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May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

DLN: 93493222013332 OMB No. 1545-0047

☑ Yes ☐ No

Cat. No. 11282Y

Form 990 (2020)

Treasury Internal Revenue Service For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021 C Name of organization CHILDREN'S DEFENSE FUND D Employer identification number B Check if applicable: ☐ Address change 52-0895622 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 840 FIRST STREET NE 300 ☐ Amended return □ Application pending (202) 662-3622 City or town, state or province, country, and ZIP or foreign postal code Washington, DC $\,$ 20002 $\,$ G Gross receipts \$ 43,879,402 Name and address of principal officer: H(a) Is this a group return for Marian Wright Edelman □Yes ☑No subordinates? 840 FIRST STREET NE 300 Are all subordinates H(b) Washington, DC 20002 ☐ Yes ☐No included? Tax-exempt status: □ 527 ☐ 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www.childrensdefense.org L Year of formation: 1969 M State of legal domicile: DC K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: THE CHILDREN'S DEFENSE FUND'S MISSION IS TO LEAVE NO CHILD BEHIND AND TO ENSURE EVERY CHILD A HEALTHY START, A HEAD START, A FAIR START, A SAFE START, AND A MORAL START IN LIFE AND SUCCESSFUL PASSAGE TO ADULTHOOD WITH THE HELP OF CARING FAMILIES AND COMMUNITIES. WE ARE A NATIONAL ORGANIZATION WITH OUR HEADQUARTERS IN WASHINGTON, D.C., AND OFFICES IN CALIFORNIA, MINNESOTA, MISSISSIPPI, NEW YORK, OHIO, SOUTH CAROLINA, TEXAS AND TENNESSEE. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 13 4 5 190 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 6 13 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 19,802,881 40,479,198 Ravenue 1,807,194 2,799,831 Program service revenue (Part VIII, line 2g) . 549,278 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 527,118 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -1,727,764 -6,320 20,431,589 43,799,827 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,498,622 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 1.858.501 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 12,059,999 12,412,698 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶2,892,480 7,579,031 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,059,933 19,978,433 21,490,351 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 453,156 22,309,476 Net Assets or Fund Balances End of Year Beginning of Current Year 55,357,932 20 Total assets (Part X, line 16) . 31,955,054 21 Total liabilities (Part X, line 26) . 6,035,699 5,166,198 Net assets or fund balances. Subtract line 21 from line 20 . 25,919,355 50,191,734 Signature Block 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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2022-08-10 Signature of officer Date Sign Here RANDY MARSH VP OPERATIONS Type or print name and title Print/Type preparer's name Preparer's signature Check \square if P01255941 **Paid** self-employed Firm's name ► ARONSON LLC Firm's EIN > 37-1611326 Preparer **Use Only** Firm's address ▶ 111 Rockville Pike Suite 600 Phone no. (301) 231-6200 ROCKVILLE, MD 20850

Form	990 (2020)					Page 2
Pa	rt III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗆
1		rganization's mission:				
FAIR COM	START A SAFE START, MUNITIES. WE ARE A N	, AND A MORAL START	IN LIFE AND SU ION WITH OUR	JCCESSFUL PASSAGE T HEADQUARTERS IN W.	NSURE EVERY CHILD A HEALTHY S FO ADULTHOOD WITH THE HELP O ASHINGTON, D.C., AND OFFICES I	F CARING FAMILIES AND
2	-	, -		vices during the year w	which were not listed on	
		r 990-EZ?				🗌 Yes 🗹 No
_	•	se new services on Sch		. h	L	
3	_	cease conducting, or m	iake significant	changes in how it cond	lucts, any program	□ Yes ☑ No
	services?	se changes on Schedul				⊔ Yes ⊻ No
4	Section 501(c)(3) and		ns are required	to report the amount	e largest program services, as mea of grants and allocations to others	
4a	(Code:) (Expenses \$	6,671,663	including grants of \$	885,963) (Revenue \$)
	See Additional Data					
4b	(Code:) (Expenses \$	4,438,478	including grants of \$	101,404) (Revenue \$)
	See Additional Data					
4c	(Code:) (Expenses \$	3,575,575	including grants of \$	511,255) (Revenue \$	2,799,831)
	See Additional Data					
4d	Other program service	ces (Describe in Schedu	ıle O.)			
	(Expenses \$	incl	uding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses ►	14,685,7	16		

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Par	tiv 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		_	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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(see instructions)	17		No
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

 \mathbf{b} If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\cdot \cdot \cdot \cdot \cdot$.

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

20b

21

Yes

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 211		Yes	No
	Enter the number reported in box 3 or Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Yes	

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

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines
Se	ection A. Governing Body and Management			
_		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu		a)	110
	netion by Foliates (Fins section by requests information about policies not required by the Internal Nevent		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			_
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA , CT , FL , GA , AL , IL , KS , KY , LA , , MN , MS , MO , NV , NH , NJ , NM , NY , , PA , AZ , RI , SC , TN , UT , VA , AR , WA	NC, ND	, он ,	MA , MI OK , OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: •GIJS Deleede 840 FIRST STREET NE 300 Washington, DC 20002 (202) 662-3622			
				n /2020)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

Charles this have if a state of the state	the persons abo						، اس			
Check this box if neither the organization (A) Name and title	(B) Average hours per week (list any hours	Positio than o is be	n (do ne bo	(C) not ex, u	che inles	eck moss s pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Angela Glover Blackwell	5.0									
Co-Chair	0.0	X		Х				0	0	0
(2) Ivanna Omeechevarria	1.0								_	_
Secretary	0.0	X		Х				0	0	0
(3) Lan Bentsen	5.0									
Co-Chair	0.0	X		Х				0	0	0
(4) Martin Rodgers	1.0									
Treasurer	0.0	×		Х				0	0	0
(5) Ruth-Ann Huvane	1.0						Н			
Vice-Chair	0.0	×		Х				0	0	0
(6) Bryan Stevenson Esq	1.0									
BOD Member	0.0	×						0	0	0
(7) Carol Oughton Biondi	1.0									
BOD Member	0.0	×						0	0	0
(8) DD Eisenberg	1.0						Н			
BOD Member	0.0	×						0	0	0
(9) Deborah Jewell-Sherman	1.0									
BOD Member	0.0	×						0	0	0
(10) George Gresham	1.0						Н			
BOD Member	0.0	×						0	0	0
(11) Jurnee Smollett-Bell	1.0									
BOD Member	0.0	X						0	0	0
(12) Laphonza Butler	1.0									
BOD Member	0.0	X						0	0	0
(13) Malaak Compton-Rock	1.0						Н			
BOD Member	0.0	X						0	0	0
(14) GIJSBRECHT DELEEDE	35.0									
Chief Financial Officer	2.0			Х				146,153	0	16,660
(15) MARIAN WRIGHT EDELMAN	2.0 35.0						H			
President Emerita	2.0			Х				116,516	0	5,505
(16) MARK PUBLOW	35.0						Н			
Chief Development Officer	0.0			Х				190,417	0	3,512
(17) MAX S LESKO	35.0						H			
National Executive Director				Х			Ιl	186,582	0	0

Form 990 (2020)													Page 8
Part VII Section A. Officers, Direc	tors, Trustees	, Key F	Ēmpl	oye	es,	and	High	nest Cor	mpensate	d Employees (d	cont	:inued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/ti	ot che unles fficer truste		rson a	Repo compe fror organ	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensation from related organizations		(F) Estimate amount of compens from t	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	2/1099- IISC)	(W-2/1099- MISC)		organizatio relate organiza	ed
(18) STARSKY WILSON President/CEO	35.0 0.0			х] !		12,512	!	0	_	17,913
(19) EMILY L GARDNER	35.0			\vdash		×	+		138,495	;	0		13,682
Communications Director	0.0			<u></u> —'	<u> </u>	<u> </u>	<u> </u> -	<u> </u>		ļ	1		
(20) KIMBERLEY M CHIN Deputy Director	35.0 0.0			'		×			156,310	1	0		14,973
(21) NAOMI POST	35.0					×			188,927	,	0		0
Executive Director (22) OLETA G FITZGERALD	0.0 35.0		\vdash	\vdash		×	+		156,799		0		18,061
Director of Southern Regional Ofc (23) SHIMICA DORMARIAN GASKINS	0.0 35.0		\vdash	<u></u>	-		+-'		•		+		
Executive Director, CDF-CA	0.0			<u></u>		X	'		141,365	:	0		4,203
											+		
1b Sub-Total	g but not limited	· ·			bov	► L	o rec		434,076 ore than \$10	00,000)		94,509
											_	Yes	No
3 Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>	officer, director of J for such individual	or truste dual .	ee, ke	ey er	mplo •	oyee, d	or hiç •	ghest con	npensated	employee on	3	T	No
4 For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5 Did any person listed on line 1a recei services rendered to the organization											5		No
Section B. Independent Contract	tors		_	_	_	_	_				_		
Complete this table for your five high from the organization. Report compe	hest compensated										pen	sation	
	(A) and business addre		<u>. </u>						Ī	(B) ription of services		(C) Compens	
Russell Reynolds Associates	alla pusificos aca.	55							Professional	·	\dashv		131,835
277 Park Avenue New York, NY 10172				_	_								
Lisa Sock & Associates 13123 Frances Street									Fundraising, project mana	communications and agement	t		121,243
Omaha, NE 68144											\dashv	 	
							_				\dashv		
2 Total number of independent contracto compensation from the organization ▶		not lim	ited t	:o th	ose	listed	abov	ve) who r	eceived mo	ore than \$100,000) of		
4												Form 990	A (2020)

		(2020)	- 6 5							Page 9
Part	VIII				resno	inse or note to any	line in this Part VIII			\square
		Check if Sched	uie	O CONTAINS A	respo	inse of flote to ally	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaig	ns	1	.a			Tevenue		1 312 - 314
Grants mounts	b	Membership dues		. [1	.b					
وَيْنَ	С	Fundraising events		. 1	l c	767,163				
ifts, ar A		Related organization		<u> </u>	.d					
ons, Gift Similar		Government grants (d		<u> </u>	.е	2,216,332				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts a above	not ir	schidod I	Lf	37,495,703				
tributi Other	g		s incl		ĺ					
Contr and (h	Total. Add lines 1a	-1F		.g					
೮ ನ		Total. Add lines 18	3-11		•	Business Code	40,479,198	ı		Г
	2a	FREEDOM SCHOOLS				611600	2,627,640	2,627,640		
He						011000	105,841	105,841		
even	b	REGISTRATION FEES				611600	103,841	103,641		
Program Service Revenue	c	PROFESSIONAL SERV	/ICES	S REVENUE		611600	66,350	66,350		
ervić										
S	d									
ogra	e									
Ğ	ء ا	All other program		rice revenue			0	0	0	0
		Total. Add lines 2				2,799,831				
	3 :	Investment income	(inc	luding divide			520.446			530,440
		imilar amounts) . Income from invest			· ant be	ond proceeds ►	528,119	<u>'</u>		528,119
		n 11.				>	572	!		572
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a		16,000	,				
	ь	Less: rental	<u></u>				1			
		expenses Rental income	6b				-			
		or (loss)	6с		16,000)			
	ď	Net rental income	or	(loss) (i) Securit		(ii) Other	16,000	1		16,000
	7a	Gross amount		(I) Securit	103	(ii) Other	†			
		from sales of assets other	7a							
	b	than inventory Less: cost or					1			
		other basis and sales expenses	7b			1,001				
		Gain or (loss)	7c		0	-1,001				
	l	Net gain or (loss)				<u>'</u>	-1,001			-1,001
Ð	8a	Gross income from fu (not including \$				•				
en n		contributions reported	d on							
}ev`	١.	See Part IV, line 18			8a 8b	72,796	_			
Other Revenue	l	Less: direct expen Net income or (los				•		5		-72,796
O E										
	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
	b	Less: direct expen	ses		9b					
	ď	Net income or (los	s) fr	om gaming a	ctiviti	es >	_			
	10a	Gross sales of inve	ento	ry, less						
		returns and allowa			10a	17,426	₫			
		Less: cost of good			10Ь	5,778	11,648	3		11,648
	F-6	Net income or (los Miscellaneo			nvent	Business Code				
	11	a HONORARIA				541900	30,575	;		30,575
			_		[
	b	OTHER REVENUE				900099	7,681			7,681
	G									
	ام	All other revenue					C) () (0
		Total. Add lines 1				>				
	12	Total revenue. S	ee ir	nstructions .			38,256			_
							43,799,827	2,799,83		520,798 Form 990 (2020)

Form 990 (2020)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organizatio	ns must complete col	
Check if Schedule O contains a response or note to ar	y line in this Part IX		<u> </u>	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,316,948	1,316,948		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	181,674	181,674		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	975,934	491,324	299,451	185,159
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	9,059,595	6,585,481	1,238,196	1,235,918
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	325,984	240,558	38,662	46,764
9 Other employee benefits	1,241,880	876,495	189,235	176,150
10 Payroll taxes	809,305	571,499	123,142	114,664
11 Fees for services (non-employees):				
a Management				
b Legal	55,470		55,470	
c Accounting	149,470	105,550	22,743	21,177
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	131,690		131,690	

2,342,087

109,568

321,589

644,817

1,485,073

152,153

249,461

42,127

533,990

278,255

266

705,746

55,691

108,539

213,039

21,490,351

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here ► ☐ if following SOP 98-2 (ASC 958-720).

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

expenses on Schedule O.)

a Franchise Taxes

b PRINTING & PUBLICATION

c MERCHANT FEES

e All other expenses

d BAD DEBT

1,697,390

13,771

226,511

455,344

1,048,700

69,991

41,797

377,082

196,492

58

90,673

12,178

23,724

62,476

14,685,716

265,064

95,750

45,624

91,359

210,408

20,540

51,916

75,657

39,424

51

203,005

10,726

20,894

-17,770

2,892,480

Form **990** (2020)

379,633

49,454

98,114

225,965

61,622

155,748

42,127

81,251

42,339

157

412,068

32,787

63,921

168,333

3,912,155

47

Form 990 (2020)

11

12

13

14

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16

17

18

19

20

21

Liabilities 22

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Page **11**

4,012,927

44,665,384

52,915

6,193

55,357,932

4,710,610

131.149

324,439

5.166.198

33,553,238

16,638,496

50,191,734

55,357,932

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Check if Schedule O contains a response or note to any line in this Part IX .											
	E	Begir	(A nning	.) j of y	/ear			E	•	B) of yea	ır

1 Cash-non-interest-bearing	2,741,014	1	2,112,731
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable, net	1,674,975	3	3,752,207
4 Accounts receivable, net	41,058	4	54,179

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 0 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net

Assets 313.033 224,506 Inventories for sale or use Prepaid expenses and deferred charges . . . 356,855 476,870 10a Land, buildings, and equipment: cost or other

8.821,903

4.808,976

4,511,539

22,113,374

77.377

125,829

31,955,054

4,334,845

541.547

794,213

365,094

6.035.699

13,374,952

12,544,403

25,919,355

31,955,054

0 13

10c

11

12

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

10a

10b

23 Secured mortgages and notes payable to unrelated third parties . . . 24 25

basis. Complete Part VI of Schedule D

Deferred revenue

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—publicly traded securities .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

Investments—other securities. See Part IV, line 11 .

Investments-program-related. See Part IV, line 11 .

Other assets. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

b Less: accumulated depreciation

Grants payable .

Unsecured notes and loans payable to unrelated third parties . and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third parties,

Total liabilities. Add lines 17 through 25 . .

26 Organizations that follow FASB ASC 958, check here <a> \square and complete lines 27, 28, 32, and 33.

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a Yes

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b Yes

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c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

Additional Data

Software ID: 20011424 Software Version: 2020v4.0

EIN: 52-0895622

Form 990 (2020)

Form 990, Part III, Line 4a:

YOUTH LEADERSHIP DEVELOPMENT - IDENTIFIED AND TRAINED CHILDREN AND YOUNG ADULTS NATIONWIDE TO BE LEADERS AND ADVOCATES FOR THE SUPPORTS AND SERVICES THAT CHILDREN NEED TO THRIVE. DELIVERED EMPOWERING, MULTIGENERATIONAL PROGRAMMING ON SOCIAL JUSTICE AND CIVIC ACTION TO YOUNG

PEOPLE. FAITH LEADERS AND MEMBERS OF THE BROADER COMMUNITY DEDICATED TO ADDRESSING THE NEEDS OF POOR CHILDREN IN AMERICA.

Name: CHILDREN'S DEFENSE FUND

Form 990, Part III, Line 4b:

POLICY/ADVOCACY FOR CHILDREN - EDUCATED POLICY MAKERS AND THE PUBLIC ON THE POLICIES AND PROGRAMS THAT IMPROVE THE ODDS FOR POOR CHILDREN AND CHILDREN OF COLOR, WORKED AT THE NATIONAL, STATE AND LOCAL LEVELS TO PROMOTE, IMPLEMENT AND MONITOR KEY POLICY RECOMMENDATIONS. PRODUCED

RIGOROUS NON-PARTISAN RESEARCH AND REPORTS ON THE FACTORS THAT SUPPORT CHILDREN'S WELL-BEING.

Form 990, Part III, Line 4c: CDF FREEDOM SCHOOLS - PROVIDED A HIGH OUALITY, RESEARCH-BASED READING ENRICHMENT PROGRAM FOR CHILDREN AND YOUTH IN UNDERSERVED AND IMPOVERISHED COMMUNITIES. FOSTERED CULTURAL PRIDE AND PERSONAL EMPOWERMENT, ACADEMIC CONFIDENCE AND BELIEF IN THEIR ABILITY TO EFFECT CHANGE

IN THEMSELVES, THEIR COMMUNITIES AND THE WORLD.

efil	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493222013332
SCI		ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the o	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2020
		the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza DEFENSE FUNC					Employer identific	ation number
CHILL	KLN 3 I	DEI ENGE I ONE	,				52-0895622	
	rt I		for Public Charity State				See instructions.	
1 1	rganiz		a private foundation because	•	•		(A)(:)	
		·	onvention of churches, or as					
2			scribed in section 170(b)(,			
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operator and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6			tate, or local government or	_				
7	✓		ation that normally receives (0(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: lies related to its exempt fur income and unrelated busin See section 509(a)(2). (Co	ections—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrate integrated. The organizatio i). You must complete Pai	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
е		Check this	box if the organization receiver Type III non-functionally	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		• • • • • • • • • • • • • • • • • • • •		-		<u> </u>	
g			ing information about the su	<u> </u>	r '			
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. B. '	tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9	

Schedule A (Form 990 or 990-FZ) 2020

Р	Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	quality under	the tests listed	pelow, please co	omplete Part II.)	
Se	ection A. Public Support						1
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, 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 business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
	ection B. Total Support		1	1	Γ	Π	1
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on	I					
	securities loans, rents, royalties and	I					
	income from similar sources.						
b	Unrelated business taxable income	I					
	(less section 511 taxes) from businesses acquired after June 30,	I					
	1975.	I					
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,	I					
	whether or not the business is	I					
12	regularly carried on.		-				1
12	Other income. Do not include gain or loss from the sale of capital assets	1					
	(Explain in Part VI.)	1					
13							
	11, and 12.).		<u> </u>	1.6 11 601 1		F04()(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	-			•	. , , ,	· —
	check this box and stop here					<u></u>	<u>▶⊔</u>
	ection C. Computation of Public S			1 (6)			
15	Public support percentage for 2020 (lin					15	
16	Public support percentage from 2019 S					16	
	ection D. Computation of Investi				.,		
17	Investment income percentage for 202	•	.,	•	• •	17	
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	
19a	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more thar	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and s	stop here. The o	rganization qualifi	es as a publicly su	ipported organiza	tion	. ▶□
	33 1/3% support tests—2019. If the						
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	. ▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	▶ 🗆

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		

	III Section 303(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.	3b			
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	r fes, explain in Part VI what controls the organization put in place to ensure such use.			
4a	any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
checked box 12a or 12b in Part I, answer lines 4b and 4c below.		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	the organization support any foreign supported organization that does not have an IRS determination under sections (c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			

C				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a		
b	A fami	ily member of a person described in 11a above?	11b		
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
_	VI.	B. Type I Supporting Organizations			
	ection	b. Type I Supporting Organizations		Yes	No
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		2		
_					
5	ection	C. Type II Supporting Organizations		Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).				
_			2		
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):		
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-		
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a		
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b		
3		of Supported Organizations. Answer lines 3a and 3b below.	20		
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a		
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b		
			30		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year):

а	a Average monthly value of securities			
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		_
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i	ntegrat	ed Type III supporting organi	ization (coo

instructions) Schedule A (Form 990 or 990-F7) 2020

1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020		(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdictributions if any for years prior to 2020				

	Total allitual alottibutionot / (ad imod 2 dinodg). of				
8	8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions				
9	9 Distributable amount for 2020 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020:				
a	From 2015				
b	From 2016				
_	F 2017		1		

10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			

1 Distributable amount for 2020 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		

i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

7 Excess distributions carryover to 2021. Add lines

a Excess from 2016. **b** Excess from 2017. . . . c Excess from 2018.

e Excess from 2020.

instructions)

3j and 4c. 8 Breakdown of line 7:

d Excess from 2019.

b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (F	orm 990 or 990-EZ) 2	2020 Page 8
	Section A, lines 1, 2, : Part IV, Section D, lin	mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; es 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See
		Facts And Circumstances Test
990 Schedu	ule A, Supplemen	tal Information
	rn Reference	Explanation

Schedule A, Part II, Line 5 THE PUBLIC SUPPORT PERCENTAGE FOR 2017 WAS CALCULATED BASED ON A SHORT YEAR PERIOD.

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
Schedule A, Part II, Line 1 UNUSUAL GRANT	THE ORGANIZATION RECEIVED AN UNSUAL GRANT TOTALING \$20,000,000 DURING THE YEAR.				

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 18702.0, COLUMN E - 7681.0, COLUMN F - 26383.0; DESCRIPTION - HONORARIA, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 5800.0, COLUMN E - 30575.0, COLUMN F - 36375.0;				

SCHEDULE C

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Political Campaign and Lobbying Activities

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

DLN: 93493222013332

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		01(c)(3)) organizations: Complete Parts	I-A and C below.	Do not complete Part I-B.	
	Section 527 organizations: Complet	te Part I-A only. n Form 990, Part IV, Line 4, or Form 99	00 E7 Dort VI lin	o 47 /Labbuing Activities	a) than
		t have filed Form 5768 (election under se			
•	Section 501(c)(3) organizations that	t have NOT filed Form 5768 (election un	der section 501(h))): Complete Part II-B. Do i	not complete Part II-A.
		n Form 990, Part IV, Line 5 (Proxy Tax) (see separate ii	nstructions) or Form 990	-EZ, Part V, line 35c
	xy Tax) (see separate instruction: Section 501(c)(4), (5), or (6) organiz				
	me of the organization	eations. Complete Fait III.		Employer iden	ntification number
CH1	ILDREN'S DEFENSE FUND				
	Complete State and		- F01(a) au ia	52-0895622	
	<u> </u>	nization is exempt under section			
1	"political campaign activities")	nization's direct and indirect political cam	, ,	•	or definition of
2		litures (see instructions)			\$
3		paign activities (see instructions)			
Par	t I-B Complete if the organ	nization is exempt under section	n 501(c)(3).		
1	Enter the amount of any excise ta	ax incurred by the organization under se	ction 4955		\$
2	Enter the amount of any excise ta	ax incurred by organization managers ur	der section 4955	>	\$
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for tl	his year?		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the organ	nization is exempt under section	n 501(c), exce	ept section 501(c)(3)	•
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities 🕨	\$
2		anization's funds contributed to other or	-	•	\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and on	Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5		employer identification number (EIN) of each organization listed, enter the amo			
	of political contributions received	that were promptly and directly delivere	ed to a separate p	olitical organization, such a	
	fund or a political action committe	ee (PAC). If additional space is needed, p	provide informatio	on in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received
				funds. If none, enter -0	and promptly and directly delivered to a
					separate political
					organization. If none, enter -0
					22.
l.					
2					
3					
1					
5					
5					
or F	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	. Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2020

Subtract line 1f from line 1c. If zero or less, enter -0-. j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2017

997,205

61,577

249,301

8.643

(b) 2018

1,000,000

39,513

250,000

7,872

(c) 2019

1,000,000

20.249

250,000

(d) 2020

1,000,000

17,516

250,000

3,163

Schedule C (Form 990 or 990-EZ) 2020

(e) Total

3,997,205

5,995,807

138,855

999,301

1.498.952

24,610

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

Return Reference

or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b)	
ctivi		Yes	No	Amoui	nt
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1	
С	Media advertisements?			1	
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
3	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			1	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		or secti	Yes	I
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		or secti	Yes	I
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2	N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			Yes 1 2 3	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2 3 ion 501(c	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?			Yes 1 2 3 ion 501(c	
'ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	(5), o		Yes 1 2 3 ion 501(c	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	(5), o III-A		Yes 1 2 3 ion 501(c	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b		Yes 1 2 3 ion 501(c	
ari a b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 ion 501(c	
ari arb c	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b		Yes 1 2 3 ion 501(c	
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	1 2a 2b 2c 3		Yes 1 2 3 ion 501(c	
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	(5), o III-A 1 2a 2b 2c		Yes 1 2 3 ion 501(c	E)((
Pari	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	1 2a 2b 2c 3		Yes 1 2 3 ion 501(c	

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493222013332

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	e of the organization REN'S DEFENSE FUND				Emplo	yer ide	entification	number
					52-089			
Part	I Organizations Maintaining Donor Advis Complete if the organization answered "Ye				or Accou	ınts.		
	Complete if the organization answered fre			ed funds	(h) Fund	and other	accounts
L To	otal number at end of year	(4) 5011	or davis	ed fallas	"	, rana	ound ounce	accounts
	ggregate value of contributions to (during year)							
	ggregate value of grants from (during year)							
	ggregate value at end of year							
D	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					ıds are		Yes 🗆 No
С	old the organization inform all grantees, donors, and do haritable purposes and not for the benefit of the donor rivate benefit?	or donor advisor,	or for a	ny other purpose			missible	Yes \square No
art	Conservation Easements. Complete if the organization answered "Ye	s" on Form 990,	, Part I	V, line 7.				
P	rurpose(s) of conservation easements held by the organ							
	Preservation of land for public use (e.g., recreation	•		Preservation of a	n historica	lly imp	ortant land a	rea
	Protection of natural habitat	,		Preservation of a				
	Preservation of open space							
	Complete lines 2a through 2d if the organization held a lasement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo			tion t the End o	f the Vear
	otal number of conservation easements				2a	neiu a	t the Life o	i the real
	otal acreage restricted by conservation easements				2b			
	umber of conservation easements on a certified histori				2c			
N	umber of conservation easements included in (c) acqui				2d			
Ν	lumber of conservation easements modified, transferre ax year ►	ed, released, exting	guished	, or terminated by	the organ	nization	during the	
Ν	lumber of states where property subject to conservatio	on easement is loca	ated ►_					
	Does the organization have a written policy regarding the independent of the conservation easements it holds				of violation	ons,	☐ Yes	□ No
S	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of v	/iolatior	s, and enforcing o	conservati	on ease	ments durin	g the year
	mount of expenses incurred in monitoring, inspecting, \$	handling of violati	ons, an	d enforcing conse	rvation ea	sement	s during the	year
	oes each conservation easement reported on line 2(d)	above satisfy the	require	ments of section :	170(h)(4)((B)(i)		
а	nd section $170(h)(4)(B)(ii)$?						☐ Yes	□ No
b	n Part XIII, describe how the organization reports cons valance sheet, and include, if applicable, the text of the he organization's accounting for conservation easemen	footnote to the or						
art I	Organizations Maintaining Collections Complete if the organization answered "Ye				her Simi	lar As	sets.	
h	f the organization elected, as permitted under FASB AS istorical treasures, or other similar assets held for publ art XIII, the text of the footnote to its financial statem	C 958, not to repo lic exhibition, educ	ort in its	revenue stateme or research in furtl				
h	f the organization elected, as permitted under FASB AS istorical treasures, or other similar assets held for publ ollowing amounts relating to these items:							
(i)	Revenue included on Form 990, Part VIII, line 1					▶ \$		
	Assets included in Form 990, Part X					_		
I	f the organization received or held works of art, historical ollowing amounts required to be reported under FASB	cal treasures, or o	ther sin	nilar assets for fina				
	Revenue included on Form 990, Part VIII, line 1	_				> \$		
b A	ssets included in Form 990, Part X					> \$		
r Pai	perwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat No	. 52283D	Sch	edule D (Fo	rm 990) 2

b Buildings . . .

e Other .

 $\begin{array}{lll} \textbf{c} & \text{Leasehold improvements} \\ \textbf{d} & \text{Equipment} & . & . & . \\ \end{array}$

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

		(101111 390) 2020										rage
	t III	Organizations M										•
3		the organization's acq (check all that apply):		, and other	records, ch	•	of the fo	ollowing 1	that are a	significant (use of its	collection
а	Ш	Public exhibition				q [Loar	or exch	ange prog	rams		
b		Scholarly research				е _	Othe	∍r				
С	✓	Preservation for future	e generations									
4	Provid Part X	de a description of the	organization's coll	ections and	d explain how	w they fu	ther th	e organiz	zation's ex	empt purpo	ose in	
5		g the year, did the org s to be sold to raise fur									☐ Yes	☑ No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Form	990, Pa	t IV,∣	ine 9, o	r reporte	d an amoi	unt on Fo	
1 a		organization an agent										
	includ	led on Form 990, Part I	X?								☐ Yes	☐ No
b	If "Ye	s," explain the arrange	ement in Part XIII	and comple	ete the follo	wing tabl	e:			Δ	mount	
C	Begin	ning balance							1c			
d	Additi	ons during the year .							1d			
е	Distril	butions during the year	r						1e			
f	Endin	g balance							1f			
2a	Did th	ne organization include	an amount on Fo	rm 990, Pai	rt X, line 21,	, for escr	w or cu	ustodial a	account lia	bility?	☐ Yes	□ No
b	If "Ye	s," explain the arrange	ment in Part XIII.	Check here	e if the expl	anation h	as beer	n provide	d in Part X	(III		
	rt V	Endowment Fund										
		Complete if the or	ganization answ									
_				(a) Currei		(b) Prior y		(c) Two y		(d) Three ye		e) Four years back
	-	ing of year balance .		/	,635,913	7,0	35,913		7,355,395	/,	,313,159	12,872,467
		outions			328,094				280,518		25,000 17,236	191,630
		estment earnings, gair	·		320,034				200,310		17,230	
		or scholarships										
	and pro	expenditures for facilitions of the second s										5,750,938
		strative expenses .										
g	End of	year balance		7	,964,007	7,6	35,913		7,635,913	7,	,355,395	7,313,159
2		de the estimated perce	-	•	d balance (li	ne 1g, co	umn (a	a)) held a	ıs:			
а	Board	l designated or quasi-e	ndowment >	0 %								
b	Perma	anent endowment 🟲	90.4 %									
C	Term	endowment ► 9.	.6 %									
	The p	ercentages on lines 2a	, 2b, and 2c shoul	d equal 100	0%.							
3а	organ	nere endowment funds ization by:	•	sion of the	organizatior	that are	held ar	nd admin	istered for	the		Yes No
	` ,	related organizations									3a(
h	` '	elated organizations		· · ·		 Schodula	 D2				3a(3I	
ь 4		s" on 3a(ii), are the re ibe in Part XIII the inte	=		-							<u>, </u>
	rt VI	Land, Buildings, Complete if the or	and Equipmen	it.				ino 112	Soc For	m 000 D-	ort V line	. 10
	Descri	ption of property	(a) Cost or oth		(b) Cost or				umulated d) Book value
			(investme				. ,	` ` ` ` `			•	-
1a	Land						623,944	ı				623,94

6,652,834

1,084,286

430,689

30,150

3,120,845

25,627

81,876

160,635

3,531,989

1,002,410

270,054

4,523

	(a) Description of security or category (including name of security)	(b) Book value		d of valuation: year market value
(1) Financial (2) Closely-h	derivatives			
(3)Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•		
	Complete if the organization answered 'Yes' on Form 990, F	Part IV, lin		
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
,				
Total. (Columr	n (b) must equal Form 990, Part X, col.(B) line 13.)		•	
Total. (Columr	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
Total. (Columr	Other Assets.	art IV, line	▶ 11d. See Form 990, Par	t X, line 15. (b) Book value
Part IX (1)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
Part IX (1) (2)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
(1) (2) (3)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11d. See Form 990, Par	
(1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	▶ 11d. See Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11d. See Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11d. See Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line	11d. See Form 990, Par	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description (b) must equal Form 990, Part X, col.(B) line 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Columnation of the columnation of the co	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X) 1. (1) Federal i	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes			(b) Book value Page
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X) 1. (1) Federal in (2) DUE TO A (3) CAPITAL	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes			(b) Book value 990, Part X, line 25. (b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO A (3) CAPITAL (3)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES			(b) Book value 990, Part X, line 25. (b) Book value 281,561
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO (3) (APITAL (3) (4)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES			(b) Book value 990, Part X, line 25. (b) Book value 281,561
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO A (3) CAPITAL (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES			(b) Book value 990, Part X, line 25. (b) Book value 281,561
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO A (3) CAPITAL (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES			(b) Book value 990, Part X, line 25. (b) Book value 281,561
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal i (2) DUE TO A (3) CAPITAL (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES			(b) Book value 990, Part X, line 25. (b) Book value 281,561
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO A (3) CAPITAL (3) (4) (5) (6) (7) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES			(b) Book value 990, Part X, line 25. (b) Book value 281,561
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colum Part X 1. (1) Federal in (2) DUE TO A (3) CAPITAL (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes AFFILIATES		11e or 11f.See Form	(b) Book value 990, Part X, line 25. (b) Book value 281,561

Schedule D (Form 990) 2020

	Complete if the organi	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b		1	
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem			Retur	n.
		zation answered 'Yes' on Form 990, Part			Τ.	
1	'	dited financial statements			1	
2	Amounts included on line 1 but no	, ,	ı	1		
а	Donated services and use of facili	ties	2a		4	
b	Prior year adjustments		2b		4	
С	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and 4 22d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Exp	olanation		
See A	Additional Data Table					

Page 4

Page 5		chedule D (Form 990) 2020
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2020

Additional Data

Software ID: 20011424
Software Version: 2020v4.0

EIN: 52-0895622

Name: CHILDREN'S DEFENSE FUND

Supplemental Information

Schedule D, Part X, Line 2 FIN

Return Reference

Explanation

CDF evaluates uncertainty in income tax positions taken or expected to be taken on a tax r eturn based on a more-likely-than not recognition standard. If that threshold is met, the tax position is then measured as the largest amount that is greater than 50% likely of bei

48 (ASC 740) footnote

eturn based on a more-likely-than not recognition standard. If that threshold is met, the tax position is then measured as the largest amount that is greater than 50% likely of bei ng realized upon ultimate settlement. As of September 30, 2021 and 2020, there are no accruals for uncertain tax positions. If applicable, CDF records interest and penalties as a component of income tax expense. Tax years from 2018 through the current year remain open for examination by tax authorities.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493222013332 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization CHILDREN'S DEFENSE FUND 52-0895622 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2020

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		CA - BTO Event (event type)	MN - BTO Event (Virtual) (event type)	(total number)	col. (c))
Keveikie					
	1 Gross receipts	463,558	98,192	205,412	767,16
	2 Less: Contributions	463,558	98,192	205,412	767,16
	3 Gross income (line 1 minus line 2)	0	0	0	
	4 Cash prizes	-		-	
	5 Noncash prizes	106	6,494		6,60
202	6 Rent/facility costs	8,150	-7		8,15
5	7 Food and beverages	,	278		27
ן בַּ	8 Entertainment				
Clear Phailes	9 Other direct expenses	39,727	18,041		57,76
- 1		, 1			5.7.5
- 1	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	72 <i>.</i> 79
	10 Direct expense summary. Add lines 4 t 11 Net income summary. Subtract line 10			>	72,79 -72.79
	11 Net income summary. Subtract line 10 Gaming. Complete if the organization.	from line 3, column (d)	s" on Form 990, Part I		-72,79
Pari	11 Net income summary. Subtract line 10	from line 3, column (d)	s" on Form 990, Part I	▶ V, line 19, or reported	-72,79
Pari	11 Net income summary. Subtract line 10 Gaming. Complete if the organization.	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	-72,79 more than \$15,000 (d) Total gaming (add
Pari	11 Net income summary. Subtract line 10 Gaming. Complete if the organization.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-72,79 more than \$15,000 (d) Total gaming (add
Part BARRIER B	11 Net income summary. Subtract line 10 Caming. Complete if the organism on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-72,79 more than \$15,000 (d) Total gaming (add
Part BARRIER B	11 Net income summary. Subtract line 10 Gaming. Complete if the orgation on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-72,79 more than \$15,000 (d) Total gaming (add
Pari Pinia Key Pari Pari Pari Pari Pari Pari Pari Pari	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-72,79 more than \$15,000 (d) Total gaming (add
Pari Phalipas Kevelinia	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-72,79 more than \$15,000 (d) Total gaming (add
Pari Phalipas Kevelinia	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-72,79 more than \$15,000
Pari Phanas Revenue	11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		-72,79 more than \$15,000 (d) Total gaming (add
Part Cyberraea Keverne	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	-72,79 more than \$15,000 (d) Total gaming (add
Part Tybellogs Kevelkle	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-72,79 more than \$15,000 (d) Total gaming (add
Partial Revenue Revenue	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-72,79 more than \$15,000 (d) Total gaming (add
Part Tybellogs Kevelkle	Gaming. Complete if the organ on Form 990-EZ, line 6a. Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-72,79 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
Pari pari pari pari pari	Gaming. Complete if the organization form 990-EZ, line 6a. Gash prizes Noncash prizes Noncash prizes Nother direct expenses Net gaming income summary. Subtract Enter the state(s) in which the organizati Is the organization licensed to conduct gas If "No," explain:	from line 3, column (d) anization answered "Ye (a) Bingo Yes % No No through 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	-72,79 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a a a a a a a a a a a a a a a a a a a	Gaming. Complete if the organization on Form 990-EZ, line 6a. Gash prizes Noncash prizes Noncash prizes Nother direct expenses Net gaming income summary. Subtract Enter the state(s) in which the organization is the organization licensed to conduct gastation.	from line 3, column (d) anization answered "Ye (a) Bingo Yes % No hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No No (d)	(c) Other gaming Yes % No	-72,79 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))
a a a a a a a a a a a a a a a a a a a	Gaming. Complete if the organization form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo Yes % No hrough 5 in column (d) t line 7 from line 1, colum on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes	(c) Other gaming Yes % No	-72,79 more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 202	.0				F	Page 3
11	Does the organization conduct o	jaming activities with nonmembers	5?		· 🗌 Yes	□No	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other	entity	□Yes		
13	Indicate the percentage of gami	ng activity conducted in:		1			
а	The organization's facility .			13	Ba		%
b	An outside facility			13	ВЬ		%
14	Enter the name and address of	the person who prepares the orga	nization's gaming/special events b	ooks and record	ds:		
	Name •						
	Address 🟲						
15a	Does the organization have a corevenue?	ontract with a third party from who	om the organization receives gamin	-	· 🗆 Yes	Пис	
b	If "Yes," enter the amount of ga	ming revenue received by the org	anization 🕨 \$		□ les	110	
	amount of gaming revenue reta	ined by the third party ▶ \$					
С	If "Yes," enter name and addres	s of the third party:					
	Name •						
	Address •						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation	> \$					
	Description of services provided	>					
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor			
17	Mandatory distributions:						
а		ler state law to make charitable di	stributions from the gaming procee	eds to	· 🔲 Yes	Пио	
b		is required under state law distribunt activities during the tax year	uted to other exempt organizations	or spent	<u></u> гез		
Par			ions required by Part I, line 2t	o, columns (ii	i) and (v): a	nd Part	
			licable. Also provide any additi				s
	Return Reference		Explanation				

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493222013332

Open to Public Inspection

Internal Revenue Service		F 40 to <u>ww</u>	<u>w.n.s.gov/101111550</u> 101	the latest information	JII.		
Name of the organization CHILDREN'S DEFENSE FUND						Employer identific	cation number
						52-0895622	
		and Assistance					
Does the organization main the selection criteria used						ce, and	☑ Yes ☐ N
2 Describe in Part IV the org							Œ fes ∟ N
Part III Grants and Other	Assistance to Don	nestic Organizations a I can be duplicated if add	nd Domestic Governme	ents. Complete if the or	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section3 Enter total number of other		-					21
For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 50055			hedule I (Form 990) 2020

Page 2

(4) (5)

(6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Return Reference Explanation

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2020

(3)

Schedule I, Part I, Line 2 PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES: GRANTS AND ASSISTANCE ARE PROVIDED SOLELY FOR PURPOSES CONSISTENT WITH THE CHILDREN'S DEFENSE FUND'S TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. RECIPIENTS ARE ENTITIES OR Procedures for monitoring use of

Additional Data

(a) Name and address of

organization

Arts for Incarcerated Youth

830 Traction Avenue Los Angeles, CA 90013

Network

(b) EIN

81-4365547

Software ID: 20011424 Software Version: 2020v4.0 **EIN:** 52-0895622 Name: CHILDREN'S DEFENSE FUND

(c) IRC section

if applicable

Form 990,Schedule I, F	Part II	, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.	

(d) Amount of cash

grant

60,000

or government			j	assistance	other)	
ACADEMIA CESAR CHAVEZ	41-1972242	501(c)(3)	135,294			

CHARTER 1801 Lacrosse Avenue

St Paul, MN 55119

501(c)(3)

(f) Method of valuation

(book, FMV, appraisal,

(e) Amount of non-

cash

Program Support

(h) Purpose of grant

or assistance

Program Support

(g) Description of

non-cash assistance

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Change the World Challenge 85-4156118 501(c)(3) 8.0001 Program Support Organization

9904 Linden Avenue North Brooklyn ark, MN 55443					
Community Coalition for Substance Abuse Prevention and Treatment 8181 S Vermont Ave	95-4298811	501(c)(3)	27,300		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Los Angeles, CA 90044

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Community Partners fbo Urban 95-4302067 501(c)(3) 40.000 Program Support Peace Inst 1000 N Alameda Street Los Angeles, CA 90012

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

East Texas Human Need

18248 Lakeside Drive Flint, TX 75762

Network

47-3337214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government El Colegio Charter School 41-1953998 501(c)(3) 9.647 Program Support 4137 Bloomington Avenue

124.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Minneapolis, MN 55407

7020 Easy Wind Drive Austin, TX 78752 74-2898197

Every Texan

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

Friendship Academy of the Arts	31-1756049	501(c)(3)	129,209		Program Support
2600 E 38th Street					
Minneapolis, MN 55406					

15.246

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Lutheran Social Service of MN

2583 Como Avenue St Paul, MN 55108 41-0872993

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Support

Panhandle Community Services 1309 Southwest 8th Avenue Amarillo, TX 79101	75-6049423	501(c)(3)	20,000		Program Support
Park Avenue Youth and Family	36-3445055	501(c)(3)	7,000		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Services 720 Wilson Avenue

St Paul, MN 55106

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Texans Care for Children 75-2687008 501(c)(3) 216.000 Program Support 1106 Clayton Lane

23,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Austin, TX 78723

200 East 30th Street Austin, TX 78705

Texas Impact Education Fund

74-2989021

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Anti-Recidivism Coalition 46-2140915 501(c)(3) 120.000 Program Support

1320 E 7th Street Los Angeles, CA 900211134		,,,,			
The City University of New York	13-3893536	501(c)(3)	10,000		Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

230 West 41 Street

New York, NY 100367207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government United Way of Tarrant County 75-0858360 501(c)(3) 20.000 Program Support 1500 N Main St Fort Worth, TX 76165

154.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Various Hats Inc

9600 Escoprment Blvd Austin, TX 78749 84-3875301

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Why Can't Wa Make a 42 1676700 E01/-1/21 6 106 Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 73688 Los Angeles, CA 90003

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

Youth Represent Inc 20-8034010 501(c)(3) 12,000 Program Support 11 Park Place

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New York, NY 10007

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19322	2 201 3	332
Sch	edule J	C	ompensati	ion Information	10	1B No.	1545-0	0047
(Fori	n 990)	► Complete if the ore	Compensa ganization answ ► Attach	rustees, Key Employees, and Hig ated Employees rered "Yes" on Form 990, Part IV, to Form 990.	, line 23.	20	2(<u> </u>
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest inform	mation.	pen i Insp	to Pul ectio	
Nar	ne of the organiz				Employer identificat			
CHI	LDREN'S DEFENSE F	-UND			52-0895622			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of person				
		nification and gross-up payment	_	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauf	teur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1 b		
2				or allowing expenses incurred by all	- 1-2	2		
	directors, truste	ees, officers, including the CEO/	executive Director	r, regarding the items checked on Lir	ie la?			
3				d to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
		•		, , ,				
		ation committee	H	Written employment contract				
		ent compensation consultant of other organizations	H	Compensation survey or study Approval by the board or compensa	tion committee			
		of other organizations	_	Approval by the board of compensa	addir committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
С			,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part	t III.			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	, ,,,		, ,	the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	The organization	n?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	-	n?				6a		No
b	, ,					6b		No
	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7	Yes	
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de · · · · · · · · · · · · · · · · · · ·		8		No
9				presumption procedure described in		9		110
For F	Panerwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Form	990)	2020

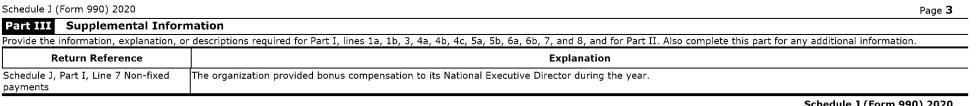
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

Note. The sum of column	ıs (B)(I)-(III) for each listed inc	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	la, applicable column (D)) and (E) amounts for tha	t individual.
(A) Name and Title								
		(i) Base compensation		reportable		benefits	(B)(i)-(D)	as deferred on prior
1 GIJSBRECHT DELEEDE	(i)	146,153	0	0	16,660	0	162,813	0
Chief Financial Officer	(ii)	0	0	0	0			0
2 MAX S LESKO	(i)	161,582	25,000	0	0	0	186,582	0
National Executive Director	(ii)	0	0	0	0	0	0	0
3 MARK PUBLOW	(i)	190,417	0	0	1,903	1,609	193,929	0
Chief Development Officer	(ii)		0	0	0	0	0	0
4 NAOMI POST	(i)	188,927	0	0	0	0	188,927	0
Executive Director	(ii)		0	0	0	0	0	0
5 OLETA G FITZGERALD	(i)	156,799	0	0	15,600	2,461	174,860	0
Director of Southern Regional Ofc	(ii)	0	0	0	0	0	0	0
6 KIMBERLEY M CHIN	(i)	156,310	0	0	10,313	4,660	171,283	0
Deputy Director	(ii)	0	0	0	0	0	0	0
7 EMILY L GARDNER	(i)	128,495	10,000	0	11,603	2,079	152,177	0
Communications Director	(ii)	0	0	0	0	0	0	0
	-							
	-							
							 Schedule	J (Form 990) 2020
-								



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Schedule L (Form 990 or 990-	F7)				ns with li							MB No.		_
(FOIII 990 OI 990-	·, ► Co	mplet			answered "Yes 28c, or Form 99				25a, 2	25b, 26	5,	20) 2	()
Daniel Sala Tara		> 0	o to www i		ach to Form 99 0rm990 for inst			forma	tion			Open		
Department of the Trea Internal Revenue Servi			10 to <u>www.n</u>	is.gov/ic	<u>/////990</u> 101 11150	ructions and	i tile latest illi	ioiiiia	itioii.			Insp		
Name of the orga CHILDREN'S DEFEN								Er	mplo	yer ide	entifica	ation n	umb	er
CHILDREN 3 DEFEN	SE FUND							52	2-089	5622				
			•		1(c)(3), section		•		-					
	ete if the or Name of di				Form 990, Part) Relationship be					irt V, lii Descript) Cor	rected?
1 (4)	, italiic of al	Squan	neu person	("		organization	iiiiica person ai			ansacti		<u> </u>	es	No
					managers or dis			year ι	under	_				
4958 3 Enter the an	nount of tax	. if an	 v. on line 2. a	 above. reir	nbursed by the c	rganization .		•			\$ —— \$			
Com	plete if the	organ	F rom Inter ization answe n Form 990,	red "Yes"	on Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	aniza	ition
(a) Name of					n to or from the	(e) Original	(f) Balance	(g)) In	(1	h)	(i) Wri	tten
interested person	with organi		org	janization?	principal amount	due	default?		Approved by board or		agreement?		ent?	
										committee?				
				То	From			Yes	No	Yes	No	Yes		No
						<u> </u>								
Total Part IIII Gra			an Banafii	ine Torre		> \$								
				_	rested Perso Yes" on Form 9		. line 27.							
(a) Name of inter) Relationship				(d) Type	of assi	stand	:e	(e) Pu	rpose c	of ass	istance
		int	erested perso											
			organizat				+			_				
For Paperwork Red	uction Act No	ntice s	ee the Instru	ctions for F	 Form 990 or 990-l	7 . C	at. No. 50056A		Sol	hodulo I	(Form	. 000 0	. 000	EZ) 202

Complete if the organization is	answered "Yes" on Forr	n 990, Part IV, line 28a	a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh o organiz reven	f ation's
				Yes	No
(1) MARIAN WRIGHT EDELMAN	PRESIDENT OF THE BOARD	1	RENTAL		No
(2) OLETA FITZGERALD	SOUTH REGIONAL OFFICE STATE DIRECTOR	29,400	LEASSEE		No

Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions).									
Return Reference Explanation									

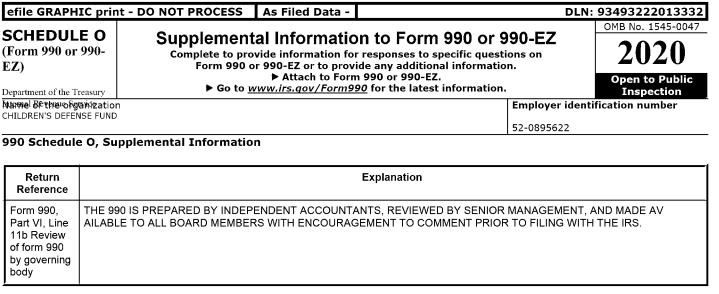
Return Reference

Schedule L, Part IV

(A) NAME OF PERSON: MARIAN WRIGHT EDELMAN (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PRESIDENT OF BOARD (C) AMOUNT OF TRANSACTION \$ 1. (D) DESCRIPTION OF TRANSACTION: RENTAL: The CDF Marlboro County Office in South Carolina leases office space, for the nominal rate of \$1 per year, in a home that is owned by CDF's founder. CDF rents office space from the sibling of a member of management. The total rent expense related to this office space was \$29,400 for both

years ended September 30, 2020 and 2021. There are no future minimum lease payments under this lease as of September 30, 2021. (E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2020



990 Schedule O, Supplemental Information Return Explanation

policy

Reference

Form 990,
Part VI, Line
12c Conflict
of interest

The policy of the policy

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	CDF DETERMINES TOP MANAGEMENT AND CEO, AND EXECUTIVE DIRECTORS COMPENSATION EMPHASIZING TH E FOLLOWING FORM OF ANALYSIS: MARKET RESEARCH ABOUT THE WORTH OF SIMILAR JOBS IN THE MARKE T PLACE TAKING IN CONSIDERATION LOCAL ECONOMIES AND COMPANY SIZE. AT THE LEADERSHIP LEVEL CDF USES TOP TIERED PLACEMENT AGENCIES THAT ARE RETAINED TO EXECUTE NATIONAL SEARCH FOR TH E CANDIDATE THAT HAS THE PROPER PROFESSIONAL BACKGROUND. CDF NARROWS SEARCH TO A FEW CANDIDATES THAT GO THROUGH VIGOROUS INTERVIEWS BOTH AT THE LEADERSHIP LEVEL ALONG WITH BOARD IN VOLVEMENT. CDF'S CEO COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE OF ITS BOARD ANNU ALLY. FOR A NUMBER OF YEARS, AT THE CEO'S REQUEST, THIS ANNUAL REVIEW HAS NOT RESULTED IN AN ADJUSTMENT OR INCREASE TO THE ANNUAL COMPENSATION.

Return Explanation
Reference

Form 990,
Part VI, Line
19 Required documents available to the public

Return Explanation
Reference

Form 990,
Part IX, Line
11g Other
Fees

CONSULTANTS - Total Expense: 2342087, Program Service Expense: 1697390, Management and Gen
eral Expenses: 379633, Fundraising Expenses: 265064;

Return Reference	Explanation
Form 990, Part XII, Line 2c Change of oversight process or selection process	CHILDREN'S DEFENSE FUND HAS NOT CHANGED THE REVIEW PROCESS FROM THE PRIOR YEAR.

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE R

As Filed Data -

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2020

Employer identification number

52-0895622

DLN: 93493222013332 OMB No. 1545-0047

> Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

CHILDREN'S DEFENSE FUND

(Form 990)

▶ Attach to Form 990.▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) CDF Legacy Investor LLC Education VA 0 CHILDREN'S DEFENSE FUND 25 E Street NW Washington, DC 20001 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (d) (f) (g) Section 512(b) (e) Public charity status Name, address, and EIN of related organization Legal domicile (state Direct controlling Primary activity Exempt Code section or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)CDF ACTION COUNCIL NFP CHARITY DC 501(c)(4) NA Yes 840 FIRST STREET NE 300 WASHINGTON, DC 20002 23-7042525 (2) WASHINGTON RESEARCH PROJECT NFP CHARITY DC 501(c)(3) NΑ Yes 840 FIRST STREET NE 300 WASHINGTON, DC 20002 27-2982403 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2020

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(I Disprop alloca	n) rtionate tions?	(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	manag partne	lor Per ing ow	(k) rcenta vners
					311)			Yes	No		Yes	No	
Identification of Related Organ						ization ans	wered "Ye	s" on F	orm 9	990, Part I\	/, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) Legal pmicile or foreign untry)	Direct	(d) t controlling Type	(e) ne of entity orp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	-of- Perce	h) entage ership	Sectio (13) c er	cont ntity
			uncry)									Yes	•
													1
													T

Page **3**

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

e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	No No									
eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Na									
	1a		N.									
grant or capital contribution to related organization(c)			NO									
b Gift, grant, or capital contribution to related organization(s)												
c Gift, grant, or capital contribution from related organization(s)												
d Loans or loan guarantees to or for related organization(s)												
ns or loan guarantees by related organization(s)	1e		No									
dends from related organization(s)	1f		No									
e of assets to related organization(s)	1 g		No									
chase of assets from related organization(s)	1h		No									
nange of assets with related organization(s)	1i		No									
se of facilities, equipment, or other assets to related organization(s)	1j		No									
se of facilities, equipment, or other assets from related organization(s)	1k		No									
l Performance of services or membership or fundraising solicitations for related organization(s)												
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
ring of paid employees with related organization(s)	10	Yes										
nbursement paid to related organization(s) for expenses	1 p		No									
mbursement paid by related organization(s) for expenses	1 q	Yes										
er transfer of cash or property to related organization(s)	1r		No									
er transfer of cash or property from related organization(s)	1 s		No									
e answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.												
(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amounts in the control of the	ount in	volvec										
rndecise sooiir mee	is or loan guarantees to or for related organization(s) is or loan guarantees by related organization(s) is or loan guarantees by related organization(s) of assets to related organization(s) of assets to related organization(s) hase of assets from related organization(s) ange of assets with related organization(s) of facilities, equipment, or other assets to related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organization(s) of facilities, equipment, or other assets from related organization(s) of policities, equipment, or other assets with related organization(s) of facilities, equipment, mailing lists, or other assets with related organization(s) of policities, equipment, mailing lists, or other assets with related organization(s) of policities, equipment, mailing lists, or other assets with related organization(s) of policities, equipment, or other assets with related organization(s) of policities, equipment, or other assets with related organization(s) of policities, equipment, or other assets with related organization(s) of policities, equipment, or other assets with related organization(s) of policities, equipment, or other assets with related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets with related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets from related organization(s) of policities, equipment, or other assets from related	is or loan guarantees to or for related organization(s) is or loan guarantees by related organization(s) is or loan guarantees by related organization(s) in ends from related organization(s) in of assets to related organization(s) in asset to related organization(s) in the same of assets from related organization(s) in ange of assets with related organization(s) in ange of assets with related organization(s) in ange of assets with related organization(s) in ange of facilities, equipment, or other assets to related organization(s) in ange of facilities, equipment, or other assets from related organization(s) in ange of services or membership or fundraising solicitations for related organization(s) in ange of services or membership or fundraising solicitations by related organization(s) ing of pacilities, equipment, mailing lists, or other assets with related organization(s) ing of paid employees with related organization(s) in thursement paid to related organization(s) for expenses in thursement paid to related organization(s) for expenses in thursement paid by related organization(s) for expenses in transfer of cash or property to related organization(s) in transfer of cash or property from related organization(s) in answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	is or loan guarantees to or for related organization(s) is or loan guarantees by related organization(s) is or loan guarantees by related organization(s) if ends from related organization(s) of assets to related organization(s) hase of assets to related organization(s) in ange of assets with related organization(s) in ange of assets with related organization(s) if if if if if if if if if if									

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

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

was not a related organization. See instructions regarding exclusion	TOT CERTAIN IIIV	resument p	artifierships.										
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partnerî	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	_												
									•	Schedul	e R (Form	990	0) 2020

chedule R (For	m 990) 2020	Page 5	5							
Part VII	Supplemental Info	ormation								
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).								
Return Reference		Explanation								