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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 Open to Public Inspection

7	A F	or the	2009 cal	lendar year, or tax year beginning and er	nding		
_	3 CI	neck if oplicable	Plance	C Name of organization	-	D Employer identi	fication number
	X	Addres change	s label or print or				
•		Name change	type	Doing Business As	_	52-1	1706059
		initial return	See		oom/suite	E Telephone numb	
0		Termin	Specific Instruc-	1726 M CODERD NO.	02	202-	-772-0417
•		Amend		City or town, state or country, and ZIP + 4		G Gross receipts \$	3,480,366.
		Application	1-	WASHINGTON, DC 20036		H(a) Is this a group	
		pendin	F Nan	me and address of principal officer:MICHELA ENGLISH		for affiliates?	Yes X No
_			SAM	ME AS C ABOVE		H(b) Are all affiliates in	ncluded? Yes No
	I Ta	ax-exe	mpt statu	us: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach	a list. (see instructions)
				W.FIGHTFORCHILDREN.ORG		H(c) Group exempti	
į	K Fo	orm of	organizatio	on: X Corporation	L Year o	of formation: 1990	M State of legal domicile: DC
L	Pa	rt I	Summ	ary			
	Activities & Governance	1	Bnefly des	scribe the organization's mission or most significant activities: SEE PA	ART I	II, LINE 1	
	Ē	2	Check this	is box  if the organization discontinued its operations or dispose	d of more	than 25% of its net a	assets
	Š	3		of voting members of the governing body (Part VI, line 1a)		з	1 4 5
	ğ	4		of independent voting members of the governing body (Part VI, line 1b)		4	4.5
	SS S	5		nber of employees (Part V, line 2a)		5	
	₹	6		nber of volunteers (estimate if necessary)		6	
_	; <b>⋚</b> │	7a .		ss unrelated business revenue from Part VIII, column (C), line 12		78	•
	<b>54</b>	ь	•	ated business taxable income from Form 990-T, line 34		7t	
	i					Prior Year	Current Year
	ا ۵	8	Contributi	nons and grants (Part VIII, line 1h)		3,737,684	
( °	ΪŽ	9	orogram s	service revenue (Part VIII, line 2g)			
DEC 1	e e		-	nt income (Part VIII, column (A), lines 3, 4, and 7d)		58,796	. 28,291.
	<b>~</b>	11 (	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,173,530	-1,043,628.
		12	Total reve	enue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,622,950	1,747,522.
SCANNED		13 (	Grants an	nd similar amounts paid (Part IX, column (A), lines 1-3)		1,708,227	. 1,017,700.
Ź		14	Benefits p	oaid to or for members (Part IX, column (A), line 4)			
S.	တ္ဆ	15	Salaries, d	other compensation, employee benefits (Part IX, column (A), lines 5-10)			
Š	Su	16a	Profession	nal fundraising fees (Part IX, columni(A), line tte), / [ ]			
	ᆲ			draising expenses (Part IX, column (D), ine 25)			
	<u>щ</u>			penses (Part IX, column (A), lines 11a-11d, 11f-24f)		771,153	
		18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A) Jine 25)		2,479,380	. 1,871,976.
_		19	Revenue	less expenses. Subtract line 18 from line 12		143,570	-124,454.
3	58			ets (Part X, line 16) OGDEN, UT	Beg	ginning of Current Year	
3	agar	20	Total asse	ets (Part X, line 16)		3,919,126	
	Net Assets or Fund Balances	21	Total liabi	ılıtıes (Part X, line 26)		1,569,037	
3			T	ts or fund balances Subtract line 21 from line 20		2,350,089	. 2,225,635.
Ĺ	Pa	rt II		ture Block			<del></del>
			Under pena and comple	alties of perjury, I declare that I have examined this return, including accompanying schedules and a ete. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements, a / knowledge	and to the best of my knowle	edge and belief, it is true, correct,
				A. T. L. T. I'M			
•	Sign	1	Cur	Junione meters		11/2/	10
1	Here	•	, - 0	nature of officer U		Date ! !	
				CCHELA ENGLISH, PRESIDENT, CEO e or print name and title			
-			<del></del>	. Data	Che	eck if Prepare	arer's identifying number
1	Paid		Preparer's		self	f- (see	instructions)
I	Ргер	arer's	Signature Firm's name		] em	ployed >	
1	Use (	Only	yours if self-employ	GEDMAN, KOSENDEKO & FREEDMAN	ਸ਼∩₽⋒₽	EIN >	
			address, an	nd 1333 Hotel Collection of the Collection of th	MOKIN	Phone no.	(301) 951-9090
:	146	the I	ZIP + 4				
_				ss this return with the preparer shown above? (see instructions)	arata inci	tuations	X Yes No Form <b>990</b> (2009)
9	#3200	1 02-0	4-10 LF	HA For Privacy Act and Paperwork Reduction Act Notice, see the separate	rai a le ilist	น นบนบทธ.	1 01111 220 (2009)

Form 990 (2009) FIGHT FOR CHILDREN, INC.
Part IV Checklist 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_	<b>.</b> .,	
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			<b>.</b>
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
٥	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х	
104	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  12A  X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	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			
	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,"		٦,	
00	complete Schedule G, Part III	19	X	v
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990	X X
		rorm	<b>990</b> (	2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
•	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25	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) and 501(c)(4) 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		X
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	1		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? 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):			
а	6 A Company of the Co	28a		X
b		28b		X
С				
	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		X
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
~	If "Yes," complete Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
w	16 BVon B normalata Cabadyda D. Dort V. San O.	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del>  30</del>		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	"	<del>                                     </del>	
38	Note. All Form 990 filers are required to complete Schedule O.	38	х	
	140te. All I offit 330 fiets are required to complete schedule of		990 (	SUUO
				_000)

_	- Catalonia in San and			
4-	Established with a second of Barrold 1990 April 1990 Ap		Yes	No
та	Enter the number reported in Box 3 of Form 1096, Arnual Summary and Transmittal of			
L	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			-
U	(gambling) winnings to prize winners?	4.		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 <u>c</u>	X	
20				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	ΩL		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)	<u>2b</u>		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	20	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<u>3a</u> 3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>	- Z <u>x</u>	
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:	40		22
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
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?	6a		Х
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
9	at any time during the year?  N/A  Sponsoring organizations maintaining donor advised funds.	8_	_	
а	Did the organization make any taxable distributions under section 4966?  N/A	00		
	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9a 9b	_	
10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
		Form	990 (	2009)

52-1706059 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec.	tion A. Governing Body and Management			
		<b>,</b>	Yes	No
_	Enter the number of voting members of the governing body 1a 17			
b	Enter the number of voting members that are independent  15	긱		
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_	X	
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		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following	-		
	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b_	X	
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		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7,7	
	in Schedule O how this is done	12c	X	
3	Does the organization have a written whistleblower policy?	13	X	
4	Does the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
Þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
ьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	404		
	exempt status with respect to such arrangements? tion C. Disclosure	<u>  16b</u>		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.	, 101		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ınd fin	ncial	
J	statements available to the public.	III 18	iiiciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation: 🖹	•	
	JUDY WRENCH - 202-772-0417		· -	
	1726 M STREET, NW, NO. 202, WASHINGTON, DC 20036			
		Form	990 (	2በበ
				,,

932008 02-04-10

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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. Use Schedule J-2 if additional space is needed.
- 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. 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.

(A)  Name and Title	(B) Average		(C) Position		(D) Reportable	(E) Reportable	(F) Estimated			
	hours per week	Individual trustee or director		all	that			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOSEPH E. ROBERT, JR. CHAIRMAN	1.00	x		х				0.	0.	0.
MICHELA ENGLISH PRESIDENT & CEO	40.00	x		x				0.	0.	0.
JAMES ABDO	10.00	1							<u> </u>	•
BOARD MEMBER	1.00	x					1	0.	0.	0.
PATTI AUSTIN										
BOARD MEMBER	1.00	x						0.	0.	0.
KATHERINE BRADLEY										-
BOARD MEMBER	1.00	X						0.	0.	0.
DAVID FENSTERHEIM										
BOARD MEMBER	1.00	X						0.	0.	0.
MICHELLE FENTY										
BOARD MEMBER	1.00	X		_				0.	0.	0.
TERENCE GOLDEN										
BOARD MEMBER	1.00	X				<u> </u>	<u> </u>	0.	0.	0.
QUINCY JONES			i	1				_		_
BOARD MEMBER	1.00	X	L	ļ	_	ļ		0.	0.	0.
MICHAEL KIMSEY					İ	i				
BOARD MEMBER	1.00	X	_	_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
ANTHONY LEWIS	1									
BOARD MEMBER	1.00	X		├—	<u> </u>	ـــ	_	0.	0.	0.
ELIZABETH NABEL	1 00			ļ						
BOARD MEMBER	1.00	X		├	-	├—		0.	0.	0.
DR. KURT NEWMAN	1 00	.,							0	,
BOARD MEMBER	1.00	X	⊢	<del> </del>	-	┢╌		0.	0.	0.
JOSEPH E. ROBERT, III	1 00	x						0.	0.	0.
BOARD MEMBER FREDRICK SCHAUFELD	1.00	^	├	┢	$\vdash$	$\vdash$		· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.
BOARD MEMBER	1.00	x						0.	0.	0.
BRUCE STEWART	1.00		<del>                                     </del>	╁	<del> </del>	<del> </del>	╁	-	· ·	
BOARD MEMBER	1.00	x	1					0.	0.	0.
ANTHONY WILLIAMS	1.00	1	$\vdash$	$\vdash$				1	ļ	
BOARD MEMBER	1.00	x						0.	0.	L0.
<del></del>			•	_	•	•	•	<del> </del>	<del></del>	- 000

932007 02-04-10

Form 990 (2009)

	990 (2009) FIGHT FO	OR CHILD	REI	Ŋ,	IÌ	NC.	•			<u>52-170</u>	6059	F	age 8
Par	t VII Section A. Officers, Directors, T	rustees, Key E	mpk	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average hours	(cl		Pos		ı app	lv)	(D) Reportable compensation	(E) Reportable compensation		(F) stimat nount	
•		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Employee		from	from related organizations (W-2/1099-MISC)	con f orç ar	other other opensa rom th ganiza id rela anizat	ation ne tion ted
·· <u>-</u>													
-												_	
	· · · · · · · · · · · · · · · · · · ·												
1b	Total	<u> </u>	J			<u> </u>	▶		0.	0			0
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wh	10 r	received more than \$100	,000 in reportable			(
3	Did the organization list any former office			, ke	y em	plo	yee,	or I	highest compensated en	nployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le co							the organization	4		X
5	Did any person listed on line 1a receive of the organization? If "Yes," complete Sche	accrue compe	nsatı	on f						ces rendered to	5		х
	tion B. Independent Contractors  Complete this table for your five highest of	omponented in	done		nt o	ontr	ooto		that received more than	\$100,000 of compo	nestion	from	
1	the organization. NONE		uepe			OHU	acic	101		\$100,000 or compe		<u>.</u>	
	(A) Name and busines	s address							(B) Description of s	ervices	Compe	C) ensatio	on
-			_									_	_
				_							<del>.</del>		·
						_							
2	Total number of independent contractors \$100,000 in compensation from the organ		ot lii	mite	d to		se lis O	stec	d above) who received m	ore than			

17131008 745960 15374

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp				
	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 governments and				
	organizations in the U.S. See Part IV, line 21	1,017,700.	1,017,700.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 contributions (include section 401(k)		ŀ	-	
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u>.                                    </u>
11	Fees for services (non-employees):				
а	Management				
b	Legal	255.		255.	
С	Accounting				
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	155,030.	136,780.	18,250.	
12	Advertising and promotion	47.	22 564	47.	
13	Office expenses	103,526.	38,561.	64,965.	
14	Information technology	2,500.		2,500.	
15	Royalties	026 010		026 010	<del>-</del> , , , <del></del>
16	Occupancy	236,910.	0.01	236,910.	
17	Travel	2,060.	881.	1,179.	<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	7 516	6 057		
19	Conferences, conventions, and meetings	7,516.	6,957.	559.	
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,151.	511.	2 640	
23	Insurance	3,131.	211.	2,640.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		_		
а	OTTMOOTTMOTH TAROR	238,590.	142,674.	95,916.	
b		75,000.		75,000.	
С	DUES AND SUBSCRIPTIONS	13,188.	250.	12,938.	
d		7,135.	1,380.	5,755.	
е	MISCELLANEOUS	3,836.	250.	3,586.	
f	All other expenses	5,532.		5,532.	
25	Total functional expenses. Add lines 1 through 24f	1,871,976.	1,345,944.	526,032.	0
26	Joint costs. Check here ▶ ☐ If following			-	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pai	rt X	Balance Sheet	<del>-</del> -		
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	697.	1	31,801.
	2	Savings and temporary cash investments	3,195,084.	2	2,830,597.
٠	3	Pledges and grants receivable, net	722,153.	3	334,936.
	4	Accounts receivable, net	_	4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	ľ	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6_	
ষ	7	Notes and loans receivable, net		7_	
Assets	8	Inventones for sale or use		_8	
∢	9	Prepaid expenses and deferred charges	1,192.	9	26,187.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 60, 450.			
	ь	Less accumulated depreciation 10b	0.	10c	60,450.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2 2 2 2 2 2 2	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,919,126.	16	3,283,971.
	17	Accounts payable and accrued expenses	87,234.	17	142,904.
	18	Grants payable	509,977.	18	239,719.
	19	Deferred revenue .	225,758.	19	157,200.
	20	Tax-exempt bond liabilities		20	
ties	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Lia		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	746,068.	25	518,513.
	26	Total liabilities. Add lines 17 through 25	1,569,037.	26	1,058,336.
		Organizations that follow SFAS 117, check here   X and complete			2700070001
ģ		lines 27 through 29, and lines 33 and 34.			
2 2	27	Unrestricted net assets	2,271,583.	27	2,225,635.
ala	28	Temporanly restricted net assets	78,506.	28	0.
<u> </u>	29	Permanently restricted net assets		29	
튙		Organizations that do not follow SFAS 117, check here			
5		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		_30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	2,350,089.	33	2,225,635.
	34	Total liabilities and net assets/fund balances	3,919,126.	34	3,283,971.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

932012 02-04-10

Form **990** (2009)

# SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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. ➤ See separate instructions.

2009

Open to Public Inspection

lame of t	he organizati	on						E	mployer id			
•			OR CHILDREN,						52	<u>-1706</u>	<u>059</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	) See inst	tructions.				
he organ  1	A church, cor A school des A hospital or	nvention of churched cribed in section 17 a cooperative hospi	because it is (For lines 1 s, or association of churc (O(b)(1)(A)(ii). (Attach Sc tal service organization of operated in conjunction	ches desc hedule E.) described	ribed in se in section	ection 170	(b)(1)(A)(i) (A)(iii).		ii). Enter th	ne hospital	l's nam	ne,
	city, and state	_	•		•				•	·		
5	An organization section 1700 A federal, stan An organization 1700 A community An organization activities relations and use section an organization and an organization more publicly describes the analysis of the section of the section and	on operated for the (b)(1)(A)(iv). (Complete, or local government that normally received to its exempt full interest to its exempt full interest to on organized and of organized and of expected organized type of supporting this box, I certify the	tent or governmental unitatives a substantial part of the Part II.)  section 170(b)(1)(A)(vi). (Serves (1) more than 33 metrons - subject to certain axable income (less section Part III.)  perated exclusively to temperated exclusively for the part of the perated exclusively for the	t described of its supp (Complete 1/3% of its un exception 511 taust for public ne benefit on 509(a)(** ete lines 1** c Typ controlled	d in section or from a  Part II )  support from but  c safety Sof, to perform the throught  e III - Funct  I directly of	on 170(b)(1) government rom contri 2) no more sinesses a See section rom the fur on 509(a)(2 in 11h ctionally interindirectly	butions, methan 33 1 acquired butions of, colors of, co	nembershil/3% of its y the organical to carrection 509(	e general p p fees, and s support frantzation at y out the p a)(3). Chec	d gross red rom gross fter June 3 ourposes o ck the box Type III - 0 ersons oth	ceipts of invest and the control of one of the control of the cont	from ment 75.
_		_	han one or more publicly						9(a)(1) or s	ection 505	)(a)(2).	
f	•		tten determination from t	the IRS tha	atitis a Ty	ре I, Туре	II, or Type	e III				
		rganization, check th		aft or o	ontributuon	from one	of the follo	outing nor	00002			
g	_		organization accepted ar lirectly controls, either al								Yes	No
			upported organization?	one or tog	etrici with	persons c	icaci ibca i	iri (ii) earior	(iii) DCIOVV,	11g(i)	163	140
	_	• •	n described in (i) above?	1						11g(ii)		
	. ,	•	person described in (i) o		<b>-</b> ?					11g(iii)		
h		•	about the supported or			•				( · · · <b>a</b> (···/		
"	1 TOVIGE LITE IN	ollowing information	about the supported of	gamzanom	(Ο).							
` '	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) la	organization sted in your document?	organizat	ion in col.	(vi) li organizati (i) organiz U.S	on in col. zed in the	(vii) Amount support		f
			(see instructions))	Yes	No	Yes	No	Yes	No			
												-
	<del></del>								+			
									1			
			_	ļ					<b> </b>			
	<del>-</del>		<del> </del>	<del> </del>	<u> </u>	<del> </del>		ļ	+			
Total												
Otal	Privacy Act on	d Panerwork Ped	rtion Act Notice see t	he Instruc	tions for	I	1	Schedie	le A (Form	990 or 9	90.F71	2000

Form 990 or 990-EZ.

15	Public support percentage from 2008 Schedule A, Part II, line 14	15	82.0	<u> 4</u>	9
l6a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, check this bo	x and		
	stop here. The organization qualifies as a publicly supported organization			ightharpoons	$\overline{\mathbf{x}}$
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qualifies as a publicly supported organization			▶[	
l7a	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai	t IV how the organ	nization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			ightharpoons	_
b	10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	in Part IV how the	€		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	inization		ightharpoons	_
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see instruction	s	▶	_

Schedule A (Form 990 or 990-EZ) 2009

Pa	art III Support Schedule for (	Organizations	Described in	Section 509(a	(Complete onl	y if you checked the b	ox on line 9 of Part I.)			
Se	ction A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services 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 or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5									
78	Amounts included on lines 1, 2, and 3 received from disqualified persons									
t	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									
(	Add lines 7a and 7b				1					
8	Public support (Subtract line 7c from line 6)						<u>.</u>			
Se	ction B. Total Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
9	Amounts from line 6									
108	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources									
t	Unrelated business taxable income		·							
	(less section 511 taxes) from businesses acquired after June 30, 1975									
(	Add lines 10a and 10b									
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on									
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)									
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u> </u>	<u> </u>	1	<u> </u>	<u></u>			
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,			
<u>-</u>	check this box and stop here	in Cummant De		· · · · · · · · · · · · · · · · · · ·						
	ction C. Computation of Publ									
15		• • • • • • • • • • • • • • • • • • • •		column (f))		15				
16						_ 16	%			
	ction D. Computation of Inve					<del></del>				
	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>			
18	Investment income percentage from 2008 Schedule A, Part III, line 17  9a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not									
198		=					I / IS NOT			
	more than 33 1/3%, check this box a	=					<b>₽</b> ∐			
t	33 1/3% support tests - 2008. If the						au 10			
20	line 18 is not more than 33 1/3%, che Private foundation, If the organization			-		_	· 【			
<u> 20</u>	Titrate roundation, it the organization	GIG HOL CHECK A	557 Grinic (4, 15	a, or 100, orieck t			00 or 990-EZ) 2009			

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

Employer identification number

FIGHT FOR CHILDREN, INC. 52-1706059 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically 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 qualified 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 FIGHT F	OR CHILDRE			ascurae d	or Othe				Page 2
3	Using the organization's acquisition, accessi									
J	(check all that apply):	on, and other record	o, or look	wiy or the	ionoming tha	. wo u s	ngi iniouni	450 01 110		iteriis
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	e								
c	Preservation for future generations	ŭ				-				
4	Provide a description of the organization's co	ollections and explain	n how the	ov further t	he organizatio	nn'e eve	mnt nurn	nea in Parl	YIV	
5	During the year, did the organization solicit of	•		•	•			OSC IIII aii	. XIV	
5	to be sold to raise funds rather than to be many					G SIIIIIIA	1 455615		Yes	☐ No
Par	t IV Escrow and Custodial Arran					to For	m 000 P	art IV/ fine (		INO
<u> </u>	reported an amount on Form 990, Pa		ste ii Oiga	ii iizatioi i ai	iloweled les	5 10 1 01	III 330, F	artiv, iii ie i	9, UI	
12	Is the organization an agent, trustee, custod		liany for c	ontribution	ne or other se	eate not	ıncluded			
Ia			-	Ontribution	is or outer as	3613 1101	. II ICIUU <del>CU</del>		Yes	□ No
_	on Form 990, Part X?							NO		
D	ii res, explain the arrangement in Part XIV	and complete the to	nowing ta	ibie:					A	
	Decree to believe								Amount	
C	Beginning balance		•				1c			
	Additions during the year	•	•		•		1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	<del></del>
2a									L No	
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete									
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	s back	(d) Three y	years back	<b>(e)</b> Four y	ears back
1a	Beginning of year balance									
þ	Contributions				-					<del> </del>
С	Net investment earnings, gains, and losses				ļ	-				
d	Grants or scholarships				1					
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				ļ					
g	End of year balance									
2	Provide the estimated percentage of the year end balance held as:									
а										
b										
С										
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by: Yes No									
	(i) unrelated organizations 3a(i) 3a(i)									
	(ii) related organizations				-				3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedi	ule R?					3b	
4	Describe in Part XIV the intended uses of the	e organization's endo	wment fu	unds.						
Par	t VI Investments - Land, Building	gs, and Equipme	ent. See	Form 990	), Part X, line	10.				
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation			
1a	Land									
	Buildings									
c	Leasehold improvements			5	7,402.				57	,402.
d	Equipment				3,048.					,048.
	Other									<u> </u>
	I. Add lines 1a through 1e. (Column (d) must e	agual Form 990. Part	X. colum	n (B), line 1	10(c) )				60	.450.

Schedule D (Form 990) 2009

FIGHT FOR CHILDREN,

INC.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 FIGHT FOR CHILDREN, INC.			<u>1706059</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financi	cial Stat	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,747	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,871	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		<u>-124</u>	<u>,454.</u>
4	Net unrealized gains (losses) on investments	4			
5`	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8			
9	Total adjustments (net). Add lines 4 through 8	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10			<u>,454.</u>
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue per	Returr		
1	Total revenue, gains, and other support per audited financial statements		1	4,237	<u>, 366 .</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments 2a		_		
b	Donated services and use of facilities 2b 75	7,000	<u>.</u> ]		
С	Recoveries of prior year grants . 2c		_		
d	Other (Describe in Part XIV.) 2d 1,73	2,844	<u>.</u> ]		
е	Add lines 2a through 2d		2e	2,489	,844.
3	Subtract line 2e from line 1		3	1,747	,522.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
ь	Other (Describe in Part XIV.)				
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,747	,522.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses pe	r Retu	rn	
1	Total expenses and losses per audited financial statements		1	4,361	,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities 2a 75	7,000	.]		
b	Pnor year adjustments 2b				
С	Other losses 2c				
d	Other (Describe in Part XIV)  2d 1,73	2,844	.		
е	Add lines 2a through 2d		2e	2,489	,844.
3	Subtract line 2e from line 1		3	1,871	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV )		7		
c	Add lines 4a and 4b		ີ 4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,871	
	t XIV Supplemental Information				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines	1b and	2b; Part V, line	4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro				
PAF	T X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDAR	DS BO	ARD		
(F)	SB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PR	OVIDE	S GU	IDANCE 1	FOR_
REI	ORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR EN	DED D	ECEM	BER 31,	
200	9, FFC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC	740-	10 A	ND	
ישמ	ERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QU	ALTFY	FOR	RTTHER	
					-
REC	COGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.				
		_			
SI	ICE THE PROVISIONS OF FASB ASC 740-10 HAD NOT BEEN I	MPLEM	ENTE	D UNTIL	

Schedule D (Form 990) 2009

15374\_\_1

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **Employer identification number** Name of the organization FIGHT FOR CHILDREN, INC. 52-1706059 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants C Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_ Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009

Pa	ırt	Fundraising Events. Complete if the on Form 990-EZ, Ine 6a. List events with			t IV, line 18, or reported	more than \$	15,000	)		
		On Form 990-EZ, the oa. List events with	(a) Event #1	(b) Event #2	(c) Other events	(d) Tota	l ever			
						(d) Tota (add col. (				
			FIGHT NIGHT	SCHOOL NIGHT	1	1	(c))	ugn		
Ф,			(event type)	(event type)	(total number)	001.	····			
Revenue	1	Gross receipts	2,221,406.	584,740.	153,175.	2,95	9,3	21.		
	2	Less: Chantable contributions	1,767,025.	513,190.	16,250.	2,29	6,4	<u>65.</u>		
	3	Gross income (line 1 minus line 2)	454,381.	71,550.	136,925.	66	2,8	56.		
	4	Cash prizes								
ses	5	Noncash prizes								
Direct Expenses	6	Rent/facility costs		3,750.	35,358.	3	9,1	08.		
Direct	7	Food and beverages	381,866.	111,771.	5,135.	49	8,7	<u>72.</u>		
	8	Entertainment	190,650.	118,900.	8,098.	31	7,6	48.		
	9 Other direct expenses 447,710. 333,849. 93,86						5,4			
	10 Direct expense summary. Add lines 4 through 9 in column (d)							49,		
	11 Net income summary. Combine line 3, column (d), and line 10							93.		
Pa	Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than									
\$15,000 on Form 990-EZ, line 6a.  (b) Pull tabs/instant (a) Other gaming (dd) Total gaming (add										
Revenue	(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming							(add ol. <b>(c)</b> )		
Reve	1	Gross revenue			17,800.	1	7,8	00.		
98 8	2	Cash prizes								
Direct Expenses	3	Noncash prizes			<del>-</del>					
Direct	4	Rent/facility costs								
	5	Other direct expenses			1,895.		1,8	95.		
			Yes %	Yes%	X Yes 100,00 %	-				
	6 Volunteer labor No No No									
	7 Direct expense summary Add lines 2 through 5 in column (d)									
8 Net gaming income summary. Combine line 1, column (d), and line 7								05.		
_	_						Yes	No		
		ter the state(s) in which the organization opera					v			
		the organization licensed to operate gaming ac 'No," explain:	cuvities in each of these s	states r		9a	X	<del> </del>		
	, 11	то, ехрант.						1		
	_									
10a	W	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	year?	10a		x		
t	) If '	'Yes," explain:			<del></del>					
11		pes the organization operate gaming activities v	with nonmembers?			11	x	Í		
11		the organization a grantor, beneficiary or trusts		of a partnership or other	r antity formed to	11	<del>  ^</del>	<u> </u>		

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 FIGHT FOR CHILDREN, INC. 52-170	605	9 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility			
b An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ► JUDY WRENCH			
Address ► 1726 M STREET, NW, SUITE 202 - WASHINGTON, DC 20036			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		<u> </u>
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:			- •
Name ▶			
Address >			
16 Gaming manager information:			
Name ► JUDY WRENCH			
Gaming manager compensation ▶ \$0 .			
Description of services provided ► OVERSEES THE RAFFLE			
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	47-		v
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	17a		X
organization's own exempt activities during the tax year > \$			

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

**2** Employer identification number 52-1706059 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection FIGHT FOR CHILDREN, Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	scedures for monit	toring the use of grant i	funds in the United	States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	United States, C	omplete if the orga	inization answered "Y	es* to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 999) if additional space is needed	55,000 Check this	s box if no one recipien	t received more th	an \$5,000. Use ⊬a	r IV and Schedule I-1	(Form 990) if addition	al space is needed
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN F. KENNEDY CENTER							EDUCATIONS PROGRAMS FOR
2700 F STREET, NW							YOUNG PEOPLE THROUGH THE
WASHINGTON, DC 20566	53-0245017	501(C)(3)	50,000	0.			YOUNG PEOPLE'S CONCERTS
VENTURE PHILANTHROPY PARTNERS 1201 15TH STREET, NW WASHINGTON DC 20005	31-1713618	501(C)(3)	100 000	0			FUNDS DEVELOPMENT OF NON-PROFITS
ALEXANDRIA BOXING CLUB							
1726 M STREET, NW							STRUCTURED AFTER-SCHOOL
WASHINGTON, DC 20036	54-1611597	501(C)(3)	115,000,	0			PROGRAM FOR KIDS
			•				TUITION ASSISTANCE FOR
ARCHDIOCESE OF WASHINGTON TUITION			•				NEEDI FAMILIES TO KECEIVE
29260 - WASHINGTON DC 20017	53-0196550	501(C)(3)	50,000	0			EDUCATION
BIG BROTHERS BIG SISTERS OF THE	-						
NATIONAL CAPITAL REGION - 1763							
COLUMBIA ROAD, NW - WASHINGTON, DC							
20009	53-0190849	501(C)(3)	20,000.	0.			MENTORING PROGRAM
אייזורים מרש ממשתחמנט זגחדמגי							
CAPITAL FAMINERS FOR EDUCATION						^	
1524 35TH STREET, NW							SCHOLARSHIPS AND MENTOR
WASHINGTON, DC 20007	52-1832497	501(c)(3)	20,000	0			RELATIONSHIPS
2 Enter total number of section 501(c)(3) and government organizations	nd government or	rganizations				:	<b>▼</b> 21.
3 Enter total number of other organizations	•						0

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

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

932102 02-02-10

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

INC.

FIGHT FOR CHILDREN,

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 52-1706059

Schedule I-1 (Form 990) 2009 SCHOLARSHIPS FOR HISPANIC HILDREN W/FINANCIAL NEED NEEDY FAMILIES TO RECEIVE ASSISTANCE TO THOSE W/OUT THAT TUITION ASSISTANCE FOR COSTCO DC SCHOLARSHIP REGENERATION RESEARCH (h) Purpose of grant or assistance AFTER-SCHOOL PROGRAM SCHOLARSHIPS IN THE SUPPORTS ELEMENTARY COW-INCOME CHILDREN COMPREHENSIVE CARE MOBILE SERVICE SO CATHOLIC SCHOOL JUVENILE DIABETES CHILDREN RECEIVE ROVIDES MEDICAL SCHOLARSHIPS TO INSURANCE EDUCATION PROGRAM GND: (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) valuation (book, FMV, appraisal, other) (f) Method of Ö ö Ö ö ö Ö Ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 20,000 25,000, 10,000, 10,000 50,000 20,000 25,000 100,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 23-1907729 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 20-5561911 52-2230721 52-2218584 52-1594116 52-1859975 52-1613402 52-1808833 (b) EIN FOUNDATION - 1100 17TH STREET, NW RESERVOIR ROAD, NW - WASHINGTON, DC COLLEGE SUCCESS FOUNDATION GEORGETOWN UNIVERSITY'S KIDS MOBILE MEDICAL CLINIC - 3800 JUVENILE DIABETES FOUNDATION (a) Name and address of organization or government THE WASHINGTON SCHOLARSHIP THE SHEPHERD FOUNDATION - WASHINGTON, DC 20036 2333 ONTARIO ROAD, NW WASHINGTON DC 20005 WASHINGTON, DC 20009 WASHINGTON, DC 20005 WASHINGTON, DC 20003 KENSINGTON MD 20895 WASHINGTON, DC 20044 LATINO STUDENT FUND 1400 K STREET, NW 1224 M STREET, NW 1220 12TH STREET, MARY'S CENTER P.O. BOX 407 PO BOX 50 DC SCORES DC 20007

932241 02-01-10

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

INC.

FIGHT FOR CHILDREN,

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number 52-1706059

O THE CHILDREN OF FALLEN ASSISTANCE TO FAMILIES OF PROVIDES EXTRACURRICULAR ROVIDES EDUCATION BONDS INITIATIVE AWARD WINNER INITIATIVE AWARD WINNER NITIATIVE AWARD WINNER ACADEMIC ACHIEVEMENT & (h) Purpose of grant or assistance EDUCATIONAL FUND FOR CHARACTER BUILDING SPECIAL OPERATIONS CHILDREN OF FALLEN ROVIDES FINANCIAL QUALITY SCHOOLS QUALITY SCHOOLS NJURED MARINES QUALITY SCHOOLS ROGRAMS TARINES MRINES (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) valuation (book, FMV, appraisal, other) (f) Method of 。 ö (e) Amount of non-cash assistance ö ö ö 。 ö 30,000 (d) Amount of cash grant 25,000, 100,000, 100,000, 10,000 17,500 100,000 (c) IRC section of applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 52-2016259 22-3357410 52-2210775 26-0086305 52-1263933 52-2031849 52-1765222 (p) EIN CAPITAL CITY PUBLIC CHARTER SCHOOL THE WASHINGTON MIDDLE SCHOOL FOR GIRLS - 1901 MISSISSIPPI AVENUE, MARINE CORPS - LAW ENFORCEMENT BELL MULTICULTURAL HIGH SCHOOL FI FUND (a) Name and address of organization or government YOUTH LEADERSHIP FOUNDATION #200 825 COLLEGE BLVD, PMB 609 SE - WASHINGTON, DC 20020 MOUNTAIN LAKES, NJ 07046 INJURED MARINE SEMPER 5034 WISCONSIN AVE NW 901 N. STUART STREET, 3101 16TH STREET, NW 3047 15TH STREET, NW WASHINGTON, DC 20010 WASHINGTON DC 20009 WASHINGTON, DC 20016 OCEANSIDE, CA 92057 ARLINGTON VA 22203 SPECIAL OPERATIONS P.O. BOX 37

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

Schedule I-1 (Form 990) 2009

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury

#### **Transactions With Interested Persons**

► 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.

OMB No 1545-0047

Open To Public

ame of the organization											
. FIG							1	mployer	identifi	cation r	umber
	HT FOR						!	<u>52-17</u>	0605	9	
Part I Excess Benefit	Transact	ions (section	on 501(c)(	3) and section	n 501(c)(4) organizatio	ns only).					
Complete if the orga	nization ans	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	)b		
1 (a) Name of disc	austified per	eon			(b) Description	of transa	ction			(c) Cor	ected?
	qualified per				——————————————————————————————————————					Yes_	_No
<del></del>											
				-							
<del>.</del>											
2 Enter the amount of tax impo	osed on the	organization	manager	s or disqualifi	ed persons during the	vear und	der			l	!
section 4958	3000 011 1110	o. g	····a··ago	o o, a.oq	on postorio daring inte	,,		▶ \$			
3 Enter the amount of tax, if ar	ny, on line 2,	above, reim	bursed b	y the organiza	ation			▶ \$			
		·									
Part II Loans to and/or	r From In	terested l	Person	s.							
Complete if the orga	nization ans	wered "Yes"	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	, line 3				
(a) Name of interested		to or from		inal principal	(d) Balance due	(e) In default?		(f) Approved by board or		(g) Written	
person and purpose	the orga	inization?	a	mount		-		cómmittee?		agreement?	
	То	From				Yes	No	Yes	No	Yes	No
		ļ	ļ					+			
	-		<u> </u>			ļ <u>.</u>		<del> </del>			
						-		1		ļ	
	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>					<u> </u>			
	<del> </del>		1	<del></del>		<u> </u>		<del> </del>			
otal		<del></del>	1	<b>▶</b> \$	<u></u>	<u> </u>			·		<u>I</u>
Part III   Grants or Assis	tance Be	nefiting li	nterest	ed Person	S.	•					
Complete if the orga	nization ans	wered "Yes"	on Form	990, Part IV,	line 27.						
(a) Name of interested		Yes* on Form 990, Part IV, line 27.  (b) Relationship between interested person and the organization					(c) Amount and type of assistance				
		1		ine or	gariization		- 1		400.014.		

Part I	✓ Business Transactions Inventor	olving Interested Pers	ons.				
	Complete if the organization answer	red "Yes" on Form 990, Part	IV, line 28a, 28	b, or 28c.	***		
(a) Name of interested person		(b) Relationship betwee person and the orga	n interested anization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	iring of :ation's iues?
						Yes	No
J.E.	ROBERT COMPANY	J.E. ROBERT	IS AN O	518,513.	J.E. ROBERT		X
							i —

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

### SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FIGHT FOR CHILDREN, INC.

Employer identification number 52-1706059

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIP - BOARD MEMBERS, JOSEPH E. ROBERT JR. AND JOSEPH E. ROBERT III.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE

OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE FORM

990 WAS MADE AVAILABLE TO THE BOARD. THE BOARD REVIEWED THE FORM 990 AND

WHEN THE BOARD WAS SATISFIED, THE FORM 990 WAS APPROVED BY THE BOARD AND

FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER

AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SIGNS THE CONFLICT OF

INTEREST POLICY ANNUALLY. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND

ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON,

HE/SHE LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A

CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR

COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS.

IF A CONFLICT OF INTEREST EXISTS THE FOLLOWING PROCEDURES ARE TAKEN:

- A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE

  MEETING, BUT AFTER SUCH PRESENTATION, LEAVES THE MEETING DURING THE

  DISCUSSION OF AND THE VOTE ON THE TRANSACTION OR ARRANGEMENT THAT RESULTS

  IN THE CONFLICT OF INTEREST.
- B. THE CHAIRPERSON OF THE BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A
  DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE

PROPOSED TRANSACTION OR ARRANGEMENT.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

FIGHT FOR CHILDREN, INC.

Employer identification number 52-1706059

- C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES

  WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR

  ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT

  GIVE RISE TO A CONFLICT OF INTEREST.
- D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY

  ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF

  INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE

  DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE

  CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE

  TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION AND MAKES ITS

  DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN

  CONFORMITY WITH SUCH DETERMINATION.
- E. IN ALL EVENTS, THE CORPORATION ATTEMPTS TO COMPLY WITH THE REQUIREMENTS

  FOR INVOKING THE REBUTTABLE PRESUMPTION UNDER SECTION 53.4958-6 OF THE

  TREASURY REGULATIONS, WHICH DEAL WITH EXCESS COMPENSATION FOR RELATED

  INDIVIDUALS.

FORM 990, PART VI, SECTION C, LINE 19: FIGHT FOR CHILDREN MAKES THE

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: J.E. ROBERT COMPANY
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization  FIGHT FOR CHILDREN, INC.	Employer identification number 52-1706059
J.E. ROBERT IS AN OFFICER OF FIGHT FOR CHILDREN AND OWNER	OF J.E. ROBERT CO
(C) AMOUNT OF TRANSACTION \$ 518513.	
(D) DESCRIPTION OF TRANSACTION: J.E. ROBERT COMPANY PROVI	DES SERVCIES
FOR FACILITIES, FINANCE AND ADMINISTRATION, HUMAN RESOURCE	ES AND
INFORMATION TECHNOLOGY SERVICES. THE TOTAL AMOUNT OF EXPE	NSES 2009 WERE
518,513.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	
PART VI, SECTION B, QUESTION 15	
GOVERNANCE: CEO, EXECUTIVE DIRECTOR, AND OTHER TOP MANAGE	MENT ARE NOT
COMPENSATED BY THIS ENTITY.	
<u> </u>	