** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

AF	or the 2	018 calendar year, or tax year beginning JAN	1, 2018 and	ending SI	EP 30, 2018	
	heck if	C Name of organization			D Employer identi	fication number
a	pplicable.	o realist of organization				
[Address	CHILDREN'S DEFENSE FUND				
	Name	Doing business as			52-	0895622
-	_lunul _change	Number and street (or P.O. box if mail is not deliver	ad to street address)	Room/sulte	E Telephone numb	ner
-	_ return }Final	25 E STREET, NW	en in suser anniess)	HOUTH/Suite		62-3622
	_ireturn/ termin-		as faraina nastal anda		G Gross rocalpin \$	62,939,464.
_	ated ∏Amended	City or town, state or province, country, and ZIP WASHINGTON DC 20001	or foreign postal code			
F	return Applica-		LECTED FROM WAY		H(a) Is this a group	es? Yes X No
L	tion pending	F Name and address of principal officer: MARIAN	WRIGHT EDELMAN			
_		SAME AS C ABOVE			H(b) Are all subordinates	
			(insert no.) 4947(a)(1)	or 527	4	a list. (see instructions)
<u>J \</u>	Nebsite:	▶ WWW.CHILDRENSDEFENSE.ORG			H(c) Group exempt	
		Hamitation	iation Other	L Year	of formation: 1969	M State of legal domicile; DC
Pa		Summary				
d)	1 Br	iefly describe the organization's mission or most sig	nificant activities: THE CH	IILDREN'S	DEFENSE FUND'S	
Governance	MI	SSION IS TO LEAVE NO CHILD BEHIND AND				
rna rna	2 CI	neck this box 🕨 🔲 if the organization discontin	ued its operations or dispo	sed of more	than 25% of its net a	
Ve	3 N	umber of voting members of the governing body (Pa	rt VI, line 1a)	*****		3 16
		umber of independent voting members of the gover	ning body (Part VI, line 1b)			4 16
Activities &	5 To	otal number of individuals employed in calendar yea	2018 (Part V, line 2a)			5 0
ij	6 To	otal number of volunteers (estimate if necessary)				6 0
Ę.	7 a To	otal unrelated business revenue from Part VIII, colun				'a 0.
Ą	b N	et unrelated business taxable income from Form 99			1	28,326.
-	1				Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)			13,934,383	8,037,642.
Revenue	9 P			l l	3,660,322	3,749,011.
Ver	10 In	vestment income (Part VIII, column (A), lines 3, 4, ar			230,439	19,039,859.
. e	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		I	-539,120	-213,658.
		otal revenue - add lines 8 through 11 (must equal Pa			17,286,024	30,612,854.
		rants and similar amounts paid (Part IX, column (A),			1,433,13	891,526.
		enefits paid to or for members (Part IX, column (A),				0.
	145 6	alaries, other compensation, employee benefits (Par			9,521,56	7,463,779.
Expenses	15 S	rofessional fundraising fees (Part IX, column (A), line				0.
-	16a P	otal fundraising expenses (Part IX, column (D), line 2	1 050	931.		
2	D			1	8,125,52	7,079,581.
-	111	other expenses (Part IX, column (A), lines 11a-11d, 1			19,080,22	
		otal expenses. Add lines 13-17 (must equal Part IX,			-1,794,19	
		evenue less expenses. Subtract line 18 from line 12			eginning of Current Yes	
sets or	9				26,331,11	
SSGI	ਕੂ20 ⊺	otal assets (Part X, line 16)			14,242,15	
₹.		otal liabilities (Part X, line 26)			12,088,96	
		let assets or fund balances. Subtract line 21 from lin	ie 20		22,000,00	
L	art II	Signature Block	A Programme and the second of			mu knowledge and heliaf it is
Un	der penalt	ies of perjury, I declare that I have examined this return, in	cluding accompanying schedul	ies and staten	tents, and to the pest of	my knowledge and benef, k is
tru	e, correct	and complete. Declaration of preparer (other than officer)	is based on all information of v	wnich prepare	t has any knowledge.	119
		y delicale			Date	17
Sig	gn	Signature of officer			Date	
He	re	GIJS DE LEEDE, CFO / TREASURER				
-		Type or print name and title			Date , Check	PTIN
		Print/Type preparer's name	reparer's signature			L
Pa	id E	REGORY M. PLOTTS, CPA	My When			nol-red P01255941
Pre	eparer	Firm's name ARONSON LLC			Firm's EIN	37-1611326
Us	e Only	Firm's address 805 KING FARM BLVD, 3RD F	LOOR			
132.42		ROCKVILLE, MD 20850			Phone no.	301-231-6200
M	ay the IR	S discuss this return with the preparer shown above	? (see instructions)		1211 / 1121 112	X Yes No
021	2001 12 21	18 LHA For Paperwork Reduction Act Notice		tions.		Form 990 (2018)

Pa	1990 (2018) CHILDREN'S DEFENSE FUND	52-0895622	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
ı	Briefly describe the organization's mission:		
	THE CHILDREN'S DEFENSE FUND'S MISSION IS TO LEAVE NO CHILD BEHIND AND		
	TO ENSURE EVERY CHILD A HEALTHY START, A HEAD START, A FAIR START, A		
	SAFE START, AND A MORAL START IN LIFE AND SUCCESSFUL PASSAGE TO		
	ADULTHOOD WITH THE HELP OF CARING FAMILIES AND COMMUNITIES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		es X No
	If "Yes," describe these new services on Schedule O.		C2 [] 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	П.	es X No
	If "Yes," describe these changes on Schedule O.		es La No
1		144	
	Describe the organization's program service accomplishments for each of its three largest program services, as m		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses	s, and
_	revenue, if any, for each program service reported.	2	
la	actually galled 3	s	
	POLICY/ADVOCACY FOR CHILDREN - EDUCATED POLICY MAKERS AND THE PUBLIC ON		
	THE POLICIES AND PROGRAMS THAT IMPROVE THE ODDS FOR POOR CHILDREN AND		
	CHILDREN OF COLOR, WORKED AT THE NATIONAL, STATE AND LOCAL LEVELS TO	.	
	PROMOTE, IMPLEMENT AND MONITOR KEY POLICY RECOMMENDATIONS. PRODUCED		
	RIGOROUS NON-PARTISAN RESEARCH AND REPORTS ON THE FACTORS THAT SUPPORT		
	CHILDREN'S WELL-BEING.		
		·	
łЬ	(Code:) (Expenses \$ 4,225,788. including grants of \$ 680,408.) (Revenue	s3,	749,011.
	YOUTH LEADERSHIP DEVELOPMENT - IDENTIFIED AND TRAINED CHILDREN AND		
	YOUNG ADULTS NATIONWIDE TO BE LEADERS AND ADVOCATES FOR THE SUPPORTS		
	AND SERVICES THAT CHILDREN NEED TO THRIVE. DELIVERED EMPOWERING,		
	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO		
	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO		
	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO YOUNG PEOPLE, FAITH LEADERS AND MEMBERS OF THE BROADER COMMUNITY		
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1c	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO YOUNG PEOPLE, FAITH LEADERS AND MEMBERS OF THE BROADER COMMUNITY DEDICATED TO ADDRESSING THE NEEDS OF POOR CHILDREN IN AMERICA. (Code:) (Expenses \$ 3,431,646. including grants of \$ 0.) (Revenue)	\$	91,854.
lc lc	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO YOUNG PEOPLE, FAITH LEADERS AND MEMBERS OF THE BROADER COMMUNITY DEDICATED TO ADDRESSING THE NEEDS OF POOR CHILDREN IN AMERICA.	S	91,854.
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	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO YOUNG PEOPLE, FAITH LEADERS AND MEMBERS OF THE BROADER COMMUNITY DEDICATED TO ADDRESSING THE NEEDS OF POOR CHILDREN IN AMERICA. (Code:) (Expenses \$ 3,431,646. including grants of \$ 0.) (Revenue CDF FREEDOM SCHOOLS - PROVIDED A HIGH-QUALITY, RESEARCH-BASED READING ENRICHMENT PROGRAM FOR CHILDREN AND YOUTH IN UNDERSERVED AND IMPOVERISHED COMMUNITIES. FOSTERED CULTURAL PRIDE AND PERSONAL EMPOWERMENT, ACADEMIC CONFIDENCE AND BELIEF IN THEIR ABILITY TO EFFECT CHANGE IN THEMSELVES, THEIR COMMUNITIES AND THE WORLD. Other program services (Describe in Schedule O.)	5	91,854.
	MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO YOUNG PEOPLE, FAITH LEADERS AND MEMBERS OF THE BROADER COMMUNITY DEDICATED TO ADDRESSING THE NEEDS OF POOR CHILDREN IN AMERICA. (code:) (Expenses \$ 3,431,646. including grants of \$ 0.) (Revenue CDF FREEDOM SCHOOLS - PROVIDED A HIGH-QUALITY, RESEARCH-BASED READING ENRICHMENT PROGRAM FOR CHILDREN AND YOUTH IN UNDERSERVED AND IMPOVERISHED COMMUNITIES. FOSTERED CULTURAL PRIDE AND PERSONAL EMPOWERMENT, ACADEMIC CONFIDENCE AND BELIEF IN THEIR ABILITY TO EFFECT CHANGE IN THEMSELVES, THEIR COMMUNITIES AND THE WORLD.	5	91,854.

Part IV Checkdist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	l		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
ı	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
10-	the organization's flability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Α	
123	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.0		x
fo.	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		_
В		404	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_ ^	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		\vdash	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If the district of th	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign asserting? If style it and the Color of the Color	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		-
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		\vdash	-
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If *Yes.*	10	<u> </u>	F 550
.5		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		=
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
83200	3 12-31-18			(2018)

Par	t IV Checklist of Required Schedules (continued)			age 4
	To the state of th		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	000		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
12	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х

32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		İ	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, tines 11b and 19?			
	AN A	1		

Note. All Form 990 filers are required to complete Schedule O

Part V

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
2	(gambling) winnings to prize winners?	. 1c		

832004 12-31-18

Form	990 (2018) CHILDREN'S DEFENSE FUND 52-089562	22	Р	age 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	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)?	4a		Х
b	If "Yes," enter the name of the foreign country:	No.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		- 22 (2)
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			- 17
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		12 1/	1.6.3
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1923	100
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			133
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1 1-3
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Him	
	amounts due or received from them.)			8
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	TE A		
c	Enter the amount of reserves on hand	191		100
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	H	-100	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
10		Forn	990	(2018)

No. of Lot, House, etc., in case, the case, th	1990 (2018) CHILDREN'S DEFENSE FUND 52-08956	22	Р	age 6
	TO IT	"No" n	spons	e
Soc	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			Х
000	Mon A. Governing Body and Management			
4-			Yes	No
13	Enter the number of voting members of the governing body at the end of the tax year 1a 1	6		
	If there are material differences in voting rights among members of the governing body, or if the governing		12.0	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
_	Enter the number of voting members included in line 1a, above, who are independent 1b 1	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	-
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			0.03
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<u> </u>	
		40-	x	
13	Did the association for a state of the state	12c	x	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	Х	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		45	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
Ь	Other officers or key employees of the organization	15b	Х	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	TEE.		
roa	Annual designation of the contract of the cont			
_	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		6 L	300
Coo	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only) a	availat	ile
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records GIJS DELEEDE - 202-662-3622			
	25 E STREET, N.W., WASHINGTON, DC 20001			
832006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2018)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizati (A) Name and Title	(A) (B) (C)						(D) Reportable	(E) Reportable	(F) Estimated	
140000000000000000000000000000000000000	hours per	box,	, unle	ss per	son i	than o s both r/trus	an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	the or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARIAN WRIGHT EDELMAN	35.00									
PRESIDENT		Х		X						
(2) CAROL OUGHTON BIONDI	1.00									
BOARD MEMBER		Х						56		
(3) DD EISENBERG	1.00								2	
BOARD MEMBER		х								
(4) DEBORAH S COGUT	1.00									
BOARD MEMBER		Х :								
(5) GEORGE GRESHAM	1.00									
BOARD MEMBER		х								
(6) IVANNA OMEECHEVARRIA	1.00									
BOARD MEMBER		x								
(7) JURNEE SMOLLETT-BELL	1.00									
BOARD MEMBER		х								
(8) LAN BENTSEN	1.00			_	\vdash					
CO-CHAIR		x								
(9) LAPHONZA BUTLER	1.00									
BOARD MEMBER		х								
(10) MALAAK COMPTON-ROCK	1.00									
BOARD MEMBER		x								
(11) RUTH-ANN HUVANE	1.00	\vdash				_				
BOARD MEMBER		x								
(12) WENDY PURIEFOY	1,00	\vdash			-					
BOARD MEMBER		x								
(13) DEBORAH JEWELL-SHERMAN	1.00	-		\vdash		_	-			
BOARD MEMBER		x								
(14) MARTIN RODGERS	1,00	 		—			_			
BOARD MEMBER		x								
(15) BRYAN STEVENSON	1,00	 	-							
BOARD MEMBER		x								
(16) ANGELA GLOVER BLACKWELL	1,00	 	-							
CO-CHAIR	1.50	x								
(17) MARK PUBLOW	35.00				-					-
CHIEF DEVELOPMENT OFFICER	33.00	1		x						
832007 12-31-18		_		**						Form 990 (2018

832007 12-31-18

Part VII Section A. Officers, Directors, 1 (A)	(B)			"	C)			(D)			CCA	
7:5000 E	1	1		Pos	-			1	(E)		(F)	
Name and title	Average	{do				than c	ne	Reportable	Reportable	1 3	stimat	ed
	hours per					s both		compensation	compensation	8	nascorna;	of
	week		Der an	10 Z 10	recip	r/trus	ee)	from	from related		other	83
	(list any	ecto						the	organizations	CO	ripens	ation
	hours for	海	_	1		Tie C		organization	(W-2/1099-MISC)	from th	e
	related	\$	nste			en 33		(W-2/1099-MISC)		Of	ganiza	tion
	organizations	1 2	量		oyee	B.,				а	nd rela	ted
	below	individual trustee or director	nstitutional trustee	- T	Key employee	Highest compensated employee	iii			on	ganizat	ions
	line)	Ē	霊	Officer	Š.	至	Former					
18) RICHARD HOOKS WAYMAN	35.00											
XECUTIVE DIRECTOR		1		Х								
19) GIJSBRECHT DELEEDE	35.00					_				_		
FO / TREASURER		1		x								
20) MARYLEE C ALLEN	35.00			A	\vdash	\vdash	_			_		_
-	35.00	1										
DIRECTOR OF POLICY		_		X		lacksquare						
21) MAX LESKO	35.00]						5.0				
HIEF OF STAFF				Х								
		T	\vdash									
		1	l									
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			<u> </u>	Ц,		<u> </u>	L					
1b Sub-total			200000			0101						
c Total from continuation sheets to Par												N
A. Takat fa dalifa an Abrah Adam	******************************											
2 Total number of individuals (including b			lieto	d at	20010	A sada	0.00	poived more than \$100	000 of connectable			
		1036	iiste	u al	JUVE	9 9911	UIE	ceived more man \$100,	ooo oi reponable			
compensation from the organization					_	-	_				1.4	-
										2000	Yes	No
3 Did the organization list any former offi	icer, director, or tre	uste	e, ke	y en	nplo	yee,	or t	nighest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J I	or such individual									3		X
4 For any individual listed on line 1a, is th	e sum of reportable	le co	mpe	ensa	tion	and	oth	er compensation from the	ne organization	1,140		
and related organizations greater than										4		х
5 Did any person listed on line 1a receive	or occurs compa		an f	ele c) LI 16	;UUIE	dete	of sucri individual		-	1	
, , , , , , , , , , , , , , , , , , , ,												
rendered to the organization? # "Yes."	complete Schedul	eJf	or su	ıch.i	oers	оп				. 5		X
Section B. Independent Contractors												
1 Complete this table for your five highes	t compensated ind	lepe	nde	nt co	ontra	acto	s th	at received more than \$	100,000 of compe	nsation t	rom	
the organization. Report compensation	for the calendar y	ear e	andir	ng w	ith c	or wi	thin	the organization's tax w	ear.			
								(B)			(C)	
							- 1		.		ensatio	nn
(A)	ess address	NΩ	NE				- 1	Description of s	ervices			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
177	ess address	NO	NE		2		4	Description of s	ervices	Comp		
(A)	ess address	NO	NE					Description of s	ervices	Comp		
(A)	ess address	NO	NE		2			Description of s	ervices	Comp		
(A)	ess address	NO	NE		7	***		Description of s	ervices	Comp		
(A)	ess address	NO	NE					Description of s	ervices	Comp		-
(A)	ess address	NO	NE		2			Description of s	ervices	Comp		_
(A)	ess address	NO	NE					Description of s	ervices	Comp		
(A)	ess address	NO	NE					Description of s	ervices	Comp		_
(A)	ess address	NO	NE					Description of s	ervices	Comp		
(A)	ess address	NO	NE					Description of s	ervices	Comp		
(A)	ess address	NO	NE					Description of s	ervices	Comp		
(A)	ess address	NO	NE		-			Description of s	ervices	Comp		
(A) Name and busin				d to	thos	se lis	ted	·		Comp		
(A) Name and busin	rs (including but n			d to	thos	se lis	tted	·		Comp		11/2

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (C) Related or Total revenue Unrelated from tax unde sections 512 - 514 exempt function business revenue revenue Grants. 1 a Federated campaigns **1a** b Membership dues 1b c Fundraising events 930,700. 10 d Related organizations **1**d e Government grants (contributions) **1e** f All other contributions, gifts, grants, and 5,554,992. similar amounts not included above 167,070. Noncash contributions included in lines 1a-1f; \$ 8,037,642. h Total. Add lines 1a-1f **Business Code** 2 a FREEDOM SCHOOLS 611600 3,643,423 3,643,423, Program Service h HALEY FARM FEES 611600 57,371. 57,371. REGISTRATION FEES 611600 48,217. 48,217. f All other program service revenue 3,749,011. Total. Add lines 2a-2f Investment income (including dividends, interest, and 259,139. 259,139. Income from investment of tax-exempt bond proceeds 2,133. 2,133. Royalties (i) Real (ii) Personal 237,320. 6 a Gross rents 118,020. b Less: rental expenses 119,300. c Rental income or (loss) d Net rental income or (loss) 119,300. 119,300. 7 a Gross amount from sales of (i) Securities (ii) Other 26,633,712. 23,778,985. assets other than inventory b Less: cost or other basis 26,742,823. 4,889,154. and sales expenses -109,111, 18,889,831, c Gain or (loss) 18,780,720. d Net gain or (loss) 18,780,720. 8 a Gross income from fundraising events (not Other Revenue including \$ 930,700. of contributions reported on line 1c). See Part IV, line 18 98,500 b Less: direct expenses 576,613. c Net income or (loss) from fundraising events 478,113. -478,113. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 51,168 b Less: cost of goods sold 0. 51,168. 51,168. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a HONORARIA 541900 77,750, 77,750. b OTHER REVENUE 900099 14,104. 14,104. d All other revenue 91,854. e Total. Add lines 11a-11d 18,734,347. 30,612,854. 12 Total revenue. See instructions 3,840,865.

832009 12-31-18

Form 990 (2018) CHILDREN'S DEFENSE Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			7	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				Сарсивез
	and domestic governments. See Part IV, line 21	735,077.	735,077.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	156,449.	156,449.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	5,855,602.	4,580,466.	793,260.	481,876.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			İ	
	section 401(k) and 403(b) employer contributions)	311,859.	243,947.	42,248.	25,664.
9	Other employee benefits	815,850.	638,188.	110,523.	67,139.
10	Payroll taxes	480,468.	375,840.	65,089.	39,539.
11	Fees for services (non-employees):				
а	Management	1,167,951.	1,034,058.	93,639.	40,254.
b	Legal	247,187.	246,867.		320.
C	Accounting	175,417.	137,217.	23,764.	14,436.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	00.516			
f	Investment management fees	28,516.		28,516.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)	63,000	27 700		07.004
12	Advertising and promotion	63,092.	37,788.	40.055	25,304.
13	Office expenses	368,013.	287,873.	49,855.	30,285.
14	Information technology	272,770.	182,757.	45,533.	44,480.
15	Royalties	2,132,545.	1 651 202	200 200	101 050
16	Occupancy	737,677.	1,651,303.	299,380.	181,862.
17 18	Payments of travel or entertainment expenses	737,077.	125,145.	5,577.	2,351.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	321,819.	320,906.	817.	96.
20	Internet	245,756.	115.	245,641.	
21	Payments to affiliates	220,700.		243,041.	
22	Depreciation, depletion, and amortization	211,184.	173,888.	19,003.	18,293.
23	Insurance	191,018.	2,000.	189,018.	10,233.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			105,010.	
а	PRINTING & PUBLICATION	839,893.	820,755.	12,934.	6,204.
b	MISCELLANEOUS EXPENSES	194,763.	101,275.	20,660.	72,828.
C	LESS:BUILDNG RENTAL EXP	-118,020.	-118,020.		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	15,434,886.	12,338,498.	2,045,457.	1,050,931.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	443		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,397,802.	1	1,775,949
2	Savings and temporary cash investments	312,269.	2	0
3	Pledges and grants receivable, net	3,210,194.	3	2,282,897
4	Accounts receivable, net	0.	4	63,570
5	Loans and other receivables from current and former officers, directors,		THE R	
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		Number 1	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
60	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 288618	Notes and loans receivable, net		7	
8 3	Inventories for sale or use	87,699.	8	73,583
9	Prepaid expenses and deferred charges	187,223,	9	352,03
10a	Land, buildings, and equipment: cost or other		THE I	
	basis. Complete Part VI of Schedule D 10a 6,967,686.			
ь	Less: accumulated depreciation 10b 3,583,964.	3,153,094.	10c	3,383,722
11	Investments - publicly traded securities	12,261,130.	11	21,620,185
12	Investments - other securities. See Part IV, line 11	155,686.	12	127,896
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15		5,566,021.	15	59,36
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	26,331,118.	16	29,739,19
17	Accounts payable and accrued expenses	2,030,734.	17	2,231,18:
18	Grants payable		18	-,,
19	Deferred revenue	71,320.	19	39,02
20	Tax-exempt bond liabilities	3,465,737.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	-,,,,,	21	
00	Loans and other payables to current and former officers, directors, trustees,		21	
	key employees, highest compensated employees, and disqualified persons.			
Liabilities	Complete Part II of Schedule L		22	
g ₂₃	Secured mortgages and notes payable to unrelated third parties	1,020,506.	23	
24	Unsecured notes and loans payable to unrelated third parties	7,500,000.	24	
25	Other liabilities (including federal income tax, payables to related third	7,000,000,	24	
23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Ostantia D	153,858.	25	282,610
26	Total liabilities. Add lines 17 through 25	14,242,155.	26	2,552,813
	Organizations that follow SFAS 117 (ASC 958), check here X and		20	2,555,621
	complete lines 27 through 29, and lines 33 and 34.			
27 28 29 29 30 31 32 33		-810,721.	27	15,548,269
28	Unrestricted net assets Temporarily restricted net assets	5,724,084.	28	4,437,512
29	Permanently restricted net assets	7,175,600.	29	7,200,600
	Organizations that do not follow SFAS 117 (ASC 958), check here		29	7,200,000
[and complete lines 30 through 34.			
ව ව 30	Control at a first and a first and a second first	CONTRACTOR OF	20	
31	Paid-in or capital surplus, or land, building, or equipment fund	L.	30	
22			_	
32	Retained earnings, endowment, accumulated income, or other funds	12,088,963.	32	27,186,38
00	Total net assets or fund balances	26,331,118.	33	29,739,194
34	Total liabilities and net assets/fund balances	20,001,110.	34	Form 990 (201

	990 (2018) CHILDREN'S DEFENSE FUND	52-089562	2	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					-
1	Total revenue (must equal Part VIII, column (A), fine 12)	1	30	612,	854.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	434,	886.
3	Revenue less expenses. Subtract line 2 from line 1	3	15	177,	968.
4	Net assets or fund balances at beginning of year (must equal Part X, fine 33, column (A))	4	12	088,	963.
5	Net unrealized gains (losses) on investments	5		-80,	550.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	27	186,	381.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		*****		X
		8		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ona			
	separate basis, consolidated basis, or both:	1			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				HE
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ile Audit			
	Act and OMB Circular A-133?		3 a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

	CHILD	en'o peensoe en	ND.					E0 000E600		
Part I	Reason for Public C	En's defense fu		molete th	ic nort \ So	a instructions		52-0895622		
						e induscatoris.				
1 1	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3					. 71 74 74		m Estas	the feesetatic serve		
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
	city, and state:						44 d			
5	An organization operated for		lege or university owned	or operate	ed by a go	vemmental un	in describe	ea in		
	section 170(b)(1)(A)(iv). (C									
6	A federal, state, or local gov									
7 X	An organization that normal		ntial part of its support fr	om a gove	emmental (unit or from the	e general :	oublic described in		
	section 170(b)(1)(A)(vi). (C									
8 📙	A community trust describe									
9	An agricultural research org	anization described	in section 170(b)(1)(A)(x) operate	ed in conju	nction with a l	land-grant	college		
	or university or a non-land-g	grant college of agrica	ulture (see instructions).	Enter the	name, city,	, and state of t	the college	or		
	university:									
10	An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	port from o	centribution	ns, membersh	ip fees, an	d gross receipts from		
	activities related to its exer	apt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acquir	red by the orga	anization a	fter June 30, 1975.		
_	See section 509(a)(2). (Con	mplete Part III.)								
11 🖳	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	19(a)(4).				
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to car	ry out the	purposes of one or		
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	i09(a)(3). (Check the box in		
	lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.			
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving		
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting		
	organization. You must o	complete Part IV, Se	ections A and B.							
ь 🗌	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organization	n(s), by hav	ring		
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported		
	organization(s). You mus	t complete Part IV,	Sections A and C.							
C	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,		
	its supported organization	n(s) (see instructions)). You must complete I	Part IV. Se	ections A.	D, and E.				
d [Type III non-functionally	7					ted organiz	zation(s)		
	that is not functionally int									
	requirement (see instructi			-						
e [Check this box if the orga			,			I Tyne III			
_	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , p =			
f Ent	er the number of supported of		ally integrated support	ng on guarac	anort.					
	vide the following information		d omanization(s)							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the org	anization Irsted	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10	Yes	No No	support (see in	structions)	support (see instructions)		
			above (see instructions))					772		
-										
-										
				-	+					
					 		31 × 2			
			I	1	1	I		I		
Total						1				

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S DEFENSE FUND 52-089562 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

_	ction A. Public Support						
Cals	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					i 1	
	include any "unusual grants.")	13,711,498.	14,793,185.	15,477,736.	13,934,383.	8,136,142.	66,052,944
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13,711,498.	14,793,185.	15,477,736.	13,934,383.	8,136,142.	66,052,944
5	The portion of total contributions						
	by each person (other than a					L'ALL SILVE	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,304,102
6	Public support. Subtractline 5 from tine 4.			CAMPIC 1801			62,748,842
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	13,711,498.	14,793,185.	15,477,736.	13,934,383.	8,136,142.	66,052,944
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	787,960.	959,604.	740,522.	555,991.	498,592.	3,542,669
9	Net income from unrelated business						·
	activities, whether or not the					i	
	business is regularly carried on						
10	Other income. Do not include gain						22
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						69,595,613
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	17,047,395
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth tax	k year as a section	501(c)(3)	
	organization, check this box and stor	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (ii	ine 6, column (f) dir	rided by line 11, co	olumn (f))		14	90.16
	Public support percentage from 2017					15	87.43
	33 1/3% support test - 2018. If the c					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				×
ŧ	33 1/3% support test - 2017. If the c	organization did no	t check a box on li				
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion	100 0000		
172	10% -facts-and-circumstances test	- 2018. If the org	anization did not c				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
Ł	10% -facts-and-circumstances test						
ŧ	10% -facts-and-circumstances test more, and if the organization meets the		nstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	+
ŧ	10% -facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circ	ne "facts-and-circui			-		
	more, and if the organization meets the	ne "facts-and-circur cumstances" test. 1	The organization qu	ualifies as a public	y supported organ	nization	

Schedule A (Form 990 or 990-EZ) 2018 CHILDREN'S DEFENSE FUND Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part IL)

Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissione, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						1
or expended on its behalf						
5 The value of services or facilities			5			
furnished by a governmental unit to			ii 5			
the organization without charge						
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and					1	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6) ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	(0) 2017	(0)2010	10,20.0	(0) 2017	(6) 25.0	17.012
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 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 VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	n 501(c)(3) organiz	zation,
check this box and stop here			******************			▶□
ection C. Computation of Public	Support Pe					
5 Public support percentage for 2018 (lir	ne 8, column (f),	divided by line 13,	column (f))		15	
6 Public support percentage from 2017					16	
ection D. Computation of Invest	ment Incom	e Percentage				
7 Investment income percentage for 20	18 (line 10c, colu	ımn (f), divided by	ine 13, column (f))		17	
8 Investment income percentage from 2					18	
9a 33 1/3% support tests - 2018. If the	organization did	not check the box			33 1/3%, and line	17 is not
more than 33 1/3%, check this box and						>
b 33 1/3% support tests - 2017. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	•					_
20 Private foundation. If the organization					_	1000000 00000 a
	. 4.4	TOUX OITHING 14, 13	a, or 190, crieck t	nis box and see in	Structions	********

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I, If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organization
		CONTRACT CONTRACT	An Maria sorrentenes as

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? #
 "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3h		
30	;	
4a		
4b		
		183
40		
5a		
5b		
3 3		
6		3
7		
8		
9a		
95		
90		
10:	а	
10		
n 000 or	000 EZ	2040

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Schedule A (Form 990 or 990-EZ) 2018

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

3a

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

Schedule	A	(Form	990 (or 990	-FZI	2018

Current Year

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions)

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Enter 85% of line 1

2

3

4

8

1

2

3

4

5

6

		111-11-3-3	[CONTINUOU]	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reason-			
_	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
_	From 2013			N
-	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.			THE RESERVE OF THE PERSON OF T
-	line 7:			
	Applied to underdistributions of prior years			232 UNIV. 2
	Applied to discerdistributable amount			102
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if	The state of the s		
5	any. Subtract lines 3g and 4a from line 2. For result greater	Harrison William		
	,			
-	than zero, explain in Part VI. See instructions.			
ь	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
_	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
_	and 4c.			
	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017		V THE THE PARTY OF	
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

thedule A (Form 990 or 990-EZ) 2018 CHILDREN'S DEFENSE FUND	52-0895622	Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section E, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part to (See instructions.)	tion B, lines 1 and 2; Part IV, Section line 1: Part V. Section B. line 1e: Pa	n C, art V,
ART II, LINE 5		
IE PUBLIC SUPPORT PERCENTAGE IS CALCULATED BASED ON CURRENT SHORT YEAR		
ERIOD.		
RIOD,		
	5000-	-
	trains	
	*	
	2.00	
	102	
2028 10-11-18	Schedule A (Form 990 or 990	-EZ) 201

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization **Employer identification number** CHILDREN'S DEFENSE FUND 52-0895622 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer identification number CHILDREN'S DEFENSE FUND 52-0895622 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 **Payroll** 229,830. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 950,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 200,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person **Payroll** 250,000. Noncash (Complete Part II for noncash contributions.) (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person **Payroll** 756,266. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 Х Person **Payroll** 209,582. Noncash

(Complete Part II for noncash contributions.)

lame of orga	nization		Emplo	yer identification numbe
HILDREN'S	DEFENSE FUND		5	2-0895622
Part 1	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.		10. To.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
7 -			223,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
8 		\$	172,013.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c)		(d) Type of contribution
9 -			362,831.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
10 _		*	250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
11 _		\$	200,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contr		(d) Type of contribution
12			250,000.	Person X Payroll Noncash

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(Complete Part II for noncash contributions.)

	B (Form 990, 990 EZ, or 990 PF) (2018)		Page 2
Name of o	rganization	Empl	oyer identification number
CHILDREN	'S DEFENSE FUND		52-0895622
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$205,200.	Person X Payrotl
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
14	realite, audiess, and zir + 4	\$\$ 214,731.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, addition, and AFT 7	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

823452 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification numb** CHILDREN'S DEFENSE FUND 52-0895622 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) FMV (or estimate)

		_
823453	11-08	-18

from

Part I

(a)

from

Part I

Date received

(d)

Date received

Description of noncash property given

(b)

Description of noncash property given

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

Name of or	ganization			Employer identification number
HILDREN	's DEFENSE FUND			52-0895622
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	 through (e) and the following charitable, etc., contributions of \$1. 	line entry. For organiza	. (8), or (10) that total more than \$1,000 for the year
(a) No.	Ose displicate dopies of Fart in it additional	арале вывесеи.		
from Part i	(b) Purpose of gift	(c) Use of gil	t	(d) Description of how gift is held
_		(e) Transfer		
	Transferee's name, address, a			nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
Part I				
		(e) Transfe	of gift	
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	t	(d) Description of how gift is held
		(e) Transfe	of aith	
	Transferee's name, address, a			nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	and ZIP + 4	Relatio	nship of transferor to transferee
22454 11.08				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

2018
Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 5 Name of organic 	501(c)(4), (5), or (6) organizat	ons: Complete Part III.	1 5.000	Т.	
rvaine oi orga		DEFENSE FUND		1	Employer identification number
Part I-A		anization is exempt unde	r coetion E04(a)	or in a section EX	52-0895622
2 Political	a description of the organiz	ation's direct and indirect politica	al campaign activities	in Part IV.	▶ \$
Part I-B	Complete if the org	anization is exempt unde	er section 501(c)	(3).	
1 Enter th	e amount of any excise tax	nourred by the organization und	er section 4955	*******************	▶ \$
2 Enter th	e amount of any excise tax	ncurred by organization manage	ers under section 495	5	> \$
3 If the or	ganization incurred a section	4955 tax, did it file Form 4720	for this year?		Yes No
					Yes No
b if "Yes,"	describe in Part IV.	anization is exempt unde	er section 501/c)	excent section 5	HAB
		by the filing organization for sec			► \$
		zation's funds contributed to oth			
			•		▶\$
3 Total ex	empt function expenditures	Add lines 1 and 2. Enter here a	nd on Form 1120-POL		
line 17b)				▶ \$
4 Did the	filing organization file Form	1120-POL for this year?			Yes No
made po contribu	ayments. For each organizations received that were pro-	ployer identification number (Elficion listed, enter the amount paid comptly and directly delivered to a additional space is needed, prov	from the filing organia separate political org	ization's funds. Also ent ganization, such as a se	er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr filing organization funds. If none, ente	's contributions received and
-					
		-10.000	11		

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

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Pa	rt II-A	Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	Form 5768 (ele	ction under
A C	Zheck	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated g	proup member's name	a, address, EIN,
		expenses, and share of exces	s lobbying expenditures).		
BC	Zheck	if the filing organization check	ed box A and "limited control" provisions apply.		
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1:	Total lo	bbying expenditures to influence publ	ic opinion (grass roots lobbying)	8,643.	
ı	Total lo	bbying expenditures to influence a leg	islative body (direct lobbying)	52,934.	
•	: Total lo	bbying expenditures (add lines 1a and	11b)	61,577.	
•	d Other exempt purpose expenditures			16,882,519.	
•	Total ex	cempt purpose expenditures (add lines	s 1c and 1d)	16,944,096.	
- 1			ant from the following table in both columns.	997,205.	
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	er \$500,000	20% of the amount on line 1e.		
	Over \$5	600,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$1	7,000,000	\$1,000,000.		
-	Grassro	oots nontaxable amount (enter 25% of	line 1f)	249,301.	
ŀ	Subtrac	ct line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtrac	ct line 1f from line 1c. If zero or less, er	nter -O-	0.	
j	If there	is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reportin	ng section 4911 tax for this year?		[Yes No
		(Some organizations that made a	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all of the separate instructions for lines 2a through 2f.)	f the five columns be	low.

	See use separate	misu ucuons for mies	za un ough zi.j	14.7						
Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total					
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	997,205.	3,997,205.					
b Lobbying ceiling amount (150% of line 2a, column(e))					5,995,808.					
c Total lobbying expenditures	65,312.	59,578.	15,964.	61,577.	202,431.					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	249,301.	999,301.					
e Grassroots ceiling amount (150% of line 2d, column (e))					1,498,952.					
f Grassroots lobbying expenditures	310.	221.	3,902.	8,643.	13,076.					

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 CHILDREN'S DEFENSE FUND 52-0895622 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During local I or refer a Volunce	es," response on lines 1a through 1i below, provide in Part IV a detailed description ing activity. g the year, did the filing organization attempt to influence foreign, national, state, or egislation, including any attempt to influence public opinion on a legislative matter erendum, through the use of:	Yes	No	Amo	unt
local l or refe a Volun	egislation, including any attempt to influence public opinion on a legislative matter				
local l or refe a Volun	egislation, including any attempt to influence public opinion on a legislative matter				
a Volun	erendum, through the use of:			and the latest	
a Volun					
b Paids	teers?				
	staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media	advertisements?				
d Mailin	gs to members, legislators, or the public?				
e Public	ations, or published or broadcast statements?				
f Grant	s to other organizations for lobbying purposes?				
g Direct	contact with legislators, their staffs, government officials, or a legislative body?				
h Rallie	s, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	activities?				
j Total.	Add lines 1c through 1i				
	e activities in line 1 cause the organization to be not described in section 501(c)(3)?		CHARLES AND A		
	s," enter the amount of any tax incurred under section 4912				
	s,* enter the amount of any tax incurred by organization managers under section 4912				
art III-A	filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section	- F04/->//	1	Air	
ait iir A	501(c)(6).	11 30 1 (C)(:	o), or sec	uon	
	301(0)(0).			Yes	No
l Wara	substantially all (90% or more) dues received nondeductible by members?			163	140
	the organization make only in-house lobbying expenditures of \$2,000 or less?				_
	e organization make only inhibuse obbying expenditures of \$2,000 or less? e organization agree to carry over lobbying and political campaign activity expenditures from the				
Did th	Complete if the organization is exempt under section 501(c)(4), section	n 501/cV	3 or sec	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
Dues,	assessments and similar amounts from members		1		
	on 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expe	nses for which the section 527(f) tax was paid).				
a Curre	nt year		2a		
b Carry	over from last year		2b	-	
c Total			2c		
Aggre	egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	*****************	3		
l If noti	ces were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does	the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	18:3		
	nditure next year?		. 4		<u> </u>
	ole amount of lobbying and political expenditures (see instructions)		5		
art IV	Supplemental Information				
ovide the	descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see	
structions); and Part II-B, line 1. Also, complete this part for any additional information.				

30

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CHILDREN'S DEFENSE FUND

Employer identification number 52-0895622

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
No.		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	denly
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose confi	erring
T and	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	30375
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historical	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	*****	2a
b	Total assessment contributed to a second contribute of		
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	anization during the tax
	year -		
4	Number of states where property subject to conservation eas	sement is located -	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	S		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the c	organization's accounting for
Da	conservation easements. 1 III Organizations Maintaining Collections of	Art Historical Traceurs or Other	Similar Assets
2 44	Complete if the organization answered "Yes" on Form		Sillia Assets.
40			
13	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describe the commitment planted an approximation planted and approximation of the commitment of th		16.4 3
В	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	oucation, or research in turtherance of public s	service, provide the following amounts
	relating to these items:		. c
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		400 040
2	If the organization received or held works of art, historical tre	acures, or other cimiler assets for financial edi	holio
~			ii, provide
а	the following amounts required to be reported under SFAS 1: Revenue included on Form 990, Part VIII, line 1.		
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X	***************************************	> \$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018
	more increased in the increase of the instructions	, ivi i villi 990.	Scriedule D (FORM 990) 2018

832051 10-29-18

	out of the object	DEFENSE FUND					52-089		Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or Of	ther S	imilaı	Assets	(contin	ued)	
3	Using the organization's acquisition, accession									
	(check all that apply):				-					
а	Public exhibition	d	Loan or exc	hange programs						
ь	Scholarly research	e		PLAYED AT CD	F PRO	ERTY	S			
C	X Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempl	Dunoe	se in Part	XIII.		
5	During the year, did the organization solicit or							Satt		
	to be sold to raise funds rather than to be ma							Yes	X	No
Pai	reported an amount on Form 990, Par	gements. Complet			on Fo	rm 990	, Part IV, I			, ,,,
12	Is the organization an agent, trustee, custodia		n, for annihi dina	a a attent accets.		i and made				
Id			V/2			DOGO		T		1
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and assessed at a stan fall.			* * * * * * * * * *			Yes		No
D	ii res, expande araigement ii rait Ain a	and complete the rout	owing table.					Amount		
	Beginning balance					4-		Amount		
C						1c				
0	Additions during the year				*****	1d				
	Distributions during the year					1e				
f	Ending balance	000 D-44 F-4				_1f		7	1	1
	Did the organization include an amount on Fo							Yes	\vdash	No
Pai	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete it						**********	1612151117		
9 441	Lidowilleste i dilda. Complete i					771		115		
4-	Decision of wear halones	(a) Current year 7,313,159.	(b) Prior year	(c) Two years ba			ears back	-		
18	Beginning of year balance		12,872,467.	13,774,50	_		71,826.	10,	568,5	
D	Contributions	25,000.	101 630	10,00	_		15,000.			000.
C	Net investment earnings, gains, and losses	17,236.	191,630.	703,85	04.	-1	39,535.		354,	708.
đ	Grants or scholarships				_					
e	Other expenditures for facilities							_		
	and programs		5,750,938.	1,615,89	93.	1,8	72,785.	3,	155,4	411.
f	Administrative expenses									
g	End of year balance	7,355,395.	7,313,159.	<u> </u>	57.	13,7	74,506.	15,	771,1	826.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	.00	_%							
b	Permanent endowment > 97.90	%								
C	Temporarily restricted endowment	2.10 %								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
3 a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered f	or the c	rganiza	ation	_		
	by:								Yes	No
	(i) unrelated organizations						*********	3a(i)		Х
	(ii) related organizations	***************	************					3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?					3 b		
4	Describe in Part XIII the intended uses of the	organization's endov								
Pai	t VI Land, Buildings, and Equipm	ent.		UHASE-1			1.00			
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, lin	e 10.				
	Description of property	(a) Cost or ot basis (investm	V-7	or other (other)	c) Accı depre	umulate ciation	ed	(d) Bool	c value	•
1a	Land			623,944.		1756			623,	944.
b	Buildings		5	,013,588.	2	,831,	557.	2,	182,	
c	Leasehold improvements									
d	Equipment		1	,120,392.		675,	655.		444,	737.
e	Other			209,762.			752.		133	
	I. Add lines 1a through 1e. (Column (d) must e	gual Form 000 Dard V	column (R) line 1			,		3	383,	
		AND LANGE STATE OF THE PARTY OF	. william (b). Ilie 1	West			C-td-1	D/Farm		

	Complete if the organization answered "Yes" on Form 990, Part IV,	line 11e or 11f. See Forn
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO AFFILIATES	282,610.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	282,610.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

832054 10-29-18

Schedule D (Form 990) 2018

THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization						Employer ide	ntification number
	DEFENSE FUND					52-089562	
Part I Fundraising Activities. required to complete this par	Complete if the organization answe t.	red "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	ed funds through any of the followin	g activ	ities.	Check all that apply.			
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants			
c Phone solicitations	g Special	fundra	úsing (events			
d In-person solicitations							
2 a Did the organization have a written of key employees listed in Form 990, P					tees,		
b If "Yes," list the 10 highest paid indi-				57.8		Yes	
compensated at least \$5,000 by the		ant to	ayree	Heilis Griger WillCit G	IC III	furaiser is to be	,
		ī	- 0				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr fundr have co or corr contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			-	
-							
			-				
Total	1		•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is	exempt from re	gistration
	79						
					_		
						-	
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form 9	990 or	990-E	Z .	Sche	dule G (Form 9	90 or 990-EZ) 2018

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 CHILDREN'S DEFENSE FUND	52-089562	2	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13a		%
b An outside facility	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
Name			
Address -			
15a Does the organization have a contract with a third party from whom the organization receives garning revenue?		Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
* 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Name			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	********	100	
organization's own exempt activities during the tax year \$	aie		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	nd Dart III lin	oc 0	0b 10b
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	aio r aitm, mi	03 04	30, 100,
100, 100, 10, and 110, as applicable. Also provide any additional information. One abstractions.		700	
	517		
		_	
923092 10.02.19	2 (Earm 000 a	- 000	

Schedule G (Form 990 or 990-EZ) CHILDREN'S DEFENSE FUND	52-0895622 Page 4
Part IV Supplemental Information (continued)	
	H.
	Schedule G (Form 990 or 990-EZ

SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

2018	Onen to Buttle
	10.5

OMB No. 1545-0047

Employer identification number Open to Public Inspection

> ► Go to www.irs.gov/Form990 for the latest information. Name of the organization

22			Ž				ant	
52-0895622			×		line 21, for any		(h) Purpose of grant	or sesistance
		tance, and the selection			es" on Form 990, Part IV,		(g) Description of	nonceah againtance
		for the grants or assis	***************************************		mization answered "Y			Valuation (Soon)
		grantees' eligibility	***************************************	States,	complete if the orga	ed.	(d) Amount of (e) Amount of	deachoon
		or assistance, the	***************************************	funds in the United	Governments. C	onal space is need	(d) Amount of	Coch orent
		amount of the grants	***************************************	oring the use of grant	rations and Domestic	be duplicated if additi	(c) IRC section	(aldeolicable)
FENSE FUND	nd Assistance	o substantiate the	stance?	cedures for monit	Domestic Organia	55,000. Part II can	(p) EIN	
CHILDREN'S DEFENSE FUND	Part I General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States,	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	(a) Name and address of organization	an any amount
	Part	1 Does	crite	2 Desc	Part II		1 (a) h	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOSTER CARE ADVOCACY CENTER 2429 BISSONNET STREET #767 HOUSTON, TX 77005	82-4805883		46,500.	°o			PROGRAM SUPPORT
CENTER FOR PUBLIC POLICY PRIORITIES - 7020 EASY WIND SUITE 200 - AUSTIN, TX 78752	74-2898197 501(C)	501(C)(3)	116,750.	0			PROGRAM SUPPORT
FRIENDSHIP ACADEMY OF THE ARTS 2600 E. 38TH STREET MINNEAPOLIS, MN 55406	31-1756049 501(C)	501(C)(3)	104,639.	0.			PROGRAM SUPPORT
ACADEMIA CESAR CHAVEZ CHARTER SCHOOL - 1801 LACROSSE AVENUE - ST. PAUL, MN 55119	41-1972242 501(C)	501(C)(3)	105,602.	0.			PROGRAM SUPPORT
MINNEAPOLIS PUBLIC SCHOOLS 1250 W. BROADWAY AVENUE MINNEAPOLIS, MN 55411	41-0851980		135,052.	0.			PROGRAM SUPPORT
TEXANS CARE FOR CHILDREN, INC. 1106 CLAYTON LANE #111W AUSTIN, TX 78723	75-2687008 5 01(C)(3)	501(C)(3)	81,250.	0.			PROGRAM SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	anizations listed in the		Carrier Management of the Control of	minimum minimu		.6

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

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52-0895622

(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of non-cash valuation no sporement (b) EIN (c) IRC section (d) Amount of non-cash valuation no sporement (b) EIN (c) IRC section (d) Amount of non-cash valuation no sporement (b) EIN (c) IRC section (d) Amount of (f) Method of (f) Me	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY COALITIONS FREEDOM SCHOOLS - 8101 S, VERMONT AVENUE - LOS ANGELES, CA 90044			19,500.	0.			PROGRAM SUPPORT
URBAN PLANET LLC 1887 RALDOPH AVE., UPPER SAINT PAUL, MN 55105			11,250.	0			PROGRAM SUPPORT
DETROIT ANNUAL CONFERENCE OF THE UNITED METHODIST CHURCH 1161 EAST CLARK ROAD, SUITE 212 DEWITT, MI 48820	38-6065726 501(C)(501(C)(3)	19,750.	.0			PROGRAM SUPPORT
MARLBORO COUNTY PARTNERS CDF FREEDOM - 122 BROAD STREET - BENNETSVILLE, SC 29512			40,000.	0			PROGRAM SUPPORT
DETROIT ANNUAL CONFERENCE OF THE UMC = 1309 N. BALLENGER HWY, SUITE 1 - FLINT, MI 48154	38-1572122	501(C)(3)	25,750.	0			PROGRAM SUPPORT
FOCUS HOPE 1200 OAKWAN BLVD DETROIT, MI 48238	38-1948285	501(C)(3)	16,150.	0			PROGRAM SUPPORT
ST PAUL CHILDREN'S FOUNDATION, INC 1358 E. RICHARDS STREET = TYLER, TX 75702	75-2687636	501(C)(3)	5,000.	.0		Jed.	PROGRAM SUPPORT
							Schedule I (Form 990)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. CHILDREN'S DEFENSE FUND Schedule I (Form 990) (2018)

Part III

Page 2

52-0895622

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 0 156,449. (c) Amount of cash grant GRANTS AND ASSISTANCE ARE PROVIDED SOLELY FOR PURPOSES CONSISTENT WITH THE THE INTERNAL REVENUE CODE, RECIPIENTS ARE ENTITIES OR INDIVIDUALS RESIDING IN CHILDREN'S DEFENSE FUND'S TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES: (b) Number of reciplents 102 OR FOR USE IN PROGRAMS OR SCHOOLS LOCATED IN THE U.S. (a) Type of grant or assistance PART I, LINE 2: SCHOLARSHIPS THE U.S. Part IV

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CHILDREN'S DEFENSE FUND

Employer identification number 52-0895622

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1000
	First-class or charter travel Housing allowance or residence for personal us	e	18 18	
	Travel for companions Payments for business use of personal residence		16.7	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	2=	30.3	16
	Discretionary spending account Personal services (such as maid, chauffeur, che	đ)		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1000	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	section, and owners, and one of other orientals, regarding the little discussion in the last			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	100		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Independent compensation consultant Compensation survey or study X Approval by the board or compensation committees.			
	Form 990 of other organizations X Approval by the board or compensation commit	tee		
	Defeation of the second of the			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?			Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	12.00		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons fisted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	(=3)		
	contingent on the revenues of:			
а	The organization?	5a	1	х
b	Any related organization?	5b		х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1237		
_	contingent on the net earnings of:	150		
а	The organization?	6a	(1)	х
h		6b		х
_	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
*	not described on lines 5 and 62 if "Ves " describe in Dest III			х
8		7		^
J	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			D.H.
1.114	Regulations section 53.4958-6(c)?	9		
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	n 9901	2018

Schedule J (Form 990) 2018

orm 990) 2018 CHILDREN S DEFENSE FUND

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		soliteeregas CRIM-0001 rs/bas 6.W to amobates	Shalon 1000.hais	Compensation	(C) Betirement and		IEI Total of columns	(E) Companestion
					other deferred	henefits	(E)/m·(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			क 9
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SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open To Public**

OMB No. 1545-0047

Name of the organization

Inspection Employer identification number

art Excess Be	CHILDREN'S DE		041-3/2	N	on 501(c)(4), and 50	1/4/200			95622			
					on 501(c)(4), and 50 nt IV, line 25a or 25b				th.			
	(b) F	Relationship bet				, or Form 990-E-Z,	Part V,	ine 4U	D.	(4) (Correc	cto
(a) Name of disqualifie	d person	person and o			(0) Description of tr	ansactio	m		Ye		N
										16	•	
	11								_			_
					- 138 13 T					-	+	_
					2-2-2-2					+	+	_
Enter the amount of ta section 4958 Enter the amount of ta	** **********************************							> \$ ► \$				
Complete if th	nd/or From Into ne organization answ mount on Form 990	wered "Yes" on I	Form 9	990-EZ,	Part V, line 38a or F	form 990, Part IV,	ine 26;	or if th	e orga	nization	1	
(a) Name of interested person	(b) Relationship (c) Purpose (d) Lo		organization? principal amount	(f) Balance due) In ault?	(h) App by box comm	ard or	(i) W agree			
			То	From			Yes	No	Yes	No	Yes	
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1		<u> </u>			> \$	= 100=						L
rt III Grants or	Assistance Ber	efiting Inter	este	d Per	sons.						_	-
Complete if the	ne organization ansv	vered "Yes" on	Form 9	990, Pa	rt IV, line 27.							
(a) Name of intereste	ed person	(b) Relationship between interested person and the organization			(c) Amount of (d		d) Type of assistance			(e) Purpose of assistance		
								=			_	
								_				_
								_				-
	1. 10							\dashv				_
												_

(a) Name of interested person	cred "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation's
				Yes	No
MARIAN WRIGHT EDELMAN	PRESIDENT OF BOARD	1.	RENTAL:		Х
				ļ	
				+	-
		·		+	-
,				_	
			·		
Part V Supplemental Information.					
Provide additional information for re	esponses to questions on Schedule L (see in	nstructions).			
CH L, PART IV, BUSINESS TRANSACTION	NE INDOLUTNO INTERPRETED DEDCOME.				
CH D, FART IV, BUSINESS TRANSACTION	NS INVOLVING INTERESTED PERSONS:	-			
A) NAME OF PERSON: MARIAN WRIGHT E	DELMAN				
B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:				
RESIDENT OF BOARD					
a)					
C) AMOUNT OF TRANSACTION \$ 1.			<u> </u>		
D) DESCRIPTION OF TRANSACTION: REN	TAL: THE CDF MARLBORO COUNTY				
5, BEBURITION OF HUMBERCHON, REM	TAD: THE COP MARIBORO COUNTY				
OFFICE IN SOUTH CAROLINA LEASES OFF	ICE SPACE FOR THE NOMINAL RATE OF	\$1			
		_ 	·		
ER YEAR IN A HOME THAT IS OWNED BY	CDF'S PRESIDENT.				
E) SHARING OF ORGANIZATION REVENUE	S? = NO				
				_	
	200				

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

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

CHILDREN'S DEFENSE FUND

Employer identification number

52-0895622

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termini		š
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications		HECHET WALLS					
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						-11 65-	
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial				4			
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts				-			7,005.00
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BACKPACKS AND)	Х	500	167,070.	FMV			- 5
26	Other							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive to	oy contribution	on any property rep	orted in Part I, lines 1 through	that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	j?			***************************************	30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	-	-		tions?	31		Х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

describe in Part II.

Schedule M	(Form 990) 2018 CHILDREN'S DEFENSE FUND	52-0895622	Page 2
Part II	(Form 990) 2018 CHILDREN'S DEFENSE FUND Supplemental Information. Provide the information required by Part I, tines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution and information.	33, and whether the organic mbination of both. Also co	zation nplete
-			
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32142 10-18-	8	Schedule M (For	m 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

CHILDREN'S DEFENSE FUND

Employer identification number 52-0895622

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTHY START, A HEAD START, A FAIR START, A SAFE START, AND A MORAL
START IN LIFE AND SUCCESSFUL PASSAGE TO ADULTHOOD WITH THE HELP OF
CARING FAMILIES AND COMMUNITIES.
WE ARE A NATIONAL ORGANIZATION WITH OUR HEADQUARTERS IN WASHINGTON,
D.C., AND OFFICES IN CALIFORNIA, MINNESOTA, MISSISSIPPI, NEW YORK,
OHIO, SOUTH CAROLINA, TEXAS AND TENNESSEE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE ARE A NATIONAL ORGANIZATION WITH OUR HEADQUARTERS IN WASHINGTON,
D.C., AND OFFICES IN CALIFORNIA, MINNESOTA, MISSISSIPPI, NEW YORK,
OHIO, SOUTH CAROLINA AND TEXAS.
FORM 990, PART VI, SECTION B, LINE 11B:
990 REVIEW PROCESS
THE 990 IS PREPARED BY INDEPENDENT ACCOUNTANTS, REVIEWED BY SENIOR
MANAGEMENT, AND MADE AVAILABLE TO ALL BOARD MEMBERS WITH ENCOURAGEMENT TO
COMMENT PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
MONITORING OF THE CONFLICT OF INTEREST POLICY
ONCE A YEAR EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE CONFLICT OF
INTEREST POLICY, EACH BOARD MEMBER COMPLETES A FORM ACKNOWLEDGING
RECEIPT OF THE POLICY, DISCLOSING ANY POTENTIAL CONFLICTS AND AGREEING TO
ABIDE BY THE POLICY. ANY DISCLOSED POTENTIAL CONFLICTS OF INTEREST ARE THEN
DISCUSSED BY THE BOARD AND APPROVED OR DISAPPROVED BY BOARD VOTE.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2018

OMB No. 1645-0047

CHILDREN'S DEFENSE FUND Employer identification number Direct controlling entity $\boldsymbol{\epsilon}$ 52-0895622 0 End-of-year assets **e** Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 0 Total Income Û ■ Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ▶ Attach to Form 990. VIRGINIA Primary activity EDUCATION CHILDREN'S DEFENSE FUND Name, address, and EIN (if applicable) of disregarded entity CDF LEGACY INVESTOR, LLC 20001 Name of the organization Department of the Treasury Internal Revenue Service WASHINGTON, DC 25 E STREET NW Part I

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section (12(b)(13) Controlled entity?)(13)
				501(c)(3))		Yes	No
CDF ACTION COUNCIL - 23-7042525							
25 E STREET, NW							
WASHINGTON, DC 20001	NFP CHARITY	DISTRICT OF COLUMBIA 501(C)(4)	501(C)(4)		N/A	×	
WASHINGTON RESEARCH PROJECT - 27-2982403						_	
25 E STREET NW							
WASHINGTON, DC 20001	NFP CHARITY	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	LINE 7	N/A	×	

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

832161 10-02-18 LHA

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 CHILDREN'S DEFENSE FUND

Part III Identification of Related Organizations Taxable as a Pertnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

General or Percentage managing ownership parmer?			e related	Section 6 12(b) 13) controlled entity?	_		
			ne or mor	(h) Percentage ownership			
Code V.UBI amount in box 20 of Schedule K·1 (Form 1085)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Share of Per end-of-year ow			
Softionate House			, line 34,				
Share of Bushink end-of-year allocal assets			m 990, Part IV	(f) Share of total income			
 .			l "Yes" on For	(e) Type of entity (C corp, S corp, or trust)		!	
(f) Share of total income			answerec				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			ne organization	(d) Direct controlling entity			
Predomir (related, excluded fr sections			mplete if th	(C) Legal domicile (state or foreign country)	ı		
(d) Direct controlling entity			ration or Trust. Co	(b) Primary activity	:		
(C) Legal domicile (state or foreign		-	s a Corpor g the tax y	Prime			
(b) Primary activity			anizations Taxable as poration or trust during	Z a			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2018

52-0895622

Schedule R (Form 990) 2018 CHILDREN'S DEFENSE FUND

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	a cace at a second at the seco	setal another leave	el Bawe III/7	*	Yes No
		יימנסי סיישמיי ייצימניסיים ייסנסיי	9993	4	×
b Cit and a south onething the selected assessment of the control				2 4	×
	***************************************	***************************************		2 4	: >
(8)			***************************************	2	4
d Loans or loan guarantees to or for related organization(s)		***************************************		16	×
				9	×
(a) and family and a supply of the supply of				7	×
t Dividends from related organization(s)				=	4
				10	×
Purchase of assets from related organization(s)				÷	×
Exchange of assets with related organization(s)				Ŧ	×
related organization(s)				_	×
k Lease of facilities, equipment, or other assets from related organization(s)				#	×
				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)				×
Sharing of paid employees with related organization(s)				t ×	
p Reimbursement paid to related organization(s) for expenses				t	×
Reimbursement paid by related organization(s) for expenses				X pt	
r Other transfer of cash or property to related organization(s)				1	X
Other transfer of cash or property from related organization(s)	THE PROPERTY OF THE PARTY OF TH	TE TE STANDERS THE STANDERS TO SEE		Н	X
2 If the answer to any of the above is "Yes," see the instructions for information on who	no must complete th	must complete this line, including covered	relationships and transaction thresholds.		
(e) Name of related organization	(b) Transaction type (a·s)	(a) Amount involved	(d) Method of determining amount involved	nvolved	
(1) NO TRANSACTIONS ABOVE THRESHOLD TO DISCLOSE		0.			
(2)					
(4)					
(5)					
9					
832163 10-02-18	54		Schedul	Schedule R (Form 990) 2018	90) 2018

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Predominant income	Ara sil	(f) Share of	(g) Share of	(h) Disproper-	(b) (l) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	General or	(k) Percentage
of entity		(state or foreign country)	excluded from tax under sections 512-514)	Ves No	total	end-of-year assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	ownership
		A								
				- 4			-			
12 (
				- VI						
					-					
						17 10 10 10 10 10 10 10 10 10 10 10 10 10				
								Schedule	R (Form	Schedule R (Form 990) 2018

Post III a second secon		Page 5
Schedule R (Form 990) 2018 CHILDREN'S DEFENSE FUND Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
r rovide abditional information for responses to operations on Schröding In. See institutions.		
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