acquisition debt on or of or allocable to 7. Gross income reportable 4 divided (column 6 × total of columns allocable to debt-financed debt-financed property (column 2 x column 6) 3(a) and 3(b)) by column 5 property (attach schedule) (attach schedule) (1) % (2) % % (3) (4) % Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B). 0 0 0 Total dividends-received deductions included in column 8

Form **990-T** (2018)

Page 4

<u>Sche</u>	edule F-Interest, Ann	uities, Roya	Ities, a	nd Ren Exempt (ts From Controlled	Controlled Org	anizations (se	e instruc	tions)		
	Name of controlled 2. organization identification.		er umber 3.	L Net unrel	ated income nstructions)	T	Included in the o	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)								_			
(2)											
(3)											
(4)											
None	xempt Controlled Organiz	ations				<u>-</u>			-,		
/ Layable Income		8. Net unre (loss) (see	elated inco			otal of specified yments made	10. Part of column 9 that is included in the controlling organization's gross income		connected with income in		
(1)											
(2)											
(3)								_	ļ		
(4)											
T -4-1-	,						Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter h Part I,	columns 6 and 11 here and on page 1, line 8, column (B)	
Totals	edule G-Investment I	noomo of a	Sootio	n 501/	· · · · · · · · · · · · · · · · · · ·		zation (see unst	-			
Scrie	1. Description of income		mount of in		3. dire	Deductions ctly connected ach schedule)	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)					(atti	acri scriedule)	-· - -				
(1)		-			 -						
(3)		•					-		· · · · · ·	-	
(4)	· · · · · · · · · · · · · · · · · · ·									·	
Totals	s		ere and or line 9, col	n page 1, lumn (A).						re and on page 1, ne 9, column (B) 0	
Sche	edule I-Exploited Exe	mpt Activit	y Incor	me, Oth	er Than	Advertising In	come (see inst	ructions)		
Description of exploited activity		ty busing	Gross orelated ess income or trade or usiness	e conne	xpenses irectly ected with fuction of irelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Exp	enses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						•					
(2)											
(3)							·		_		
(4)								<u> </u>			
	•	page	nere and or e 1, Part I, 0, col (A)	page	nere and on e 1, Part I, 0, col (B)	ı				Enter here and on page 1, Part II, line 26	
Totals		<u> </u>		0	0	<u> </u>		_		0	
	dule J-Advertising I				0 "	J_4_ J P!-			_		
Par	t I Income From P	eriodicals I	Reporte	ed on a	Consoli	1					
	1. Name of periodical	ad	Gross vertising ncome		Direct	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)]				.	
(2)						ļ.				Į	
(3)						1			_	·	
(4)											
										-	
Totals	s (carry to Part II, line (5))	. ▶		0	0	0			F	0 form 990-T (2018)	

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Part II Income From Periodi	cals Reported	on a Separat	e Basis (For ea	ach periodical	isted in Part II	, fill in columns
2 through 7 on a line-b	y-line basis.)	-				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	_					
(2)		<u>.</u>				
(3)						
(4)	0					ļ <u>-</u>
Totals from Part I		0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1–5) ▶	0	о				0
Schedule K—Compensation of	Officers, Direc	tors, and True	stees (see instri	uctions)		
1. Name	2	. Title	3. Percent of time devoted t business		tion attributable to ed business	
(1)				9	6	
(2)				9	6	
(3)				g	6	
(4)				9	6	
Total. Enter here and on page 1, Part II, Iir	e 14				>	0

Form **990-T** (2018)

Form 990T Part III, Line 35 Deduction for net operating loss ansing in tax years beginning before January 1, 2018								
Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires		
2017	8,029	0	0	0	8,029	2037		
Totals	8.029	0	0		8.029			

Children's Defense Fund FEIN 52-0895622 Tax Year Ending September 30, 2018

The Form 990-T for the tax year ending September 30, 2018 is being amended due to the repeal of Section 512(a)(7) As a result, the following changes have been made

		As Originally		As
	Reason for change	Filed	Net Change	Amended
Part I - Unrelated Trade or Business Income				
Line 12 - Other Income	Repeal of §512(a)(7)	40,992	(40,992)	
Line 13 - Total	Repeal of §512(a)(7)	40,992	(40,992)	-
Part II - Deductions Not Taken Elsewhere				
Line 19 - Taxes and Licenses	Repeal of §512(a)(7)	2,637	(2,637)	_
Line 28 - Other Deductions	*,	1,000	· (4,000)	_
Line 32 - Unrelated Business Taxable Income	Repeal of §512(a)(7)	37,355	(37,355)	-
Part III - Total Income				
Line 35 - Amount of NOL used arising before January 1st,				
2018	Repeal of §512(a)(7)	8,029	(8,029)	-
Line 36 - Total UBTI before specific deduction	Repeal of §512(a)(7)	29,326	(29,326)	-
Line 37 - Specific Deduction	Repeal of §512(a)(7)	1,000	(1,000)	-
Line 38 - Unrelated business taxable income	•	28,326	(28,326)	-
Part IV - Tax Computation				
Line 39 - Organizations Taxable as Corporations	Repeal of §512(a)(7)	5,520	(5,520)	-
,	Note This figure was adjusted by the IRS from \$5,948 to			
Line 44 - Total	\$5,520 (See attached)	5,520	(5,520)	-
Part V - Tax and Payments				
Line 48 - Total Tax	Repeal of §512(a)(7)	5,520	(5,520)	-
Line 50c - Tax Deposited with 8868	Repeal of §512(a)(7)	6,000	-	6,000
Line 50g - Less Overpayment Refunded by IRS	Repeal of §512(a)(7)	-	428	428
Line 53 - Tax Due	Repeal of §512(a)(7)	-	-	
Line 54 - Overpayment	Repeal of §512(a)(7)	. 52 ·	· 5,520	· 5,572
Line 55 - Enter the amount of Line 54 you want:				
Credited to September 30	, 2019 estimated tax 🕨	52	Refunded •	5,520