Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

207

207

29

30

31

29

Form 99	0-T (2019)	Child	Action, Inc					94-2364	946_		Page 2	
Part III / Total Unrelated Business Taxable Income												
		unrelated busine	ss taxable income comp	uted from all unrel	ated trades	s or bu	sinesses (see	, (
/	instruction							1 {	2		207	
33		Amounts paid for disallowed fringes									0	
34		•	see instructions for limit	ation rules)	•				34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract											
		rom the sum of li	7 3	5		207						
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see											
	instruction		la	6								
37		unrelated busines		7		207						
38		deduction (Gene	\sim	8		207						
39		ed business tax	0	_								
		3	9		0							
enter the smaller of zero or line 37												
40			as Corporations. Multip	ly line 39 by 21% /	'n 21)			> 4	10		0	
41						tav on	the .		-			
71	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)											
42		ax. See instructio		2								
43	-	ve minimum tax							3			
44			acility Income. See inst	ructions				_	4			
45			nd 44 to line 40 or 41, w					· ·	5		0	
Part		Tax and Payme		monover applies			-		<u> </u>			
			rations attach Form 1118	trusts attach For	m 1116)	46a		X ST	262			
	_	edits (see instruc		, ilusis allacii i oli	1110)	46b			الدبو			
		•	Attach Form 3800 (see ı	netructions)		46c			1			
d			num tax (attach Form 88	-		46d		A	77			
e		•	16a through 46d .	001 01 0027)		-10 u	l		6e		0	
47		line 46e from lin	_						7		0	
48		es. Check if from	_	1 Form 8697	Form 8866		Other (attach sched		8			
49			nd 48 (see instructions)	I1 01111 0007		<u> </u>	Other (attach school	, <u> </u>	9		0	
50			paid from Form 965-A or	Form 965-B Part	II column	(k) lir	ne 3		0			
		-	ayment credited to 2019		,	51a	i	5	ě1			
	-	timated tax paym	•			51b			2			
c		osited with Form				51c		· * .				
d			x paid or withheld at sou	urce (see instruction	ns)	51d						
e	_	withholding (see			,	51e			ادر			
f			health insurance pr <u>em</u> it	ums (attach Form	8941)	51f						
g			ts, and payments.		,			173				
•		n 4136	Other		Total >	51g		0	3			
52			es 51a through 51g		iotal -	U.g			2		0	
53	•	•	e instructions) Check if	Form 2220 is atta	ched		>		3		<u>_</u>	
54			than the total of lines 49			wed			4		0	
55			is larger than the total of				overpaid		5			
56			you want Credited to 202				Refunded		6		0	
Part		•	arding Certain Activ			tion (
						•					Yes No	
57			19 calendar year, did the bank, securities, or othe								100	
			rt of Foreign Bank and F		-		-	-			450 Her	
		Form 114, Kepoi	it of Foleign bank and F	mancial Accounts	11 163, 61	iilei lii	e name or me to	reight cot	лицу	}	NAME OF TAXABLE	
58	here During th	e tay year did the	organization receive a dis	tribution from or wa	es it the are	ntor of	or transferor to	foreign !	ruet?			
30	_	•	for other forms the organ		-	intoi oi,	or transferor to,	a loreign i	iust:	-	White Profes	
59			exempt interest received	•		ar 🕨	\$					
	~		eclare that I have examined this retu				ents, and to the best of n	ny knowledae	and belie	f, it is true.	correct,	
C:	and		preparer (other than taxpayer) is ba					F		,	· ·	
Sign Warm Mach 12/7/2020 PRECURAL OPECTOR										discuss this	s return with	
Here		unatura et affical		Date	<u>, , , , , , , , , , , , , , , , , , , </u>	-0110	C F 60001 BI		tructions)?	_	_	
	Sig	nature of officer		Date	Title		Data	_ _				
Paid		Print/Type preparer's	s name	Preparers eignature			Date	Check	if	PTIN		
Prep		Robert Izabal		1/2/	CRA		11/11/2020	self-emp		P0100		
•		Firm's name	Izabal, Bernaciak & Co					Firm's EIN	77-	001612	.2	
Use	Unity	Firm's address	388 Market Street Suit	e 888 San Franci	sco CA 94	1111	·	Phone no	415	-896-5	551	

Form 9	90-T (2019) Ch	nild Action, Inc.			94-2364946 Page 3					
Sche	edule A—Cost of Goo		r method o	f inventory valuation	n▶			, 4,4,5		
1 2 3 4 a b 5 Sche (see	Inventory at beginning of Purchases Cost of labor Additional section 263A of (attach schedule) Other costs (attach schedule) Total. Add lines 1 through edule C—Rent Income instructions) scription of property	costs dule) 4 h 4b	1	6 In 7 C	ventory at en ost of goods ie 6 from line ind in Part I, lind to the rules of coperty produ- poly to the org	s sold. Subtract 5. Enter here he 2 section 263A (wit ced or acquired for	or resale)	Yes No		
(4)										
	From personal property (if the per for personal property is more than more than 50%)		(b) Fro	om real and personal propert e of rent for personal proper the rent is based on profit o	ty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)					,					
(2)										
(3)										
(4)										
Total	*	. 0	Total		0	(b) Total deduc	4:			
	tal income. Add totals of colude income. Add totals of column on page 1, Part I, line 6, o	, ,	b) Enter ►		Enter here and on page 1, O Part I, line 6, column (B)					
Sche	edule E—Unrelated De	ebt-Financed	Income (se	ee instructions)						
	1. Description of debt-	financed property		Gross income from or allocable to debt-financed	3. [Deductions directly connected with or allocable to debt-financed property 				
		Tinaneca property		property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)		·			 					
(4)	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-financed (attach sch	able to d property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 × column 6) 8. Allocable deduct (column 6 × total of column 3(a) and 3(b))				
(1)				%		_0		0		
(2)				%		0		0		
(3)				%	<u> </u>					
(4)				%		0				

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (B)

ightharpoonup

Enter here and on page 1,

Part I, line 7, column (A)

94-2364946

Schedule F—Interest, Ann	uities	, koyaities, a				introlled Orga ganizations	anız	ations (see	e instru	actions)		
1. Name of controlled		2. Employer	Exempt	3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made		gamzations		5. Part of colu	mn 4 tha	t is E i	Poductions discetti	
• organization	ıdeı	ntification number				. I	included in the organization's g	controll	ing con	Deductions directly nected with income in column 5		
(1)										-		
<u>(1)</u> (2)	- -						\dashv					
(3)	-						\rightarrow			-		
(4)				 			-+					
Nonexempt Controlled Organiza	ations				1		1		•	- 1		
Tronexempt Controlled Cigaritza	110113			T			Т			— Т		
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			- 1	10. Part of column 9 that is included in the controlling organization's gross income			connected with income in	
(1)												
(2)												
(3)				ļ <u></u>								
(4)	- 1										· · · · · · · · · · · · · · · · · · ·	
	Add columns 5 and 10 Add colum Enter here and on page 1, Enter here							columns 6 and 11 here and on page 1, l, line 8, column (B)				
Totals				. : : :::. :			<u> </u>			0	0	
Schedule G—Investment I	ncom	e of a Section	n 501(c	1			tion	(see instru	ctions)	1		
1. Description of income	1. Description of income 2 Amount of income		come	Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)		and s	otal deductions et-asides (col. 3 plus col. 4)		
(1)				<u> </u>			<u> </u>				0	
(2)				<u> </u>							0	
(3)					ļ			0				
(4)				H 49 4 4 4 5 5 5				(Marie Victor and St. 19			0	
Totals ►		Enter here and o Part I, line 9, colu				Enter here and on page 1, Part I, line 9, column (B)						
Schedule I—Exploited Exe	empt A	Activity Incor						(see instruc	tions)			
Description of exploited activit	2. Gross 3. Expenses directly unrelated connected with		Expenses directly ected with duction of nrelated	4. fro or 2	or business (column fr 2 minus column 3)		e not uprelated attributa		xpenses outable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1) CAIWARE HOSTING INCOM	ΛE	30,7	00	30,493		207					0	
(2)				•		0					0	
(3)						0					0	
(4)						0	1				0	
_		Enter here and of page 1, Part I, line 10, col. (A)	page linc 1	Enter here and on page 1, Part I, linc 10, col (B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J—Advertising I	ncom	30,7	_	30,493	٠. سز ا	Compression of the Compression o		**************************************	ar of Ching	or is the first series	<u>, u</u>	
				Consolid	lata	d Pasis					· · ·	
Part I Income From Po	erioai	cais Reporte	d on a	Consolia	late	u basis	_				1	
1. Name of periodical	1 Name of periodical I advertising I		ising costs		4. Advertising pain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)					3						A STORY OF THE STORY	
(2)						MATERIAL PROPERTY.						
(3)					1							
(4)		<u> </u>				建 类的 建筑					发展发展	
Totals (carry to Part II, line (5))	. •		0	0		0		0		0	0	
										F	orm 990-T (2019)	

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership 2. Gross gain or (loss) (col costs (column 6 minus column 5, 3. Direct 6. Readership 5. Circulation 1. Name of periodical advertising 2 minus col 3) If advertising costs income costs ıncome a gain, compute but not more than cols 5 through 7 column 4) (1) 0 0 (2) 0 0 (3) 0 0 0 (4) 0 0 0 Totals from Part I Enter here and on Enter here and on Enter here and page 1 Part I page 1 Part I on page 1, line 11, col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) 0 Schedule K—Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) % (2) % % (3) (4) %

Form **990-T** (2019)

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