	990-T	E	Exempt Organization Busin			1 .		OMB No 1545-0687		
Form •			(and proxy tax under s		*	1909		2018		
Donartm	ı	ror cale	ndar year 2018 or other tax year beginning 10/0  ► Go to www.irs.gov/Form990T for instru				1			
	ent of the Treasury Revenue Service	▶ Do r	not enter SSN numbers on this form as it may be				Ope 501	en to Public Inspection for (c)(3) Organizations Only		
A Z a	heck box if ddress changed		Name of organization (				_	r identification number		
	pt under section		es' trust, see instructions)							
	n( C )(03 )	Print	CHILDREN'S DEFENSE FUND  Number, street, and room or suite no. If a P.O. box	. see in	structions		5	52-0895622		
40		or Type	840 FIRST STREET NE, 300			E Ur	related	business activity code		
☐ 40										
52			WASHINGTON, DC 20002	_						
C Book		F Gr	oup exemption number (See instructions.	.) ▶						
		G Ch	neck organization type 🕨 📝 501(c) corp	oratio	on 501(c) tr	ust [] 401	(a) tru	st Other trust		
<b>H</b> En	ter the number o	of the c	organization's unrelated trades or business	ses. 🕨	<b>-</b>	Describe the	only (	(or first) unrelated		
	de or business h	-						n one, describe the		
			it the end of the previous sentence, com	plete	Parts I and II, con	nplete a Sched	ule M	for each additional		
tra	de or business,	then c	omplete Parts III-V.				_			
<b>l</b> Du	ring the tax year,	was the	e corporation a subsidiary in an affiliated grou	up of a	a <del>parent-subsidiary</del> c	ontrolled group?	٠	➤ ☐ Yes ☑ No		
	<u></u>		and identifying number of the parent corp	oratio	on. ▶					
			➤ GIJS DELEEDE		Telepho	ne number 🕨		(202) 662-3622		
Part			e or Business Income		(A) Income	(B) Expense	)S	(C) Net		
1a	Gross receipts					14. 24.4		A - 15 18 1		
b	Less returns and al			1c	0	1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	40.0			
2	_		Schedule A, line 7)	2	0	E COUNTY PORT		5 12. At 11 12 1		
3	•		line 2 from line 1c	3	0	17. 10 10 10 10 10 10 10 10 10 10 10 10 10	121 E.	0		
4a	, •		ne (attach Schedule D)	4a	0	A Comment	೯೮ ಕ್ಕೆ	0		
b			1797, Part II, line 17) (attach Form 4797)	4b	0	يتنبي يَنْ دِيْنَ		0		
c	•		n for trusts	4c	0	111111	1	0		
5			nership or an S corporation (attach statement)	5	0	4 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1115	0		
6	•		le C)	6	0	0		0		
7			ced income (Schedule E)	7	0	0	<u> </u>	0		
8		•	and rents from a controlled organization (Schedule F)	8	0	0		0		
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0		0		
10	•	•	ivity income (Schedule I)	10	0	0	├	0		
11	_	•	ichedule J)	11	0	0		0		
12	•		ructions, attach schedule)	12 13	0			0		
13 Part			3 through 12		<u> </u>	nc \ /Except fo	\	<del></del>		
T are	deductions	must	be directly connected with the unrelate	ad bre	a <del>lions on aq</del> uuclic siness income )	ms.) (Except it	וכטו	imbulions,		
14	Compensation	of office	cers, directors, and trustees (Schedule K)	<u> </u>	dirioga irroditio.)		14	0		
15	Salaries and wa	ages	soro, amestaro, and masters (equipodate ty				15	0		
16	Repairs and ma	aintena	ince	<u> </u>	2070		16	0		
17	Bad debts .						17	0		
18			lule) (see instructions)				18	0		
19	Taxes and licer	ises .					19	0		
20	Charitable cont	ributio	ns (See instructions for limitation rules) .		. <b></b> .		20	0		
21			Form 4562)			0				
22	Less depreciati	on cla	med on Schedule A and elsewhere on re	turn .	. 22a	0	22b	o		
23	Depletion						23	0		
24			red compensation plans				24	0		
25	Employee bene	fit pro	grams				25	0		
26			nses (Schedule I)				26	0		
27	Excess readers	hip co	sts (Schedule J)				27	0		
28			ach schedule)				28	0		
29			ld lines 14 through 28				29	0		
30			xable income before net operating loss de				30	0		
31			ating loss arising in tax years beginning on o				31	to a marie and in		
32			xable income. Subtract line 31 from line 3	<u> 30 .</u>	<u> </u>	<u> </u>	32	0		
For Pa	perwork Reduction	on Act	Notice, see instructions.		Cat No 11291J			Form <b>990-T</b> (2018)		

		e) TREASURES FOR HC _, INC.	<u>   45                                 </u>	-5044040 Pa	ige 2
Par	<u>t III  </u>	Total Unrelated Business Taxable Income			
32	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	43,47	5.
33	Amou	nts paid for disallowed fringes	33		
34	Charit	able contributions (see instructions for limitation rules)	34_		0.
35	Total	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	43,47	5.
36		ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37		of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	43,47	5.
38		ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00	
39		ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,			
		the smaller of zero or line 37	39	42,47	5.
Par	t IV	Tax Computation			
40	Organ	izations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	8,92	Ō.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
		Tax rate schedule or Schedule D (Form 1041)	41		
42	Proxy	tax. See instructions	42		
43	-	ative minimum tax (trusts only)	43		
44		Noncompliant Facility Income See Instructions	44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	8,920	ō.
Par		Tax and Payments			
46a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a			
b		credits (see instructions) 46b	7 ]		
C		al business credit. Attach Form 3800 46c	7		
ď		for prior year minimum tax (attach Form 8801 or 8827)	7		
-		credits. Add lines 46a through 46d	46e		
47		ct line 46e from line 45	47	8,920	<u>.</u>
48	-	axes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	<u></u>	<del></del>
49		ax. Add lines 47 and 48 (see instructions)	49	8,920	$\overline{a}$
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		<u>0.</u>
		nts: A 2018 overpayment credited to 2019	100		<u>-•</u>
		stimated tax payments 51b 9,720.	1		
		posited with Form 8868 51c	7 1		
		n organizations: Tax paid or withheld at source (see instructions)  51d	1		
		o withholding (see instructions)  51e	1 1		
f		for small employer health insurance premiums (attach Form 8941)  511	1 1		
9		credits, adjustments, and payments: Form 2439	1 1		
¥		orm 4136 Other Total 51g	1		
52		payments. Add lines 51a through 51g	52	9,720	١.
53	-	ted tax penalty (see instructions). Check if Form 2220 is attached	53	116	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		<u></u>
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	684	1.
56	•	the amount of line 55 you want: Credited to 2020 estimated tax	56		<u>.</u>
Pari		Statements Regarding Certain Activities and Other Information (see instructions)	1 00 1		<u></u>
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No	0
٠.	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1,00	<u> </u>
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1	
	here	Total Fire, hepott of foreign bank and Financial Accounts. If Too, enter the name of the foreign occurry		\ x	7
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			<u>-</u>
30		see instructions for other forms the organization may have to file.		<del> </del>	<u> </u>
59	-	ne amount of tax-exempt interestreceived or accrued during the tax year\$			
- 55	11	nder penalties of persex, ideclare that I have examined this return, including accompanying schedules and statements, and to the best of my known or control of Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wledge an	id belief, it is true,	_
Sign	0	orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			_
Here	_ IN		•	discuss this return with shown below (see	ı
		The CHO		)? X Yes N	۱ ،
					٢
	_	Print/Type preparer's name Preparer's signature Date Check if self- employed	'   ' ' ''N	ı	
Paic			םר	00846353	
•	arer	ISRAEL J. GOMEZ   ISRAEL J. GOMEZ   07/27/20   Firm's name ► KEEFE, MCCULLOUGH & CO., LLP, C.P.A.'S Firm's EIN ►		9-1363792	_
Use	Only	6550 N FEDERAL HIGHWAY, SUITE 410		, 130313 <u>4</u>	_
		· · · · · · · · · · · · · · · · · · ·	54-5	771-0896	
20277	01 07 5		<u>/</u>	7 7 1 - 0 8 9 6 Form <b>990-T</b> (201	
23/11	01-27-20				וכי

Schedule A - Cost of Good	ds Sold. Enter	method of inve	entory valuation > N/I	A .		-		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. S		line 6			
3 Cost of labor	3		from line 5. Enter here	e and in	Part I,	] ,	ļ	
4a Additional section 263A costs			line 2		,	7		
(attach schedule)	4a		8 Do the rules of section	n 263A (	with respect to		Yes I	No
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income	(From Real	Property ar	nd Personal Property	Leas	ed With Real Pro	perty	y)	
(see instructions)								
1. Description of property								
(1) BUILDING AND LAN	ID FOR LI	EASE						
(2)					<del></del>			
(3)								
_(4)								
		ed or accrued			3/a) Deductions directly	COnnec	ted with the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	nersonal property exceeds 50% or if			ns directly connected with the income in ins 2(a) and 2(b) (attach schedule)  STATEMENT 1		
(1)			203,1	47.			159,672	$\overline{2}$ .
(2)								
(3)								
(4)								
Total	0.	Total	203,1	47.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	203,1		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	159,672	2.
Schedule E - Unrelated Del		Income (see		<u> </u>	1			
			2 Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)	<del></del>		<u> </u>	<u> </u>		+		
(2)	<del></del>		<del> </del>			$\dagger$		—
(3)		<del></del>	<del></del>			+-		—
<u>(4)</u>		·	<del></del>			+-		—
				<del> </del>	7.0	+-	0. 44	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions olumn 6 x total of column 3(a) and 3(b))	
(1)			%					
(2)			%					_
(3)			%%	<u> </u>				_
(4)			%					
					nter here and on page 1, art I, line 7, column (A)		nter here and on page 1, Part I, line 7, column (B).	
Totals			•		0	.	0	) <u>.</u>
Total dividends-received deductions in	cluded in column	8			<b>•</b>			).
							Form <b>990-T</b> (201	

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	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)			] ,			_
(3)						
(4)						
					ĺ	
otals (carry to Part II, line (5))	0.	0.				0

Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1.	. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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)								
(3)						<u> </u>		
(4)								
Totals from P	art 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 26
Totals, Part II	(lines 1-5)		0.	0.				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here a	and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T	DEDUCTIONS	CONNECTED	WITH	RENTAL	INCOME	STATEMENT
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL
BANK CHARGES AND COMMUNICATIONS PAYROLL TAXES AND WAINSURANCE INTEREST EXPENSIONAL FILICENSES, TAXES MISCELLANEOUS	AND EMPLOYEE E AGES SE SES	BENEFITS			6,180. 1,077. 4,445. 33,736. 24,053. 13,003. 7,280. 30,498. 6,450.	
PROVISION FOR A DEPRECIATION REPAIRS AND MAI SUPPLIES UTILITIES		and - Subtotai	<b>.</b> -	1	20,451. 4,612. 1,573. 6,314.	159,672.
TOTAL TO FORM	990-T, SCHEDUL	E C, COLUM	<b>4101</b> 3			159,672