

Form **990-T**

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

OMB No. 1545-0687

For calendar year 2007 or other tax year beginning 7/01, 2007,  
and ending 6/30, 2008

**2007**

Department of the Treasury  
Internal Revenue Service (77)

G See separate instructions.

Open to Public Inspection for  
501(c)(3) Organizations Only

<p>A <input checked="" type="checkbox"/> Check box if address changed</p> <p>B Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)    <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408(e)    <input type="checkbox"/> 530(a)  <input type="checkbox"/> 408A  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>KIDANGO, INC</b>  <b>44000 OLD WARM SPRINGS BLVD</b>  <b>FREMONT, CA 94538</b></p>	<p>D Employer identification number (Employees' trust, see instructions for Block D.)  <b>94-2581686</b></p> <p>E Unrelated business activity codes (See instructions for Block E.)  <b>531120</b></p>
<p>C Book value of all assets at end of year  <b>9,138,446.</b></p>		<p>F Group exemption number (See instructions for Block F.) <b>G</b></p> <p>G Check organization type . . . . <b>G</b> <input checked="" type="checkbox"/> 501(c) corporation    <input type="checkbox"/> 501(c) trust    <input type="checkbox"/> 401(a) trust    <input type="checkbox"/> Other trust</p>	

H Describe the organization's primary unrelated business activity.  
**G**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . **G**  Yes  No  
 If 'Yes,' enter the name and identifying number of the parent corporation. . . . **G**

J The books are in care of **G EDUARDO ROSANO** Telephone number **G 510-897-6917**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales . . . . .			
b Less returns and allowances . . . . . c Balance <b>G</b>	1c		
2 Cost of goods sold (Schedule A, line 7) . . . . .	2		
3 Gross profit. Subtract line 2 from line 1c. . . . .	3		
4 a Capital gain net income (attach Schedule D) . . . . .	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4b		
c Capital loss deduction for trusts . . . . .	4c		
5 Income (loss) from partnerships and S corporations (attach statement) . . . . .	5		
6 Rent income (Schedule C) . . . . .	6		
7 Unrelated debt-financed income (Schedule E) . . . . .	7	45,695.	26,451.
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) . . . . .	9		
10 Exploited exempt activity income (Schedule I) . . . . .	10		
11 Advertising income (Schedule J) . . . . .	11		
12 Other income (See instructions; attach schedule.) . . . . .	12		
13 Total. Combine lines 3 through 12 . . . . .	13	45,695.	26,451.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14		
15 Salaries and wages . . . . .	15		
16 Repairs and maintenance . . . . .	16		
17 Bad debts . . . . .	17		
18 Interest (attach schedule) . . . . .	18		
19 Taxes and licenses . . . . .	19		
20 Charitable contributions (See instructions for limitation rules.) . . . . .	20		
21 Depreciation (attach Form 4562) . . . . .	21	9,429.	
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a	9,429.	22b
23 Depletion . . . . .	23		
24 Contributions to deferred compensation plans . . . . .	24		
25 Employee benefit programs . . . . .	25		
26 Excess exempt expenses (Schedule I) . . . . .	26		
27 Excess readership costs (Schedule J) . . . . .	27		
28 Other deductions (attach schedule) . . . . .	28		
29 Total deductions. Add lines 14 through 28 . . . . .	29		
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. . . . .	30		19,244.
31 Net operating loss deduction (limited to the amount on line 30) . . . . .	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	32		19,244.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	34		18,244.

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. <b>G</b> <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) ..... \$ <input type="text"/> c Income tax on the amount on line 34. .... <b>G</b> 35c <b>2,737.</b>	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... <b>G</b> 36	
37 Proxy tax. See instructions. .... <b>G</b> 37	
38 Alternative minimum tax. .... 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. .... 39 <b>2,737.</b>	

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 40a		
b Other credits (see instructions) ..... 40b		
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) <b>G</b> _____ 40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827). .... 40d		
e Total credits. Add lines 40a through 40d. .... 40e <b>0.</b>		
41 Subtract line 40e from line 39. .... 41 <b>2,737.</b>		
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... 42		
43 Total tax. Add lines 41 and 42. .... 43 <b>2,737.</b>		
44a Payments: A 2006 overpayment credited to 2007. .... 44a		
b 2007 estimated tax payments ..... 44b		
c Tax deposited with Form 8868. .... 44c		
d Foreign organizations: Tax paid or withheld at source (see instructions). .... 44d		
e Backup withholding (see instructions) ..... 44e		
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ... <b>G</b> 44g		
45 Total payments. Add lines 44a through 44f. .... 45 <b>0.</b>		
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. .... <b>G</b> <input checked="" type="checkbox"/> 46 <b>127.</b>		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ..... <b>G</b> 47 <b>2,864.</b>		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. .... <b>G</b> 48		
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax <b>G</b> Refunded <b>G</b> 49		

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

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here. ... <b>G</b> _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.		<b>X</b>
3 Enter the amount of tax-exempt interest received or accrued during the tax year. <b>G</b> \$ <b>0.</b>		

**Schedule A Cost of Goods Sold. Enter method of inventory valuation **G****

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

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here **G** \_\_\_\_\_ Date \_\_\_\_\_ **G** **Executive Director** Title \_\_\_\_\_  
Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer's Use Only  
Preparer's signature **G** \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN **556-73-2657**  
Firm's name (or yours if self-employed), address, and ZIP code **G** **Randolph Scott & Co CPAs Inc**  
**1 Commercial Blvd., Suite 101**  
**Novato, CA 94949**  
EIN **68-0446663**  
Phone no. **(415) 883-8090**

**Schedule C ' Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**

1 Description of property		2 Rent received or accrued	3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total		Total	Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... <b>G</b>

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

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

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property See St 1		
		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)	
(1) 44000 Old Warm Springs Blvd	45,695.	9,429.	17,022.	
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 1,129,950.	1,125,044.	100.0000 %	45,695.	26,451.
(2)		%		
(3)		%		
(4)		%		
Totals		<b>G</b>	45,695.	26,451.
Total dividends-received deductions included in column 8				<b>G</b>

**Schedule F ' Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)**

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

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

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

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

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals .....	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

**Schedule J ' Advertising Income** (See instructions.)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)).	G					

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

(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I .....						
Totals, Part II (lines 1-5) .....	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

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

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	

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

Statement 1  
Form 990-T, Schedule E, Line 3b  
Other Deductions Allocable to Debt-Financed Property

44000 Old Warm Springs Blvd

Interest .....	\$	15,284.
Taxes .....		<u>1,738.</u>
Total	\$	<u><u>17,022.</u></u>

TAXABLE YEAR **2007** California Exempt Organization Business Income Tax Return

FORM 109

For calendar year 2007 or fiscal year beginning month **07** day **01** year **2007**, & ending month **06** day **30** year **2008**

California corporation or organization number **943167238**  
 FEIN **94-2581686**  
 Corporation/organization name **KIDANGO, INC**  
 Address (including suite, room, or PMB no.) **44000 OLD WARM SPRINGS BLVD**  
 City **FREMONT, CA** State ZIP Code **94538**

C Final return?  Dissolved  Surrendered (Withdrawn)   
 Merged/Reorganized  
 If a box is checked, enter effective date . @ \_\_\_\_\_  
 D Nature of trade or business \_\_\_\_\_  
 E Accounting method used **Accrual**  
 F Is this organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No  
 G Is this organization claiming any enterprise zone, Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits . @  Yes  No  
 H Unrelated Business Activity (UBA) Code @ **53120**

A Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No  
 B Is the organization currently under audit?  Yes  No

ORGANIZATIONAL REPORTS	1	Unrelated business taxable income from Side 2, Part II, line 30	@	1	<b>18,244.</b>
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, line 6. See instructions	@	2	
	3	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	@	3	
	4	Net Operating Loss deduction from form FTB 3805Q. See General Information N	@	4	<b>2,758.</b>
	5	Add line 3 and line 4	@	5	<b>2,758.</b>
	6	Net unrelated business taxable income. Subtract line 5 from the lesser of line 1 or line 2	@	6	<b>15,486.</b>
	7	Tax. <b>8.84 %</b> x line 6. See General Information J	@	7	<b>1,369.</b>
	8	Tax credits from Schedule B, line 7, or Schedule P (100). See Schedule B instructions	@	8	
	9	Balance. Subtract line 8 from line 7. If line 8 is greater than line 7, enter -0-	@	9	<b>1,369.</b>
ORGANIZATIONAL REPORTS	10	Unrelated business taxable income from Side 2, Part II, line 30	@	10	
	11	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	@	11	
	12	Net Operating Loss deduction from form FTB 3805V. See General Information N	@	12	
	13	Add line 11 and line 12	@	13	
	14	Net unrelated business taxable income. Subtract line 13 from line 10	@	14	
	15	Tax on amount on line 14. See General Information J	@	15	
	16	Tax credits from Schedule B, line 7, or Schedule P (541). See Schedule B instructions	@	16	
	17	Balance. Subtract line 16 from line 15. If line 16 is greater than line 15, enter -0-	@	17	
Total Tax	18	Tax from line 9 or line 17	@	18	<b>1,369.</b>
	19	Alternative minimum tax. See General Information O	@	19	
Payments	20	Total tax. Add line 18 and line 19	@	20	<b>1,369.</b>
	21	Overpayment from a prior year allowed as a credit	@	21	
	22	2007 estimated tax payments and taxes withheld	@	22	
	23	Amount paid with automatic extension (FTB 3539)	@	23	
Refund (Direct Deposit of Refund) or Amount Due	24	Total payments and credits. Add line 21 through line 23	@	24	
	25	Tax due. Subtract line 24 from line 20. Pay entire amount with return. See instructions	@	25	<b>1,369.</b>
	26	Overpayment. Subtract line 20 from line 24. See instructions	@	26	
	27	Enter amount of line 26 to be applied to 2008 estimate tax	@	27	
	28	Use tax. See instructions	@	28	
	29	Refund. If the sum of line 27 and line 28 is less than line 26, then subtract the total from line 26	@	29	
	a	Fill in the account information to have the refund directly deposited. Routing number	@	29a	
	b	Type: Checking @ <input type="checkbox"/> Savings @ <input type="checkbox"/> c Account Number	@	29c	
	30	Penalties and interest. See General Information M	@	30	
	31	@ <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
32	Total amount due. Add line 25, line 27, line 28, and line 30, then subtract line 26 from the result	@	32	<b>1,369.</b>	

Person to contact for additional information: \_\_\_\_\_ Telephone \_\_\_\_\_

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here: **G** \_\_\_\_\_ Date \_\_\_\_\_ Title **Executive Director** @ **510-897-6900**  
 Signature of officer \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Paid Preparer's Use Only: Paid Preparer's signature **G** \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Paid Preparer's SSN/PTIN **556-73-2657**  
 Firm's name (or yours, if self-employed) and address **Randolph Scott & Co CPAs Inc** @ FEIN **68-0446663**  
**G 1 Commercial Blvd., Suite 101**  
**Novato, CA 94949** Daytime telephone @ **(415) 883-8090**

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

Table with 13 rows for Part I. Line 13: Total unrelated trade or business income. Add line 3 through line 12. Total: 19,244.

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 30 rows for Part II. Line 30: Unrelated business taxable income. Subtract line 29 from line 28. Total: 18,244.

Schedule A Cost of Goods Sold and/or Operations Method of inventory valuation (specify)

Table with 7 rows for Schedule A. Line 7: Cost of goods sold and/or operations. Subtract line 6 from line 5.

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits Do not complete if you must file Schedule P (100 or 541).

Table with 7 rows for Schedule B. Line 7: Total. Add line 1 through line 6. Enter here and on Side 1, line 8, for corporations and associations, or line 16 for trusts.

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property		2 Rent received or accrued	3 Percentage of rent attributable to personal property	
			%	
			%	
			%	
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income			5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3	(b) Deductions directly connected with personal property (att sch)	(c) Net income includible, column 5(a) less column 5(b)
Add columns 4(b) and 5(c). Enter here and on Side 2, Part I, line 6				

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property			2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
				(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule) <b>St 1</b>
<b>44000 Old Warm Springs Blvd</b>			<b>45,695.</b>	<b>9,429.</b>	<b>17,022.</b>
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 e column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
<b>1,129,950.</b>	<b>1,125,044.</b>	<b>100.000 %</b>	<b>45,695.</b>	<b>26,451.</b>	<b>19,244.</b>
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					<b>19,244.</b>

Schedule E Investment Income of an R&TC Section 23701g, 23701i, or 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Income (Annuities, Interest, Rents, and Royalties) from Controlled Organizations

1 Name and address of controlled organizations		2 Gross income from controlled organizations	3 Deductions directly connected with column 2 income (attach schedule)	4 Exempt controlled organizations		(c) Percentage, column (a) e column (b)
				(a) Unrelated business taxable income	(b) Taxable income computed as though not exempt under Section 23701, or the amount in column (a), whichever is greater	
						%
						%
						%
5 Nonexempt controlled organizations			6 Gross income reportable, column 2 x column 4(c) or column 5(c)	7 Allowable deductions, column 3 x column 4(c) or column 5(c)	8 Net income includible, column 6 less column 7	
(a) Excess taxable income	(b) Taxable income or amount in column (a), whichever is greater	(c) Percentage, column (a) e (b)				
		%				
		%				
		%				
Total. Enter here and on Side 2, Part I, line 9						

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising income or excess advertising costs, 5 Circulation income, 6 Readership costs, 7 Instructions for calculation.

Part II Income from Periodicals Reported on a Separate Basis

Table with 7 columns for reporting income from periodicals on a separate basis.

Part III Column A ' Net Advertising Income

(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, columns 4 and 7

Part III Column B ' Excess Advertising Costs

(a) Enter 'consolidated periodical' and/or names of non-consolidated periodicals

(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4

Enter total here and on Side 2, Part I, line 11

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

Table with 6 columns: 1 Name of Officer, 2 SSN or ITIN, 3 Title, 4 Percent of time devoted to business, 5 Compensation attributable to unrelated business, 6 Expense account allowances.

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

Table with 7 columns: 1 Group and guideline class or description of property, 2 Date acquired, 3 Cost or other basis, 4 Depreciation allowed or allowable in prior years, 5 Method of computing depreciation, 6 Life or rate, 7 Depreciation for this year.

**Schedule K** Add-On taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834.....	?	1	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots .....	?	2a	
	b Method for non-dealer installment obligations .....	?	2b	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles.....	?	3	
4	Credit recapture. Credit name .....	?	4	
5	Total. Combine the amounts on line 1 through line 4. See instructions.....	?	5	

**Schedule R** Apportionment Formula Worksheet

Use only for unrelated trade or business amounts	(a) Total within and outside California	(b) Total within California	(c) Percent within California (b) e (a)
1 Property factor: See instructions .....			
2 Payroll factor: Wages and other compensation of employees.....			
3 Sales factor: Gross sales and/or receipts less returns and allowances.....			
4 Multiply the factor on line 3, column (c) by 2 .....			
5 Total percentage: Add the percentages in column (c) line 1, line 2, and line 4.....			
6 Average apportionment percentage: Divide the factor on line 5 by 4 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.....			

TAXABLE YEAR **2007** **Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations ' Corporations**

CALIFORNIA FORM **3805Q**

Attach to your California tax return (Form 100, Form 100S, Form 100W, or Form 109).

Corporation name <b>KIDANGO, INC</b>	California corporation number <b>943167238</b>
During the year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="checkbox"/> Exempt Organization <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN <b>94-2581686</b>

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number: \_\_\_\_\_

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

**Part I** Current year NOL. If you do not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number.....	1	
2 2007 disaster loss from line 1. Enter as a positive number.....	2	
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions.....	3	
4a Enter the amount of the loss incurred by a new business included in line 3.....	4a	
b Enter the amount of the loss incurred by an eligible small business included in line 3.....	4b	
c Add line 4a and line 4b.....	4c	
5 General NOL. Subtract line 4c from line 3.....	5	
6 2007 NOL carryover. Add line 2, line 4c, and line 5. See instructions.....	6	

**Part II** NOL carryover and disaster loss carryover limitations. See Instructions.

	(g) Available balance	
1 Net income (loss) * Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2.....	<b>18,244.</b>	

Prior Year NOLs

(a) Year of loss	(b) Code - See instrs for Part II, col (b)	(c) Type of NOL - See below	(d) Initial Loss	(e) Carryover from 2006	(f) Amount used in 2007		(h) Carryover to 2008 col (e) * col (f)
2	<b>2006</b>	<b>ESB</b>	<b>2,758.</b>	<b>2,758.</b>	<b>2,758.</b>	<b>15,486.</b>	<b>0.</b>

Current Year NOLs

(a) Year of loss	(b) Code - See instrs for Part II, col (b)	(c) Type of NOL - See below	(d) Initial Loss	(e) Carryover from 2006	(f) Amount used in 2007		(h) Carryover to 2008 col (e) * col (f)
3	2007	DIS					col (d) * col (f)
4	2007						
	2007						
	2007						
	2007						

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), Title 11 (T11), or Disaster (DIS).

**Part III** 2007 NOL deduction

1 Total the amounts in Part II, line 2, column (f).....	1	<b>2,758.</b>
2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0-.....	2	<b>0</b>
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 4.....	3	<b>2,758.</b>

Statement 1  
Form 109, Schedule D, Line 3b  
Other Deductions

44000 Old Warm Springs Blvd

Interest.....	\$	15,284.
Taxes.....		<u>1,738.</u>
Total	\$	<u><u>17,022.</u></u>