ś	Form	990-T	E	Exempt Organization Bus	sine	ss Income T		\	OMB No 1545-0047
	,	• •		(and proxy tax und			1006	'	0040
	_		For ca	lendar year 2019 or other tax year beginning $\c JUL \ 1$ ,	<u> 20</u>	19 , and ending JU	N 30, 202	<u>0</u>	2019
•	• Denarti	ment of the Treasury	1	► Go to www.irs.gov/Form990T for in				ŀ	Open to Public Inspection for
	Interna	Revenue Service	▶	Do not enter SSN numbers on this form as it may	be ma	de public if your organiza	ation is a 501(c)(3).		501(c)(3) Organizations Only
	A [	Check box if address changed		Name of organization (	hanged	and see instructions.)		(Emp	oyer identification number loyees' trust, see uctions )
	B Ex	empt under section	Print	Cribs for Kids, Inc.				2	5-1442806
		501(c)(3 ()3	or _	Number, street, and room or suite no. If a P.O. bo	x, see ir	nstructions.			ated business activity code
		408(e) 220(e)	Туре	5450 Second Avenue				]	··· •
		408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code			
		529(a)		Pittsburgh, PA 15207				532	000
	C Boo	k value of all assets nd of year		F Group exemption number (See instructions.)	<b>&gt;</b>				
		5,332,2	68.	G Check organization type ► X 501(c) cor	poration	n 501(c) trust	401(a)	trust	Other trust
			-	ation's unrelated trades or businesses.	1	Describe	the only (or first) un	related	
	trac	de or business here 🕽	► LE	ASE FOR SPACE		If only one,	complete Parts I-V.	If more	e than one,
	des	cribe the first in the b	lank spa	ace at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	e or
	bus	iness, then complete	Parts III	I-V.					
, `				poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	<b>▶</b> [	Y	es 🗶 No
_				tifying number of the parent corporation.				4.4	
		books are in care of	<u> </u>	Judith A. Bannon			one number 🕨 4		<del></del>
_	Pai	ti Unrelate	d Ira	de or Business Income	· T	(A) Income	(B) Expenses	<u> </u>	(G) Net
		Gross receipts or sale							[ .
		Less returns and allow		c Balance	1c		·		
		Cost of goods sold (S		•	2				- 1at
		Gross profit Subtract			3		<u> </u>		
		Capital gain net incon			4a				
				Part II, line 17) (attach Form 4797)	4b				
		Capital loss deduction			4c				
				ship or an S corporation (attach statement)	5			<del></del>	-
		Rent income (Schedu		ma (Cahadula E)	6	66,788.	26,7	69	40,019.
		Unrelated debt-finance		me (Schedule E) and rents from a controlled organization (Schedule F)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00,700.	20,7	0).	40,010.
				on 501(c)(7), (9), or (17) organization (Schedule G)					<del> </del>
		Exploited exempt acti			10				
		Advertising income (\$	•		11				
		Other income (See in		· ·	12		t _+		
		Total. Combine lines			13	66,788.	26,7	69.	40,019.
		rt II Deductio	ns N	ot Taken Elsewhere (See instructions for	or limit	ations on deductions.)	· · · · · · · · · · · · · · · · · · ·		·
	<u> </u>	(Deductions	must l	be directly connected with the unrelated busin	ness in	come)			
	14	Compensation of off	ficers, d	rectors, and trustees (Schedule K)				14	
Ď	15	Salaries and wages				EIVED		15	
S	16	Repairs and mainter	nance		F1C(	SEIAED		16	
Z	17	Bad debts				ျာ		17	
<b>Z</b>	18	Interest (attach sche	edule) (s	see instructions)	UN	1 2021		18	
DOBUND MAY	19	Taxes and licenses			_			19	<u> </u>
2	20	Depreciation (attach	Form 4	562)	M			<b> </b>	
5	21	Less depreciation cl	aimed o	n Schedule A and elsewhere on return	MU	EN, U 218		21b	ļ
_	22	Depletion						22	
	23	Contributions to def		<i>1</i>				23	
<u>ــ</u>	24	Employee benefit pr						24	<del></del>
3033	25	Excess exempt expe	,					25	<del> </del>
<b>.</b>	26	Excess readership c						26	
	27	Other deductions (a	/	•				27	0.
	28	Total deductions. A	,		nt line O	8 from line 12		28	40,019.
	29 30	,		income before net operating loss deduction. Subtractions arising in the years beginning on or after language.				29	=0,012.
	JU	(see instructions)	reraurig	loss arising in tax years beginning on or after Janua	ary 1,21	J 10		30	0.
	31	· <i>I</i> '	tayahla :	income. Subtract line 30 from line 29				31	40,019.
				rwork Reduction Act Notice, see instructions.		· · · · · · · · · · · · · · · · · · ·		1.51	Form <b>990-T</b> (2019)
	J	reres wings 11							\=0.0/

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Form 99	OLT (2019) Cribs for Kids, Inc.	25-1442806 Page 2
Par	Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 40,019.
33	Amounts paid for disallowed finges	39
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract tine 34 from the sum of lines 32 and 33	35 40,019.
_	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
36	Deligición for tel operantig loss atlang in extyeas beginning petide saturaly 1, 20 to (see insudución)	37 40,019.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	88 1,000.
// 38	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	
11	enter the smaller of zero or fine 37	39  39,019.
Par	Tax Computation	· · · · · · · · · · · · · · · · · · ·
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 8,194.
41	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)	41
42	Proxy tax. See instructions	42
43	Afternative minimum tax (trusts only)	43
	The an Instantiant at Callin Instance Conjunctioning	44
1 44	Tax on Noncompliant Facility Income. See instructions	45 8,194.
W 45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments	43   0,154.
-		<u> </u>
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 48a	: : 1
b	Other credits (see Instructions) 46b	ais!
C	General business credit. Attach Form 3800	4
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
9	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 8,194.
48	Subtract line 46e from line 45  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ettach schedule),	48
49	Total tax. Add lines 47 and 48 (see instructions)	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a		- 1-21
	2019 estimated tax payments 51b	1,3n / 1173/
		F F
		िर्दे
	Foreign organizations: Tax paid or withheld at source (see instructions)	[ <del>}</del> ]
e	Backup withholding (see Instructions)	£ 4
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	, ; ,
g		-, (5
	Form 4136 Other Total > 51g  Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if Form 2220 is attached >	
52	Total payments. Add lines 51a through 51g	52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	53 255.
54	Tax due. If fine 52 is less than the total of lines 49, 50, and 53, enter amount owed	54 8,449.
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
66	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56
Pän		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	169 10
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
		ليمينيا المساء
	here >	<u>X</u> _
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.	
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
Sign	Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ge and bolief, it is true,
		y the IRS discuss this return with
Here	Executive Director the	preparer shown below (see
	Sygnature of officer Date Title	tructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check if	
Paid	manned as mileton males and a	""
	parer CPA CPA 05/14/21	P00291637
-	70101	23-2415973
ŲSė	Only Firm's name Herbein + Company, Inc. Firm's EIN > 530 Pellis Rd, Ste 7000	43-4413713
	·	24 024 70E2
000744		24-834-7053
923711	U (*Z1 *Z)	Form <b>990-T</b> (2019)

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Schedule A - Cost of Goods	<b>Sold.</b> Enter method of invent	tory valuation N/A		
1 Inventory at beginning of year	1	6 Inventory at end of yea	r	6
2 Purchases	2	7 Cost of goods sold. Su	ubtract line 6 .	A. J. S.
3 Cost of labor	3	from line 5. Enter here	and in Part I,	
4a Additional section 263A costs		line 2		7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b	property produced or a	equired for resale) apply to	النشق لنفت
5 Total Add lines 1 through 4b	5	the organization?		
Schedule C - Rent Income (I (see instructions)	From Real Property and	Personal Property L	eased With Real Prope	erty) 
1 Description of property				
(1)		···		
(2)				
(3)		<u>.                                    </u>		
(4)				
	2. Rent received or accrued		3/a) Deductions directly c	onnected with the income in
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	than ' ' of rent for p	nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)	ge columns 2(a) and	2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)				
Total	O . Total		0.	
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column	(A) <b>&gt;</b>		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)		
		Gross income from     or allocable to debt-	3. Deductions directly conne to debt-finance	d property
Description of debt-fine	anced property	financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
		ļ	Statement 2	Statement 3
(1) 5450 SECOND AVENU		00 070	10.506	21 122
	L5207	98,872.	18,506.	21,123.
(3)				
(4)	<del></del>			
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	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))
Statement 4	Statement 5			
(1)		- %		
(2) 223,254.	330,491.	67.55%	66,788.	26,769.
(3)	<u> </u>	%		
(4)		%		ļ
	Statement 1		Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		▶	66,788.	26,769.
Total dividends-received deductions in	cluded in column 8	·		0.

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	<del>-</del>			Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organ	aization	2. Em identifi num	cation		elated income instructions)	4. Tot payr	al of specified ments made	5. Part of column 4 to included in the control organization's gross in		olling	6. Deductions directly connected with income in column 5
(1)		<del>                                     </del>		+						- +	
(2)		· · · · · ·									
(3)		1									
(4)											
Nonexempt Controlled Org	anizations										
7. Taxable Income	8. Net	unrelated incom	ne (loss)	9. Total	of specified payr made	nents	10 Part of column the controllingross	mn 9 thai ng organ s income	nization's	11. De with	ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
	-						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						•	li		0.		0 .
Schedule G - Investr		me of a S	Section	501(c)(7	'), (9), or (	17) Org	ganization	_			
(see II	nstructions)						3. Deductio	ne			5. Total deductions
1. 0	Description of inc	ome			2. Amount of	income	directly conne	cted	4. Set- (attach s	asides schedule)	and set-asides (col 3 plus col 4)
(1)											
(2)							-				
(3)											
(4)											
					Enter here and e Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals						0.					0
Schedule I - Exploite	d Exemp	t Activity	Incom	e, Other	Than Adv		g Income				
(see in:	structions)				1 .		_		1		<del></del>
1. Description of exploited activity	unrelate	Gross d business me from r business	directly with pi of ur	xpenses connected roduction irelated ss income	4. Net incon from unrelated business (co minus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity is is not unrelate business inco	hat ed	attribut	penses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)				_							<u> </u>
(3)								_	<u> </u>		<del>-</del>
(4)		=-							<u> </u>		<del></del>
	page	ere and on 1, Part I, ), col (A)	page	ere and on 1, Part I, ), col (B)							Enter here and on page 1, Part II, line 25
Totals Schedule J - Adverti	sing Inco	0.	note votio	0.	<u> </u>					-	
Part I Income From					hotebiles	Racic	<del></del> -				
raiti income rioi	ii renoui	cais nep	orteu o	ii a Con	soliuateu	Dasis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs		ising gain of 2 minus ain, comput arough 7	5. Circulat		6. Reade		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)	) ▶	(	o .	0	•						0.

## Form 990-T (2019) Cribs for Kids, Inc. 25-14428 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

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

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

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

Form 990-T (2019)

Form 990-T Schedule E - Unrelated Debt Average Adjusted Ba		Income	Statement 1
Description of Debt-Financed Property		Activity Number	<i>,</i>
5450 SECOND AVENUE, 2ND FLOOR, PITTSBURGH,	PA 15207	1	Amount
Average adjusted basis of property first day Average adjusted basis of property last day			336,796. 324,185.
Average adjusted basis of property for the	year		330,491.
Total to Form 990-T, Schedule E, Column 5			
Form 990-T Schedule E - Depreciation	n Deducti	on	Statement 2
	tivity umber	Amount	Total
DEPRECIATION EXPENSE - Subtotal -	1	18,506.	18,506.
Total of Form 990-T, Schedule E, Column 3(a	)		18,506.
Form 990-T Schedule E - Other Dec	ductions		Statement 3
	tivity umber	Amount	Total
OPERATING EXPENSES MORTGAGE INTEREST - Subtotal -	1	13,655. 7,468.	21,123.
Total of Form 990-T, Schedule E, Column 3(b	)		21,123.

Form 990-T Average Acquisition Allocable to Debt-Fin	n Debt on or nanced Prope	rty	Statement 4
Description	Activity Number	Amount	Total
AVERAGE ACQUISITION INDEBTEDNESS - Subtotal	- 1	223,254.	223,254.
Total of Form 990-T, Schedule E, Column	4		223,254.

Form 990-T	Average Adjusted Allocable to Debt-Fi		Statement 5	
Description		Activity Number	Amount	Total
AVERAGE ADJUSTED PROPERTY	D BASIS FOR DEBT-FINANCED			
Total of Form 99	90-T, Schedule E, Column	5		330,491