

Form **990-T**

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

OMB No. 1545-0047

# 2020

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_  
**Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed.		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	<b>Print or Type</b>	LITTLE BIT THERAPEUTIC RIDING CENTER Number, street, and room or suite no. If a P.O. box, see instructions. 18675 NE 106TH STREET City or town, state or province, country, and ZIP or foreign postal code REDMOND, WA 98052	91-1012131 <b>E</b> Group exemption number (see instructions)
	<b>C</b> Book value of all assets at end of year	10,862,062.	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
<b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <span style="float:right">1</span>			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.			
<b>L</b> The books are in care of <span style="float:right">SUSAN COUCH</span> Telephone number <span style="float:right">(425) 882-1554</span>			

### Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	446.
2 Reserved	2	
3 Add lines 1 and 2	3	446.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	446.
6 Deduction for net operating loss. See instructions STATEMENT 1	6	446.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

### Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>1b</b>	Other credits (see instructions)	<b>1b</b>	
<b>1c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>1d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>1e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	0.
<b>3</b>	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 Other (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	0.
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	0.
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	
<b>6b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	
<b>6c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>6d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>6e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>6f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>6g</b>	Other credits, adjustments, and payments: Form 2439 _____ Form 4136 _____ Other _____ Total	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>11</b>	

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

	Yes	No
<b>1</b> At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
<b>4a</b> Did the organization change its method of accounting? (see instructions)		X
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</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.				
	Signature of officer <i>Jennifer Becker Harris</i>	Date 8/30/2021	Title EXECUTIVE DIRECTOR	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JENNIFER BECKER HARRIS	Preparer's signature JENNIFER BECKER HARRIS	Date 08/26/21	Check if self-employed <input type="checkbox"/>	PTIN P00183358
	Firm's name <b>CLARK NUBER, PS</b>			Firm's EIN <b>91-1194016</b>	
	Firm's address <b>10900 NE 4TH ST, SUITE 1400 BELLEVUE, WA 98004</b>			Phone no. <b>425-454-4919</b>	

**SCHEDULE A  
(Form 990-T)**

ENTITY

1

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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<b>A</b> Name of the organization LITTLE BIT THERAPEUTIC RIDING CENTER		<b>B</b> Employer identification number 91-1012131	
<b>C</b> Unrelated business activity code (see instructions) ▶ 45		<b>D</b> Sequence: 1 of 1	

**E** Describe the unrelated trade or business ▶ MERCHANDISE SALES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales 2,579.			
<b>b</b>	Less returns and allowances			
<b>c</b>	Balance ▶	1c	2,579.	
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>2</b>	1,583.	
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>	996.	
<b>4 a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	<b>4a</b>		
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	<b>4b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b>	Rent income (Part IV)	<b>6</b>		
<b>7</b>	Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b>	Advertising income (Part IX)	<b>11</b>		
<b>12</b>	Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	996.	996.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b>	Salaries and wages	<b>2</b>	
<b>3</b>	Repairs and maintenance	<b>3</b>	
<b>4</b>	Bad debts	<b>4</b>	
<b>5</b>	Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b>	Taxes and licenses	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b>	Depletion	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>	
<b>11</b>	Employee benefit programs	<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>	
<b>14</b>	Other deductions (attach statement)	<b>14</b>	
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	550.
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	446.
<b>17</b>	Deduction for net operating loss (see instructions)	<b>17</b>	0.
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	446.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR	13,329.
PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6	446.

SCHEDULE A PORTION OF PRE-2018 NOL	
<u>SCHEDULE A ENTITY</u>	<u>SCHEDULE A SHARE</u>
1	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	446.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	0.
CARRY FORWARD OF NET OPERATING LOSS	12,883.