

Form 990-T

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

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning and ending

Go to 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).

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

Department of the Treasury Internal Revenue Service

Form header section A-E: Name of organization (LITTLE BIT THERAPEUTIC RIDING CENTER), address (18675 NE 106TH STREET, REDMOND, WA 98052), and identification numbers.

Form section C and G: Book value of all assets (10,707,299) and Check organization type (501(c) corporation).

Form section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (MERCHANDISE SALES).

Form section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-sub subsidiary controlled group? (Yes/No).

Form section J: The books are in care of (SUSAN COUCH) Telephone number (425) 882-1554

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Total.

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-31 including Total deductions and Unrelated business taxable income.

Part III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	2,311.
33	Amounts paid for disallowed fringes	0.
34	Charitable contributions (see instructions for limitation rules)	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	2,311.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	2,311.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	0.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	0.

Part IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	
42	Proxy tax. See instructions	
43	Alternative minimum tax (trusts only)	
44	Tax on Noncompliant Facility Income. See instructions	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	0.

Part V Tax and Payments		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a
b	Other credits (see instructions)	46b
c	General business credit. Attach Form 3800	46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	0.
48	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)	48
49	Total tax. Add lines 47 and 48 (see instructions)	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	0.
51a	Payments: A 2018 overpayment credited to 2019	51a
b	2019 estimated tax payments	51b
c	Tax deposited with Form 8868	51c 1,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d
e	Backup withholding (see instructions)	51e
f	Credit for small employer health insurance premiums (attach Form 8941)	51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g
52	Total payments. Add lines 51a through 51g	1,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	1,000.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	1,000.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 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	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
58	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.	<input type="checkbox"/> <input checked="" type="checkbox"/>
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	

Sign Here 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.

Jennifer Becker Harris 08/21/2020 **EXECUTIVE DIRECTOR**
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS	08/21/20		P00183358
Firm's name CLARK NUBER, PS			Firm's EIN 91-1194016	
Firm's address 10900 NE 4TH ST, SUITE 1400 BELLEVUE, WA 98004			Phone no. 425-454-4919	

FOOTNOTES

STATEMENT 1

THE ORGANIZATION IS USING THE TWO-DIGIT NAICS CODE OF: 45.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	24,183.	8,543.	15,640.	15,640.
NOL CARRYOVER AVAILABLE THIS YEAR			15,640.	15,640.