

Form **990-T**

## SECTION 512(A)(7) REPEAL

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0047

**2019**Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyA ☐ Check box if  
address changedB Exempt under section  
☒ 501(c)(3)Print  
orName of organization ( ☐ Check box if name changed and see instructions.)**FIGHT FOR CHILDREN, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

D Employer identification number  
(Employees' trust, see  
instructions.)**52-1706059**E Unrelated business activity code  
(See instructions.)

**Part III Total Unrelated Business Taxable Income**

|    |                                                                                                                                            |    |        |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                             | 32 | 0.     |
| 33 | Amounts paid for disallowed fringes                                                                                                        | 33 |        |
| 34 | Charitable contributions (see instructions for limitation rules)                                                                           | 34 | 0.     |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33      | 35 |        |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)                                  | 36 |        |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35                                        | 37 |        |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)                                                        | 38 | 1,000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0.     |

**Part IV Tax Computation**

|    |                                                                                                                                                                                                                 |    |    |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)                                                                                                                                           | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 |    |
| 42 | Proxy tax. See instructions                                                                                                                                                                                     | 42 |    |
| 43 | Alternative minimum tax (trusts only)                                                                                                                                                                           | 43 |    |
| 44 | Tax on Noncompliant Facility Income. See instructions                                                                                                                                                           | 44 |    |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies                                                                                                                                             | 45 | 0. |

**Part V Tax and Payments**

|     |                                                                                                                                                                                                                          |     |        |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                              | 46a |        |
| b   | Other credits (see instructions)                                                                                                                                                                                         | 46b |        |
| c   | General business credit. Attach Form 3800                                                                                                                                                                                | 46c |        |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                             | 46d |        |
| e   | Total credits. Add lines 46a through 46d                                                                                                                                                                                 | 46e |        |
| 47  | Subtract line 46e from line 45                                                                                                                                                                                           | 47  | 0.     |
| 48  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48  |        |
| 49  | Total tax. Add lines 47 and 48 (see instructions)                                                                                                                                                                        | 49  | 0.     |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3                                                                                                                               | 50  | 0.     |
| 51a | Payments: A 2018 overpayment credited to 2019                                                                                                                                                                            | 51a |        |
| b   | 2019 estimated tax payments                                                                                                                                                                                              | 51b | 2,120. |
| c   | Tax deposited with Form 8868                                                                                                                                                                                             | 51c |        |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)                                                                                                                                                 | 51d |        |
| e   | Backup withholding (see instructions)                                                                                                                                                                                    | 51e |        |
| f   | Credit for small employer health insurance premiums (attach Form 8941)                                                                                                                                                   | 51f |        |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total                                                                     | 51g |        |
| 52  | Total payments. Add lines 51a through 51g                                                                                                                                                                                | 52  | 2,120. |
| 53  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                                                                                                                        | 53  |        |
| 54  | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed                                                                                                                                    | 54  |        |
| 55  | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid                                                                                                                          | 55  | 2,120. |
| 56  | Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>                                                                                          | 56  | 2,120. |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |                                                                                                                                                                                                                                                                                                                                                                    |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.                                                                                                                                                  |     | X  |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                                                                                                                                                                                                                                                                 |     | X  |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|                                                           |           |  |                                                                                                                             |          |        |
|-----------------------------------------------------------|-----------|--|-----------------------------------------------------------------------------------------------------------------------------|----------|--------|
| <b>1</b> Inventory at beginning of year                   | <b>1</b>  |  | <b>6</b> Inventory at end of year                                                                                           | <b>6</b> |        |
| <b>2</b> Purchases                                        | <b>2</b>  |  | <b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  | <b>7</b> |        |
| <b>3</b> Cost of labor                                    | <b>3</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |          | Yes No |
| <b>4a</b> Additional section 263A costs (attach schedule) | <b>4a</b> |  |                                                                                                                             |          |        |
| <b>b</b> Other costs (attach schedule)                    | <b>4b</b> |  |                                                                                                                             |          |        |
| <b>5</b> Total. Add lines 1 through 4b                    | <b>5</b>  |  |                                                                                                                             |          |        |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

**2.** Rent received or accrued

|                                                                                                                            |                                                                                                                                                      |                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <b>(a)</b> From personal property (If the percentage of rent for personal property is more than 10% but not more than 50%) | <b>(b)</b> From real and personal property (If the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | <b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)                                                                                                                        |                                                                                                                                                      |                                                                                                      |
| (2)                                                                                                                        |                                                                                                                                                      |                                                                                                      |
| (3)                                                                                                                        |                                                                                                                                                      |                                                                                                      |
| (4)                                                                                                                        |                                                                                                                                                      |                                                                                                      |
| Total <b>0.</b>                                                                                                            | Total <b>0.</b>                                                                                                                                      |                                                                                                      |

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)**(b) Total deductions.**

Enter here and on page 1, Part I, line 6, column (B)

**0.****0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

| <b>1.</b> Description of debt-financed property                                                          |                                                                                              | <b>2.</b> Gross income from or allocable to debt-financed property | <b>3.</b> Deductions directly connected with or allocable to debt-financed property |                                                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
|                                                                                                          |                                                                                              |                                                                    | <b>(a)</b> Straight line depreciation (attach schedule)                             | <b>(b)</b> Other deductions (attach schedule)                              |
| (1)                                                                                                      |                                                                                              |                                                                    |                                                                                     |                                                                            |
| (2)                                                                                                      |                                                                                              |                                                                    |                                                                                     |                                                                            |
| (3)                                                                                                      |                                                                                              |                                                                    |                                                                                     |                                                                            |
| (4)                                                                                                      |                                                                                              |                                                                    |                                                                                     |                                                                            |
| <b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | <b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule) | <b>6.</b> Column 4 divided by column 5                             | <b>7.</b> Gross income reportable (column 2 x column 6)                             | <b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)                                                                                                      |                                                                                              | %                                                                  |                                                                                     |                                                                            |
| (2)                                                                                                      |                                                                                              | %                                                                  |                                                                                     |                                                                            |
| (3)                                                                                                      |                                                                                              | %                                                                  |                                                                                     |                                                                            |
| (4)                                                                                                      |                                                                                              | %                                                                  |                                                                                     |                                                                            |
| <b>Totals</b>                                                                                            |                                                                                              |                                                                    | Enter here and on page 1, Part I, line 7, column (A) <b>0.</b>                      | Enter here and on page 1, Part I, line 7, column (B) <b>0.</b>             |
| <b>Total dividends-received deductions included in column 8</b>                                          |                                                                                              |                                                                    | <b>0.</b>                                                                           | <b>0.</b>                                                                  |

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |  | 2. Employer identification number                 |                                     | Exempt Controlled Organizations                                                     |                                                          |
|------------------------------------|--|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |  | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |  |                                                   |                                     |                                                                                     |                                                          |
| (2)                                |  |                                                   |                                     |                                                                                     |                                                          |
| (3)                                |  |                                                   |                                     |                                                                                     |                                                          |
| (4)                                |  |                                                   |                                     |                                                                                     |                                                          |

  

| Nonexempt Controlled Organizations |                                                   |                                     |                                                                                      |                                                                                |
|------------------------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 7. Taxable income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
| (1)                                |                                                   |                                     |                                                                                      |                                                                                |
| (2)                                |                                                   |                                     |                                                                                      |                                                                                |
| (3)                                |                                                   |                                     |                                                                                      |                                                                                |
| (4)                                |                                                   |                                     |                                                                                      |                                                                                |
|                                    |                                                   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b>                      |                                                   |                                     | 0.                                                                                   | 0.                                                                             |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule)                       | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| (1)                      |                     |                                                       |                                                       |                                                       |
| (2)                      |                     |                                                       |                                                       |                                                       |
| (3)                      |                     |                                                       |                                                       |                                                       |
| (4)                      |                     |                                                       |                                                       |                                                       |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). | Enter here and on page 1, Part I, line 9, column (B). |                                                       |
| <b>Totals</b>            |                     | 0.                                                    | 0.                                                    |                                                       |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|
| (1)                                  |                                                           |                                                                             |                                                                                                                       |                                                                     |                                      |                                                                                  |
| (2)                                  |                                                           |                                                                             |                                                                                                                       |                                                                     |                                      |                                                                                  |
| (3)                                  |                                                           |                                                                             |                                                                                                                       |                                                                     |                                      |                                                                                  |
| (4)                                  |                                                           |                                                                             |                                                                                                                       |                                                                     |                                      |                                                                                  |
|                                      |                                                           | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).                                                                  | Enter here and on page 1, Part II, line 25                          |                                      |                                                                                  |
| <b>Totals</b>                        |                                                           | 0.                                                                          | 0.                                                                                                                    | 0.                                                                  |                                      |                                                                                  |

**Schedule J - Advertising Income** (see instructions)**Part I - Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--------------------------------------------|-----------------------------|-----------------------------|-------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1)                                        |                             |                             |                                                                                           |                       |                     |                                                                                   |
| (2)                                        |                             |                             |                                                                                           |                       |                     |                                                                                   |
| (3)                                        |                             |                             |                                                                                           |                       |                     |                                                                                   |
| (4)                                        |                             |                             |                                                                                           |                       |                     |                                                                                   |
| <b>Totals (carry to Part II, line (5))</b> |                             | 0.                          | 0.                                                                                        |                       |                     | 0.                                                                                |

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

| 1. Name of periodical              | 2. Gross advertising income                                    | 3. Direct advertising costs                                    | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1)                                |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| (2)                                |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| (3)                                |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| (4)                                |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| <b>Totals from Part I</b>          | <b>0.</b>                                                      | <b>0.</b>                                                      |                                                                                            |                       |                     | <b>0.</b>                                                                         |
| <b>Totals, Part II (lines 1-5)</b> | Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b> | Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b> |                                                                                            |                       |                     | Enter here and on page 1, Part II, line 26. <b>0.</b>                             |

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

| 1. Name                                                  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|----------------------------------------------------------|----------|----------------------------------------|----------------------------------------------------|
| (1)                                                      |          | %                                      |                                                    |
| (2)                                                      |          | %                                      |                                                    |
| (3)                                                      |          | %                                      |                                                    |
| (4)                                                      |          | %                                      |                                                    |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |                                        | <b>0.</b>                                          |

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