# \*\* PUBLIC DISCLOSURE COPY \*\*

Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Α	For t	ne 2017 calendar year, or tax year beginning	and	ending							
В	Check applica	of Decided Black Control of Contr			D Employer ide	ntifica	ition number				
	Add		TER								
	Nan Cha	nge Doing business as			91-1012131						
	Initi	Number and street (or P.U. box it mail is not de	livered to street address)	Room/suite							
L	Fina retu tern	n/ 100/3 NB 1001H SIREEL			(42	5) 88	32-1554				
	ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		<del></del>	9,491.			
느	retu App	REDMOND, WA 38032			H(a) Is this a grou						
L	tion pen	IF Name and address of principal officer:	A DEL GIUDICE		for subordin						
		SAME AS C ABOVE			H(b) Are all subordina			No			
		(),(),	<b>◄</b> (insert no.) 4947(a)(1)	or 527	1		st. (see instructio	ns)			
-		ite: WWW.LITTLEBIT.ORG			H(c) Group exem						
-		7 7 7	ssociation Other	L Year	of formation: 1976	M S	State of legal domi	cile; WA			
P	art I										
e	1	Briefly describe the organization's mission or mos SPIRITS OF CHILDREN & ADULTS WITH DIS.		E THE BOD	IES, MINDS &						
Governance	_				V 050/ -/-						
er.	2	Check this box  if the organization disco					ets.	۰			
ő	3	Number of voting members of the governing body				3		8			
જ	**	Number of independent voting members of the go				4					
ties	5	Total number of individuals employed in calendar				5		61			
Activities &	6	Total number of volunteers (estimate if necessary)				6		1104			
Ac		Total unrelated business revenue from Part VIII, co				7a		1,617.			
	1	Net unrelated business taxable income from Form	990-T, line 34	·····		7b		0.			
	1				Prior Year		Current Yea				
ē	8				1,928,9			9,536.			
Revenue	9				582,0			6,101.			
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4			18,7			1,708.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-43,8			6,734.				
	12	Total revenue - add lines 8 through 11 (must equal			2,485,8		2,380	0,611.			
	13	Grants and similar amounts paid (Part IX, column (				0.		0.			
	14	Benefits paid to or for members (Part IX, column (A				0.		0.			
es	15	Salaries, other compensation, employee benefits (		-	1,580,3		1,263	3,496.			
Expenses	16	Professional fundraising fees (Part IX, column (A),			5,6	35.		0.			
ă	l t	Total fundraising expenses (Part IX, column (D), lin		331.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d			1,019,5		<del></del>	9,898.			
	1	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		2,605,4			3,394.			
	19	Revenue less expenses. Subtract line 18 from line	12		-119,6		97	7,217.			
ts or				Beg	ginning of Current Y		End of Year				
Net Assets Fund Balar	20	Total assets (Part X, line 16)			10,568,8		10,721				
AA	21	Total liabilities (Part X, line 26)			1,440,8			3,708.			
		Net assets or fund balances. Subtract line 21 from	ı line 20		9,127,9	32.	9,307	7,523.			
	art l										
Und	ier per	alties of perjuly, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of	of my k	nowledge and beli	et, it is			
true	, corre	ct, and complete, Officiaration of preparer (other than office	er) is based on all information of wh	nich preparer	has any knowledge.	$\frac{1}{2}$	0				
		Must An surau			$\frac{100/2}{100}$	211	·				
Sig	n	Signature of officer /			Date /	•					
Hei	re	PAULA DEL GIUDICE, EXECUTIVE DIRE Type or print name and title	CTOR								
			Preparer's signature	TD	ate Check	.	II PTIN				
Paid	d	Print/Type preparer's name JENNIFER BECKER HARRIS	JENNIFER BECKER HARRIS		1 (22 (12 H		200183358				
			DEMILIER DECKER HARRIS	, vo	1 000.0	mployed	91-1194016				
	parer Only	Firm's name CLARK NUBER, PS	400		Firm's EIN	<u> </u>	)				
038	Unity	Firm's address 10900 NE 4TH ST, SUITE 1 BELLEVUE, WA 98004	<b>400</b>		Phone no.	125-4	54-4919				
N/	. 41		wa? (and instructions)		Triione ilo.	4	X Yes	No			
ivia	y une	RS discuss this return with the preparer shown about	ver (see instructions)				162 <u></u>	<u>INO</u>			

	990 (2017) LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131	Page 2
Par	t III   Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission:		
	IMPROVE THE BODIES, MINDS & SPIRITS OF CHILDREN & ADULTS WITH		
	DISABILITIES THROUGH EQUINE-ASSISTED THERAPIES AND ACTIVITIES, AND TO		
	BE AN INSPIRATION AND EDUCATIONAL RESOURCE TO THE THERAPEUTIC RIDING		
	PROFESSION BOTH REGIONALLY AND NATIONALLY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	·	Yes 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expens	ses, and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 1,615,096. including grants of \$ ) (Rever	rue \$	713,988.
	IN 2017, LITTLE BIT THERAPEUTIC RIDING CENTER ("LITTLE BIT") PROVIDED		
	SERVICES TO 331 UNDUPLICATED INDIVIDUALS WITH DISABILITIES, INCLUDING		
	80 PARTICIPANTS OF ALL ABILITIES THROUGH OUR EIGHT, WEEK-LONG SUMMER		
	CAMPS AND TWO ONE-DAY CAMPS. IN EACH OF OUR FORTY WEEKS OF REGULAR		
	SESSIONS, LITTLE BIT SERVED 192 PARTICIPANTS, ASSISTED BY 302		
	VOLUNTEERS.		
	LITTLE BIT HAS TWO MAIN PROGRAMS: EQUINE-ASSISTED THERAPY AND ADAPTIVE		
	RIDING.		
	EQUINE-ASSISTED THERAPY IS A RECOGNIZED, INTENSIVE MEDICAL THERAPY		
	DURING WHICH A LICENSED PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPIST		
4b	(Code: ) (Expenses \$ 25,244. including grants of \$ ) (Rever	nue \$	27,780.
	LITTLE BIT HOSTS WORKSHOPS/CERTIFICATION FOR PATH INTERNATIONAL AND		
	AMERICAN HIPPOTHERAPY ASSOCIATION (AHA). THESE WORKSHOPS PROVIDE		
	EDUCATION AND TRAINING TO POTENTIAL PATH INSTRUCTORS FOR THERAPEUTIC		
	HORSEMANSHIP AND THERAPISTS FOR HIPPOTHERAPY. IN 2017, WE OFFERED: A		
	PATH EQUINE SPECIALIST IN MENTAL HEALTH AND LEARNING WORKSHOP &		
	HORSEMANSHIP SKILLS TEST; A PATH REGISTERED INSTRUCTOR WORKSHOP &		
	CERTIFICATION; AND AN AHA LEVEL II WORKSHOP, FOR A TOTAL OF 58		
	PARTICIPANTS.		
4c	(Code: ) (Expenses \$ 2,711. including grants of \$ ) (Rever	nue \$	4,333.
	LITTLE BIT HOSTS MEMORIAL HORSE SHOWS TO PROVIDE AN OPPORTUNITY FOR OUR	* *****	······································
	PARTICIPANTS TO SHOWCASE THEIR RIDING SKILLS. IN 2017, WE HAD 79		
	PARTICIPANTS JUDGED ON THEIR ABILITIES IN A VARIETY OF SKILL LEVELS ON	·····	
	HORSEBACK. THIS IS A UNIQUE OPPORTUNITY FOR MANY OF OUR PARTICIPANTS TO		·····
	EARN MERIT BASED AWARDS AND COMPETE AGAINST PEERS IN A SPORT THAT THEY		
	TRAIN AND PRACTICE FOR YEAR ROUND.		
4d	Other program services (Describe in Schedule O.)	<del></del>	,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Expenses \$ including grapts of \$ ) (Percents \$	1	

1,643,051.

4e Total program service expenses ▶

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Form 990 (2017) LITTLE BIT THERAPE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	\$100 B		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	ا ا	.,	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	l	х
			~~~	

Form 990 (2017)

LITTLE BIT THERAPEUTIC RIDIT Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I Dani I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<del></del>
2.0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /f "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):		Aug A	
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C		28c		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	<del>                                     </del>
29		29	<u> </u>	<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	000		x
0.4	contributions? If "Yes," complete Schedule M	30		<del>  ^</del> -
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		x
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			١.,
	Part V, line 1	34	ļ	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b> </b>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l <u>.</u>
	If "Yes," complete Schedule R, Part V, line 2	36	<b> </b>	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

# Form 990 (2017) LITTLE BIT THERAPEUTIC RIDING CENTER Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response or note to any line in this Part V					
***************************************					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	20			
b		1b	0	100	148,000	
С	mental to the state of the stat	eporta	ble gaming	13 No. 4		
	(gambling) winnings to prize winners?			1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		W. S.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a	х	
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:			15 40		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			l
	any contributions that were not tax deductible as charitable contributions?			6a	ļ	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	gifts			
	were not tax deductible?			6b	-52400 <i>#</i> 56	20.000.20
7	Organizations that may receive deductible contributions under section 170(c).		ravided to the equar		x	Septiment
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	x	<b></b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		<b></b>
С	to file Form 8282?	-	inea	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				1,44,44
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		†?	7e	386,000,000	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				151	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40	amounts due or received from them.)	11b				91811
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	- 1		12a	A3352 F	53689
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ŀ	13a	40000000000	MENDA.
а	Is the organization licensed to issue qualified health plans in more than one state?			ıod		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	· · · · · · · · · · · · · · · · · · ·	13b				
^	Enter the amount of reserves on hand	13c				
	The body of the second of the			14a	+24014(Zeni)	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			х
Sec	tion A. Governing Body and Management		r	r
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		ľ
	If there are material differences in voting rights among members of the governing body, or if the governing	\$ profession	M311	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	<b>의</b> (2.77)	Cresis	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	51.50	Sa t	
	officer, director, trustee, or key employee?	2	ļ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	Х	ļ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	4,811	Sec.	- XV
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11. 4%		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	gp -040	9%.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	å vad		104
а	The organization's CEO, Executive Director, or top management official	15a	х	
h	Other officers or key employees of the organization	15b	х	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	28 January 18	bes ö	19.74
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	sadiji	
100	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	7/3/2	currit;	
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	\$ 74%	Todayly .	995.7
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	1 100	<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►WA			
		امانمىر		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made those available. Check all that apply	avalidL	ΝC	
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)			
10	• • • • • • • • • • • • • • • • • • • •	A 6:	اماما	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SUSAN COUCH - (425) 882-1554  18675 NE 106TH STREET REDMOND WA 98052			

91-1012131

Form 990 (2017)

Part VII	Compensation of Officers, Directors, Trustees, Key Empl	oyees, Highest Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		_
		/	 •

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization n	or any related	orga	aniza	ation	col	mpe	nsat	ed any current officer, of	director, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition	ነ than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	Cer ar	iu a c	III ecit	31/0 GS	Tee,	from	from related	other
	(list any	irecto						the	organizations	compensation from the
	hours for related	e or d	ig Eg			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	trus		ag.	mpen		(***271033***********************************		and related
	below	Individual trustee or director	Institutional trustee	L	oldm	stco	la 1			organizations
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			
(1) SALLY GREGG	1,70									
CHAIR		x		х	<u> </u>			0.	0.	0.
(2) CHRISTY HALE	0.70									
SECRETARY		X		Х		丄		0.	0.	0.
(3) PAT MCCOWAN	0.70									•
VICE CHAIR		Х		X		<u> </u>		0,	0.	0.
(4) TRACEY TREWIN	0.70							_	_	_
TREASURER	ļ	X	<u> </u>	х		<u> </u>		0.	0.	0.
(5) JANET BROWN	0.70									
DIRECTOR		X	<u> </u>	<u> </u>		<u> </u>	_	0.	0.	0.
(6) JOHN PLAISTED	0.70	l								•
DIRECTOR	0.70	Х	ļ	<u> </u>	_	_		0.	0.	0.
(7) CHRISTINE HAWKINS	0.70	х						0.	0.	0.
DIRECTOR BEGINNING 06/2017	0,70	_	├	<u> </u>	-	<del> </del>	_	0.	٥,	0,
(8) ROBERT GRAVES DIRECTOR BEGINNING 08/2017	0.70	х						0.	0.	0.
(9) PAULA DEL GIUDICE	40,00	_			_	-		٠,	V.	••
EXECUTIVE DIRECTOR BEGINNING 05/2017	40.00			x				66,667.	0.	8,877.
(10) SUE CAMOU	40.00		_		<u> </u>			00,007.	0,	
CONTRACT INTERIM ED THRU 04/2017	30.00			х				42,750.	0.	0.
			-					22,750.		
			<u> </u>							-
								-		
***************************************										
									:	
·										
	***************************************		Ш							
			Ш							- 000 (

Form 990 (2017)

Part VIII S	Section A. Officers, Directors, Trus	T	ploy	ees/	, an	d H	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable			stimat	
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensati		ar	mount	-
		(list any		Γ			Т	T T	from the	from relate organization		corr	other pensa	
		hours for	individual trustee or director				L.		organization	(W-2/1099-MI			rom th	
		related	Se of	stee			nsate		(W-2/1099-MISC)	(21 27 1000 1111	00,		anizat	
		organizations	trust	al tru		ake	adwo		` ′			•	d relat	
		below	vidua	Institutional trustee	je j	Key employee	Highest compensated employee	Former				org	anizati	ions
	**************************************	line)	ibil.	is is	Officer	ě.	哥哥	ğ						
		! 	$\mathbf{I}$											
			ļ			-	┝			<b>*************************************</b>				
				_		_	<u> </u>							
			1											
					L			_		<del></del>				
			1											
***************************************			T		Ī	<b></b>	T			<del></del>				
			┢	ļ		-	<u> </u>	-						
			1_											
	otal								109,417.		0.		8	,877.
	rom continuation sheets to Part V								0.		0,			0.
	add lines 1b and 1c)								109,417.		0.		8	,877.
	umber of individuals (including but rnsation from the organization	ot limited to th	nose	liste	ed a	bov	e) wi	no re	eceived more than \$100	0,000 of reportab	ole			o
compe	risation from the organization					····					····		Yes	No
3 Did the	organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	-			
	? If "Yes," complete Schedule J for s											3	<u> </u>	х
	y individual listed on line 1a, is the so ated organizations greater than \$15											4		x
	y person listed on line 1a receive or												-114	
render	ed to the organization? If "Yes," con	plete Schedui	le J	for s	uch	per.	son					5		х
Section B.	Independent Contractors													<b></b>
	ete this table for your five highest co										mpens	ation	from	
the org	panization. Report compensation for (A)	trie calendar y	rear	ena	ing v	MILIT	Or w	/11.6111	(B)	year.	Г		C)	
	Name and business	address	NO	NE					Description of s	services	С		ensatio	n
								$\neg$						
								-		<del>, , ,</del>	├			
***************************************														
	umber of independent contractors (		not l	imite	d to	the		stec	d above) who received n	nore than			~	
\$100,0	00 of compensation from the organ	zation 🕨					0				L			

Form 990 (2017) LITTLE BIT
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a respon	se or note to any li	ne in this Part VIII		*************	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ats sta	1 a	Federated campaigns	1a	12,766.				
irar	ı	Membership dues					101 399 201 1504	
Ĕ,	1	Fundraising events		304,289.				10 m (10 m)
##	1	Related organizations						
s, G	ł	Government grants (contribution						
Sign	l .	All other contributions, gifts, grant	·			19.00		
PE E	Ι.	similar amounts not included abov		1,322,481.				
Ξō	١ ,	Noncash contributions included in lines		157,091.				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			1,639,536.			
	· · · · · ·			Business Code				
o o	2 a	TUITION		624310	677,608.	677,608.	Activity (Anthonia Color of the color of the	2 x x x x x x x x x x x x x x x x x x x
Š	l b			624310	27,780.	27,780.		
Ser	c			624310	24,650.	24,650.	<del> </del>	
E Š	, A	ASSESSMENT FEES		624310	11,730.	11,730.	<del> </del>	
Program Service Revenue		HORSE SHOWS		624310	4,333.	4,333.		
P.	f	All other program service rever	NIA					
	ı	Total. Add lines 2a-2f			746,101.			1 11
	3	Investment income (including of			,			
	ľ	other similar amounts)			17,369.			17,369.
	4	Income from investment of tax			,			
	5	Royalties	•	•				<u> </u>
		Noyanies	(i) Real	(ii) Personal				
	6 a	Gross rents	24,63					
		Less: rental expenses	ii	0.	no su servicio de para está de servicio.		0.000	
		Rental income or (loss)	24,63	8.				
		Net rental income or (loss)			24,638.			24,638.
		Gross amount from sales of	(i) Securities					
	, .	assets other than inventory	80.06					
	b	Less: cost or other basis	······································					
		and sales expenses	79,50	2. 1,825.				
	c	Gain or (loss)	56		and the second s			
		Net gain or (loss)			4,339.		era mengahanda Aprahanca da saka	4,339.
		Gross income from fundraising			,			
evenue		•	289. of					
e e		contributions reported on line	<del></del>					
Other Re		Part IV, line 18	•	a 108,750.				
먎	h	Less: direct expenses		b 173,013.				
0		Net income or (loss) from fundr		<b>.</b> .	-64,263.			-64,263.
		Gross income from gaming act	-					
		Part IV, line 19		a 4,675.				
	b	Less: direct expenses		b 3,500.				
		Net income or (loss) from gamin		<b>&gt;</b>	1,175.		W. 10	1,175.
		Gross sales of inventory, less re						
		and allowances		a 12,756.				
	b	Less: cost of goods sold		b 1,040.				
		Net income or (loss) from sales		· .	11,716.		1,617.	10,099.
ı	<u></u>	Miscellaneous Revenue		Business Code				
Ì	11 a							
	b							
	c	**************************************				<u> </u>		
l		All other revenue						
İ							apate Eval nglebi kata	
ŀ	12	Total revenue. See instructions.			2,380,611.	746,101.	1,617.	-6,643.
					<del></del>			

# Form 990 (2017) LITTLE BIT THERAPEUT Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			Eq. (Co. Co.	
	and domestic governments. See Part IV, line 21			a eye g	eromer e (E).
2	Grants and other assistance to domestic				eren de la Bij
	individuals. See Part IV, line 22			, entitions	e programa (A. A. A
3	Grants and other assistance to foreign			santa karamatan da kabupatan	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			es con pepal Alymen spir	
4	Benefits paid to or for members			in the committee of the	
5	Compensation of current officers, directors,	55 544	44 220	25 122	25 552
_	trustees, and key employees	75,544.	11,332.	26,439.	37,773.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	964,453.	725,913.	99,522.	139,018.
7	Other salaries and wages	304,433.	123,313.	33,322.	135,010,
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	96,618.	83,394.	3,677.	9,547.
10	Payroll taxes	126,881.	102,341.	10,262.	14,278.
11	Fees for services (non-employees):	120,001.	102,541.	10,200.	14,270,
'' a	Management	69,198.		44,250.	24,948.
b	Legal	,,			
	Accounting	25,400.		25,400.	
d	Lobbying			,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	806.		806.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	82,115.	17,863.	37,291.	26,961.
12	Advertising and promotion			<u>,</u>	
13	Office expenses	134,757.	60,979.	52,781.	20,997.
14	Information technology	18,000.	13,962.	1,108.	2,930.
15	Royalties				
16	Occupancy	110,275.	90,995.	13,443.	5,837.
17	Travel	10,579.	6,232.	4,161.	186.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,348.	33,336.	664.	348.
20	Interest	11,733.		11,733.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	269,597.	247,774.	8,386.	13,437.
23	Insurance	15,582.	14,739.	203.	640.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)			An est a Spensia Significação transferências de d	esta tecnoliji et ili ili ili Vistoriji delik ili ili ili ili ili ili ili ili ili
	amount, list line 24e expenses on Schedule 0.)	100 605	100 605	print and a bandarial are	Per Application as the
a	BARN OPERATIONS REPAIRS AND MAINTENANCE	188,695. 46,102.	188,695.	886.	2,431.
D	HORSE SHOWS		42,785.	000,	2,431.
c C	NONCE BROND	2,711.	2,711.		
d	All other expanses			***************************************	
95 25	All other expenses  Total functional expenses. Add lines 1 through 24e	2,283,394.	1,643,051.	341,012.	299,331.
<u>25</u> 26	Joint costs. Complete this line only if the organization	4,203,394.	1,040,001.	J41,V12.	277,331.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, <del> </del>				
70001	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2017)

Form 990 (2017)
Part X | Balance Sheet

		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			575,763.	1	643,399.
	2	Savings and temporary cash investments		.,,	180,362.	2	330,600.
	3	Pledges and grants receivable, net			152,467.	3	257,925
	4	Accounts receivable, net			2,812.	4	4,283.
	5	Loans and other receivables from current and f					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual				ira Sata	
ţ		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use	1,200.	8	0.		
	9	Prepaid expenses and deferred charges	29,874.	9	27,400.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,554,074.			
	b			1,723,176.	9,081,857.	10c	8,830,898.
	11	Investments - publicly traded securities	544,472.	11	626,726.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ	10,568,807.	16	10,721,231.		
	17	Accounts payable and accrued expenses	120,371.	17	90,571.		
	18	Grants payable		18			
	19	Deferred revenue			140,367.	19	169,056.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons.			
iab		Complete Part II of Schedule L			134,500.	22	0.
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	1,045,637.	23	1,154,081.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,440,875.	26	1,413,708.
		Organizations that follow SFAS 117 (ASC 958		k here 🚩 🗓 and			
ses		complete lines 27 through 29, and lines 33 ar				18119.0	
auc	27	Unrestricted net assets	8,199,872.	27	8,067,433.		
Bai	28	Temporarily restricted net assets	329,160.	28	641,190.		
pu	29				598,900.	29	598,900.
Ē		Organizations that do not follow SFAS 117 (A					
õ		and complete lines 30 through 34.				1 3/1/4	· 中華 在 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed		1		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0 407 000	32	0 207 502
-	33	Total net assets or fund balances			9,127,932.	33	9,307,523.
	34	Total liabilities and net assets/fund balances			10,568,807.	34	10,721,231.

Form **990** (2017)

	1930 (2017)			1 4	90
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	**********			Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,380	,611.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,283	, 394
3	Revenue less expenses. Subtract line 2 from line 1	3		97	,217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9	,127	,932.
5	Net unrealized gains (losses) on investments	5		82	,374.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	,307,	,523,
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		13.5	57	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.		43	ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	φv		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		4.4	3.1	
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	- 1. E	30	
	consolidated basis, or both:			28.3	
	X Separate basis Consolidated basis Both consolidated and separate basis		1977	1945	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		74	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scl	nedule O.	- 1	78.	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2017)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LITTLE BIT THERAPEUTIC RIDING CENTER

Employer identification number 91-1012131

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 L An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations ..... g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (vi) Amount of other (i) Name of supported (ii) EIN (v) Amount of monetary n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,525,528.	1,627,042.	1,324,159.	1,928,963.	1,639,536.	8,045,228.
2	Tax revenues levied for the organ-		A				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,525,528.	1,627,042.	1,324,159.	1,928,963.	1,639,536.	8,045,228.
	The portion of total contributions	Action telephone	Serve Arthunides er	s piece is illustrates.	g vidovovjedane.	artafith, caalit John	······································
_	by each person (other than a	lane di tribela alivera.	the state of	to tred side item.		ari saris cultivacue	
	governmental unit or publicly					winder with the	
	supported organization) included		. Cili i sali patang ta	oj asakary vigo	Page Kataking Into Data puls	safificaci yilinca	
	on line 1 that exceeds 2% of the	mielide pi tessa.		กอบอลสำหังของก		การประชา ได้จักกันและ	
	amount shown on line 11,				o apero i Herry be		
	column (f)		ger da egrente d'estat des				1,320,233.
6	Public support. Subtract line 5 from line 4.	a nevides delivers si produce	Company of the Section 1991 (1991)		Title dan American - Viscolar		6,724,995.
	etion B. Total Support	I Marie 1990 and Berlin Committee Co	3 15 2 19 10 9 25 7 15 10 3 B U 1 1 19 1 1		regional and a second special	er green de dronofida v. Endy	*, ***,****
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,525,528.	1,627,042.	1,324,159.	1,928,963.	1,639,536.	8,045,228.
8	Gross income from interest,				_,,		
Ü	dividends, payments received on						
	securities loans, rents, royalties,		,				
	and income from similar sources	9,782.	22,358.	45,216.	43,600.	42,007.	162,963.
9	Net income from unrelated business			,	20,000.	,	
9	activities, whether or not the						
		7,837.					7,837.
40	business is regularly carried on  Other income. Do not include gain	.,,,,,					,,,,,,
10							
	or loss from the sale of capital	610.		27,101.	2,923.		30,634.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10	And a complete some means	en aktigen kun anna ar a	27,101.		svija u programa po programa.	8,246,662.
	•			Properties Resident	Brain or empre a situation	40	2,830,792.
	Gross receipts from related activities	•		6		12	2,030,732.
13	First five years. If the Form 990 is fo	=			-	n 501(c)(3)	- □
Sec	organization, check this box and storection C. Computation of Pub						
	Public support percentage for 2017 (			noluma (fl)		14	81.55 %
						15	
	Public support percentage from 2016					L	
102	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
47.							
1/2	1 10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					IU% or
	more, and if the organization meets to						. —
	organization meets the "facts-and-cir		-	•			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17i	o, check this box a	ind see instructions	<u> </u>

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		A					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities						***************************************	
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
Ŀ	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that						i	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)	4 33 1						
Sec	ction B. Total Support					A CONTRACTOR CONTRACTOR AND AN ADVANCED BY CONTRACTOR OF THE CONTR		
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	Amounts from line 6	<u> </u>	\\				.,	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
c	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First five years. If the Form 990 is for	the organization's	s first second thir	d fourth or fifth ta	x vear as a sectio	n 501(c)(3) organiz	ation	
• •	check this box and <b>stop here</b>	•			-			
Sec	tion C. Computation of Publ							
	Public support percentage for 2017 (I	<del></del>		olumn (fi)		15		
16	Public support percentage from 2016					16	%	
-	tion D. Computation of Inves							
	Investment income percentage for 20			e 13. column (f))		17	%	
	Investment income percentage from 2					18	<del></del>	
	33 1/3% support tests - 2017. If the							
.00	more than 33 1/3%, check this box ar	_						
h	33 1/3% support tests - 2016. If the							
S	line 18 is not more than 33 1/3%, che	-						
20			20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions					

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Page 5

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>		<del></del>	····
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1000	
	below, the governing body of a supported organization?	а		
b	A family member of a person described in (a) above?	b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	С		
	ction B. Type I Supporting Organizations		<u></u>	h
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	17 (18)		\$1000
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		Parties (M.C.)	1900/07
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			L. Carlo
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	4166		
	supervised, or controlled the supporting organization.			<u> </u>
Sec	ction C. Type II Supporting Organizations			r
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			<u> </u>
Sec	ction D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			Ĺ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			102
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions	i).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			Sec
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	.		
<b>h</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	<b>★</b> : 1 : 1			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	<del>'</del>	54,574	100
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	$\dashv$	30,00	11 12 12
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u> </u>		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	on Nov. 20, 1970 (explain in I	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1000	iki terjet met er til mediske i til besom	di majwat IY nga
	instructions for short tax year or assets held for part of year):	400		rijija vojavalnasty:
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1774 UA	za tvátní se Asjyni ky mesiacejelek	na processor of the section of
	factors (explain in detail in Part VI):		je najevena v	ragina bishooyayaya shi
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		unigera (marenaria espesada Si 1875 espesadans espesadas	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	n evgeteljation s mojetjýsten	
2	Enter 85% of line 1	2	tidig om med proteit længig. L	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	i dikarin nyaétékan	
4	Enter greater of line 2 or line 3	4	PRESENT REPORTED	
5	Income tax imposed in prior year	5	ing filipata terminang ang ang	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		ell jedjivirali odrbylikine oc	
	emergency temporary reduction (see instructions)	6	h Might be there's either or	
7	Check here if the current year is the organization's first as a non-functionally	y integr	rated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Pa	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizatio	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·		
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsiv	re	
	(provide details in Part VI). See instructions.		······································	
9	Distributable amount for 2017 from Section C, line 6	······································		
10	Line 8 amount divided by line 9 amount		·	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			77.7
d	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016		galaggia kajara en 1904 kija kija kija kija kija kija. Kiji kaja kija kija kija kija kija kija k	
e	Excess from 2017		regions in a property that are property and the	and the ray making plants of state of the

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Sect t V, Section B, line 1e;	ion C,
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
REFUNDS		
2015 AMOUNT: \$ 27,101.		
2016 AMOUNT: \$ 2,923.		
MISCELLANEOUS		
2013 AMOUNT: \$ 610.		
	·	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

2017

	TTLE BIT THERAPEUTIC RIDING CENTER	91-1012131		
Organization type (check of	ne).			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.		
General Rule				
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amounline 1. Complete Parts I and II.	or 16b, and that received from		
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization th	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	orm 990, 990-EZ, or 990-PF),		
	Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fone filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	rm 990-PF, Part I, line 2, to		
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2017)		

Name of organization	Employer identification number
LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$94,786.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 65,300.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$47,266.	Person X Payroll

Name of organization	Employer identification number
LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)
23452 11-01	-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number

LITTLE BIT THERAPEUTIC RIDING CENTER

91-1012131

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of orga	anization		Employer identification number
LITTLE BI	T THERAPEUTIC RIDING CENTER  Exclusively religious charitable etc. co	ntributions to organizations described in	91-1012131 section 501(c)(7), (8), or (10) that total more than \$1,000 for
*******	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	columns (a) through (e) and the followin ous, charitable, etc., contributions of \$1,000 or les	a line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Ful pose of gift	(c) use of gift	(d) Description of now girt is field
		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
•			

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LITTLE BIT THERAPEUTIC RIDING CENTER

Employer identification number 91-1012131

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered Tes Off FORM 330, Fall IV, lift	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	***************************************	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pa	t II   Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ea		cally important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes th	e organization's accounting for
	conservation easements.		
Ра	rt III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of publi	c service, provide the following amount
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 1		<b>.</b> .
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		🕨 💲

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets/continued)	-		Collections of A			ASSIIFAS O	r Othe	ar Simil	ar Asse	ts/contin	raye z
Check all that apply :											
a Public exhibition   d	3		on, and other record	s, спеск	any of the	iollowing that	are a si	ignincant	use or its	collection	ritems
b Scholarly research e Other    Other   Other		, [	_	г .							
c			d								
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  7. To be sold to raise funds rather than to be maintained as part of the organization's collection?  8. Part XII   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or  8. To be sold to raise funds a manual form 1990, Part X, line 21.  1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:  C. Beginning balance  C. Botherburds during the year  1 to 10	b										
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	С	·									
The sold to raise funds rather than to be maintained as part of the organization's collection?	4	•	· · · · · · · · · · · · · · · · · · ·		-	-			ose in Par	t XIII.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10, line	5									٦	
Table   Tabl											No
18	Pa		-	te if the c	organizatio	n answered "`	Yes" on	Form 990	), Part IV,	line 9, or	
The process of the arrangement in Part XIII and complete the following table:											
Part	1a								_	٦.	
Additions during the year   10   10   10   10   10   10   10   1									ـــــ	J Yes	∟ No
C   Beginning balance     1c	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:			,T			
d Additions during the year  E Distributions during the year  1 Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?								-		Amount	
e Distributions during the year f Ending balance   1	С	Beginning balance						. 1c			
1	d	Additions during the year						. 1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year						. <u>1e</u>	·····	······································	
Part V   Endowment Funds. Complete if the explanation has been provided on Part XIII   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years   (d) Three years back   (d) Three years bac	f	Ending balance						1f		<u> </u>	
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	<b>2</b> a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	scrow or cu	ustodial accou	ınt liabil	ity?	L	Yes	L No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years   (d) Three yea	b										
1a Beginning of year balance 647,390. 636,641. 634,859. 615,882. 634,056. b Contributions c Net investment earnings, gains, and losses of Grants or scholarships 99,058. 41,452. 9,033. 33,559. 16,982. d Grants or scholarships 60 Her expenditures for facilities and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 636,641. 634,859. 615,882. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 636,641. 634,859. 615,882. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. 30,703. 7,251. 14,682. 35,156. d Grants and programs 16,805. d Grants and programs 17,905. d Grants and programs 18,805. d Gr	Pa	rt V Endowment Funds. Complete i	f the organization and	swered "\	Yes" on Fo	rm 990, Part					
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 16,805, 30,703, 7,251, 14,682, 35,156.  f Administrative expenses g End of year balance 729,643, 647,390, 636,641, 634,859, 615,882.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 82.08 % c Temporarily restricted endowment ▶ 17,92 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations by:  7 Yes No 3a(i) x X 3a(i) x X 3a(i) x X 3b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) depreciation  1a Land 264,000, 2,320,817, (c) Accumulated depreciation  1b Buildings 4 Land 5 Casehold improvements 6 Equipment 7 15 Casehold improvements 7 29,643, 00,67, 00,67, 00,93,109, 00,000,000,000,000,000,000,000,000,0			(a) Current year	(b) Pri	or year	(c) Two years	back	<b>(d)</b> Three y	ears back	(e) Four	years back
C   Net investment earnings, gains, and losses   99,058   41,452   9,033   33,659   16,982     G   Grants or scholarships	1a	Beginning of year balance	647,390.		636,641.	634	,859.	6	15,882.		634,056.
d Grants or scholarships e Other expenditures for facilities and programs 16,805. 30,703. 7,251. 14,682. 35,156.  f Administrative expenses g End of year balance 729,643. 647,390. 636,641. 634,859. 615,882.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	b	Contributions									
Parametr	С	Net investment earnings, gains, and losses	99,058.		41,452.	9	,033.		33,659.		16,982.
Parametr	d	Grants or scholarships									
File   Administrative expenses   1	е										
f   downinstrative expenses   729   643   647   390   636   641   634   859   615   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882   882		and programs	16,805.		30,703.	7	,251.		14,682.		35,156.
Find of year balance   729,643,   647,390,   636,641,   634,859,   615,882,	f										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	g		729,643.	(	547,390.	636	,641.	6	34,859.		615,882.
Board designated or quasi-endowment ▶ 32.08		•	ent year end balance	e (line 1g,	column (a	)) held as:					***************************************
b Permanent endowment ▶ 82.08	а				•	,,					
Temporarily restricted endowment ▶ 17.92 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       ▼es       No         5b: (i) unrelated organizations       3a(i)       X         5b: If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3a(i)       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         b Buildings       264,000       2,320,817       (2,584,817       456         b Buildings       6,739,265       1,127,809       5,611,456         c Leasehold improvements       6,739,265       1,127,809       5,611,456         c Leasehold improvements       870,067       394,109       475,958		• •	%	<del></del> '							
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a	С		17.92 %								
Are there endowment funds not in the possession of the organization that are held and administered for the organization   Yes   No   Yes   No   Xes			uld equal 100%.								
Part VI   Land, Buildings, and Equipment   Land   Buildings   Land   Buildings   Land   Buildings   Buildings   Land   Buildings   Build	За			tion that	are held a	nd administer	ed for th	ne organiz	ation		
(i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?       3b	-		00.0 01 1 0 0 94							Γ	Yes No
(ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?       3b       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       264,000.       2,320,817.       2,584,817.       2,584,817.         b Buildings       6,739,265.       1,127,809.       5,611,456.         c Leasehold improvements       359,925.       201,258.       158,667.         d Equipment       359,925.       201,258.       158,667.         e Other       870,067.       394,109.       475,958.		•									
b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  basis (other)  (c) Accumulated depreciation  (d) Book value  2,584,817.  Buildings  C Leasehold improvements  d Equipment  d Equipment  e Other  Other		and the state of t									
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation  Land 264,000. 2,320,817. 2,584,817.  Buildings 6,739,265. 1,127,809. 5,611,456.  Leasehold improvements 6 359,925. 201,258. 158,667.  Equipment 870,067. 394,109. 475,958.	h									<del></del>	
Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation           1a         Land         264,000.         2,320,817.         2,584,817.           b         Buildings         6,739,265.         1,127,809.         5,611,456.           c         Leasehold improvements         359,925.         201,258.         158,667.           e         Other         870,067.         394,109.         475,958.										L	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation											
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         264,000.         2,320,817.         2,584,817.           b Buildings         6,739,265.         1,127,809.         5,611,456.           c Leasehold improvements         359,925.         201,258.         158,667.           e Other         870,067.         394,109.         475,958.				Part IV.	line 11a. S	ee Form 990.	Part X.	line 10.			
basis (investment)         basis (other)         depreciation           1a Land         264,000.         2,320,817.         2,584,817.           b Buildings         6,739,265.         1,127,809.         5,611,456.           c Leasehold improvements         359,925.         201,258.         158,667.           e Other         870,067.         394,109.         475,958.					<del></del>				d	(d) Book	value
1a Land     264,000.     2,320,817.     2,584,817.       b Buildings     6,739,265.     1,127,809.     5,611,456.       c Leasehold improvements     359,925.     201,258.     158,667.       e Other     870,067.     394,109.     475,958.		becomplient of property	1						_	(,	
b Buildings     6,739,265.     1,127,809.     5,611,456.       c Leasehold improvements     359,925.     201,258.     158,667.       e Other     870,067.     394,109.     475,958.	12	Land								2 .	584.817.
c Leasehold improvements     359,925.     201,258.     158,667.       e Other     870,067.     394,109.     475,958.			··	<del></del>		<u> </u>		1,127	809.		
d Equipment     359,925.     201,258.     158,667.       e Other     870,067.     394,109.     475,958.										<u>-</u>	
e Other 870,067. 394,109. 475,958.	_					359,925.		201	258.		158,667.
				K. column	(B), line 1				<b>&gt;</b>		

Page 3

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value			id-of-year market value
(4) P	(b) DOOR VAIGE	(C) Metriod Or	valuation. Oost of Cr	o your market value
(1) Financial derivatives (2) Closely-held equity interests				
(3) Other				
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				-1 -6
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			4	
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			emaki ji sa sa sa	Standard (Standard)
Part IX Other Assets.				
Complete if the organization answered "Yes" of		e 11d. See Form 990	), Part X, line 15.	
(a) C	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	***************************************			
(9)	**************************************	***************************************		***************************************
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<b>&gt;</b>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV. lin	e 11e or 11f. See Fo	rm 990. Part X. line 2	5.
(a) Description of liability		(b) Book value	in subtention sage of the	The same of the sa
(1) Federal income taxes			- Váskovský fil ok	
(2)			<b>-</b>	
(3)				
			-	
(4) (E)			<b>-</b>	
(5)				
(6)				
(7)			and the specification of the specific control of	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u> </u>	
2. Liability for uncertain tax positions. In Part XIII, provide				
organization's liability for uncertain tax positions under	FIN 48 (ASC 740). Chec	k here if the text of t	the footnote has beer	n provided in Part XIII 📖

	Complete if the organization answered "Yes" on Form 990, Part		141	2,461,396
1	Total revenue, gains, and other support per audited financial statement	·s	1	2,461,396
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1 92 274		
a	· · · · · · · · · · · · · · · · · · ·			
	Donated services and use of facilities		4 1	
	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d -3,517	1 .	00 505
е			2e	80,785
3	Subtract line 2e from line 1		3	2,380,611
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	4144	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ				
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	2,380,611.
Ра	rt XII Reconciliation of Expenses per Audited Financia		Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part		<del> </del>	0 001 005
1	Total expenses and losses per audited financial statements		1	2,281,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities		1	
b	Prior year adjustments	i i		
С	Other losses			
d	, , , , , , , , , , , , , , , , , , , ,		1888	
е	Add lines 2a through 2d		2e	1,928.
3	Subtract line 2e from line 1		3	2,279,877.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	t t		
а	Investment expenses not included on Form 990, Part VIII, line 7b		Lance	
b	Other (Describe in Part XIII.)	4b 3,517.		
С	Add lines 4a and 4b		4c	3,517.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II	ine 18.)	5	2,283,394.
Pa	rt XIII  Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part V, line	4; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional information.		
PART	? V, LINE 4:			
		TOP MINISTON AND		
	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED	FOR TUITION AID		
THE	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED			
THE				
THE	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM T			
THE	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED			
THE	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM T			
THE	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM T			
THE IN T	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.			
THE IN T	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM T			
IN T	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWNENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:	HE GENERAL		
IN T	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.			
IN TENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWNENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:	HE GENERAL		
IN TENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:	-2,711.		
THE IN 1 ENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:	-2,711.		
THE IN 1 ENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TOWNS THE WORLD STREET STRE	-2,711. -806.		
THE IN 1 ENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TOWNS THE WORLD STREET STRE	-2,711. -806.		
THE IN 1 ENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:  THE EARNINGS FROM THE USED TO SUPPORT GENERAL OPERATIONS.	-2,711. -806.		
THE IN 1 ENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:  THE EARNINGS FROM THE USED TO SUPPORT GENERAL OPERATIONS.	-2,711. -806.		
THE IN 1 ENDO	EARNINGS FROM THE SCHOLARSHIP ENDOWMENT FUND ARE USED THE ADAPTIVE AND THERAPY PROGRAMS. THE EARNINGS FROM TO TOWMENT FUND ARE USED TO SUPPORT GENERAL OPERATIONS.  TO XI, LINE 2D - OTHER ADJUSTMENTS:  THE EARNINGS FROM THE USED THE EARNINGS FROM THE EARNINGS FROM TO THE EARNINGS FROM THE EARNINGS FR	-2,711. -806.		

Schedule D (Form 990) 2017 LITTLE BIT THERAPEUTIC RI	DING CENTER	91-1012131	Page 5
Schedule D (Form 990) 2017 LITTLE BIT THERAPEUTIC RI Part XIII   Supplemental Information (continued)			
INVESTMENT MANAGEMENT FEES	806.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	3,517.		·
MINOR AND			
	· · · · · · · · · · · · · · · · · · ·		
		WEST-	
		,	

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047
2017

Open to Public Inspection

Employer identification number

LITTLE BIT THERAPEUTIC RIDING CENTER						01-1012131	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>&gt;</b>				
<ol><li>List all states in which the organizatio or licensing.</li></ol>	n is registered or licensed to solicit o	contrib	utions	or has been notified	ditise	cempt from re	egistration
							· · · · · · · · · · · · · · · · · · ·
			······				
			,				
		····				<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

Schedule G (Form 990 or 990-EZ) 2017 LITTLE BIT THERAPEUTIC RIDING CENTER 91-1012131 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through AUCTION LUNCHEON col. (c)) (event type) (event type) (total number) Revenue 326,374 86,665 413,039. 1 Gross receipts 2 Less: Contributions 224,059 80,230, 304,289. 6,435. 102,315. 108,750. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 51,055. 7 Food and beverages 41,997. 9,058 2,700. 2,700. 8 Entertainment 116,992. 2,266. 119,258. 9 Other direct expenses 173,013. 10 Direct expense summary. Add lines 4 through 9 in column (d) -64,263, 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) .... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_ Yes

b If "Yes," explain: \_\_\_

Sch	edule G (Form 990 or 990-EZ) 2017 LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	*********	
	The organization's facility	13a	%
	An outside facility	[	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		
•	and the field and dedices of the person time properties the digularizations gaining operations are reserved.	<b>.</b>	
	Name	######################################	***************************************
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	nt	
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Caning manager compensation • • • • • • • • • • • • • • • • • • •		
	Description of services provided		
		A	·····
	☐ Director/officer ☐ Employee ☐ Independent contractor		
4-	NA . Add		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes	□ No
	retain the state gaming license?		IIIO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tne	
Da	organization's own exempt activities during the tax year  \$\bigset\$ \$\text{TIV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		40h 45h
га		in III, lines 9, 90,	100, 150,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
		<u>,</u>	
. ——			

Schedule C	G (Form 990 or 990-EZ)	LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)		
<u> </u>				
			A CONTRACTOR OF THE CONTRACTOR	
	· · · · · · · · · · · · · · · · · · ·			

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

LITTLE BIT THERAPEUTIC RIDING CENTER

Employer identification number 91-1012131

Га	rt i Types of Froherty							
		(a) Check if applicable	(b)  Number of  contributions or  items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of c noncash contrib	letermining		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods					-		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	······································						
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or	*************************						
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -					-		
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	x	389	96,459	FAIR MARKET VALU	ΙE		
26	Other (EQUINE EQUIP)	Х	128	51,948	FAIR MARKET VALU	ΙE		
27	Other (MISC.	X	22	8,684	FAIR MARKET VALU	1E		
28	Other ()						**********	
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions				
	for which the organization completed Form 828	3, Part IV, [	Donee Acknowledg	gement 29			0	
						Y	es	No
30a	During the year, did the organization receive by	contributio	n any property rep	oorted in Part I, lines 1 throu	igh 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be	used for			
	exempt purposes for the entire holding period?				,,	30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contrib	utions?	31 X		
32a	Does the organization hire or use third parties o	r related or	ganizations to soli	cit, process, or sell noncast	ı			
	contributions?					32a	$\perp$	X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 LITTLE BIT THERAPEUTIC RIDING CENTER	91-1012131	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	133, and whether the orga combination of both. Also	nization
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF ITEMS DONATED.		
	***************************************	
	***************************************	

### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 91-1012131 LITTLE BIT THERAPEUTIC RIDING CENTER FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EQUINE-ASSISTED THERAPIES AND ACTIVITIES, AND TO BE AN INSPIRATION AND EDUCATIONAL RESOURCE TO THE THERAPEUTIC RIDING PROFESSION BOTH REGIONALLY AND NATIONALLY. FORM 990, PART I, LINE 6 1,096 INDIVIDUALS AND 8 BOARD MEMBERS DONATED 30,070 (UNAUDITED) HOURS OF THEIR TIME IN 2017, VOLUNTEERS PARTICIPATED IN THERAPY SESSIONS ADAPTIVE RIDING LESSONS, FACILITIES MAINTENANCE, EQUINE CARE ADMINISTRATIVE AND FUNDRAISING ACTIVITIES FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WORKS WITH A PATIENT. INCORPORATING THE MOVEMENT OF THE HORSE. OR THE HORSE ITSELF. AS PART OF THE TREATMENT. THERE WERE A TOTAL OF 1,617 THERAPY TREATMENTS IN 2017. ADAPTIVE RIDING FOCUSES ON INCREASING INDIVIDUAL RIDING SKILLS WHILE GAINING THERAPEUTIC BENEFITS. LESSONS ARE TAUGHT BY ONE OF OUR PATH INTERNATIONAL CERTIFIED INSTRUCTORS. PARTICIPANTS SHOW IMPROVED INDEPENDENCE, SELF-ESTEEM, CONCENTRATION, VERBAL FLUENCY AND REDUCED ANXIETY. THERE WERE A TOTAL OF 6,148 ADAPTIVE RIDING LESSONS IN 2017. FORM 990, PART VI, SECTION A, LINE 3: SUE CAMOU SERVED AS INTERIM EXECUTIVE DIRECTOR FROM JANUARY 1, 2017 THROUGH MAY 7, 2017. LITTLE BIT THERAPEUTIC RIDING CENTER PAID LOVEALL PRICE & ASSOCIATES FOR THE INTERIM EXECUTIVE DIRECTOR MANAGEMENT SERVICES. IN

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization  LITTLE BIT THERAPEUTIC RIDING CENTER	Employer identification number 91-1012131
COMPLIANCE WITH REPORTING REQUIREMENTS, MS. CAMOU'S COMPENSATION FROM	
LOVEALL PRICE & ASSOCIATES WAS REQUESTED, BUT IS UNAVAILABLE.	
FORM 990, PART VI, SECTION A, LINE 4:	
THE BYLAWS WERE AMENDED NOVEMBER 15, 2017 WITH THE FOLLOWING CHANGES:	
SECTION 3.1: CHANGED THE EXECUTIVE BOARD TITLES FROM "PRESIDENT" TO "CHAIR"	
AND FROM "VICE PRESIDENT" TO "VICE CHAIR".	
SECTION 2.14: STATES MEMBERS MAY MISS NO MORE THAN THREE MEETINGS PER YEAR.	
SECTION 4.1: STATES THAT AN ADVISORY COUNCIL SHALL BE APPOINTED BY THE	water water to the second of t
BOARD TO ASSIST THE BOARD WITH PROJECTS.	
SECTION 2.1: REPLACES BOARD OF DIRECTORS WITH BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE ENTIRE BOARD OF TRUSTEES AND THE EXECUTIVE	
DIRECTOR PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS AND PROSPECTIVE BOARD MEMBERS REVIEW AND SIGN THE	
CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS, ANY POTENTIAL CONFLICTS OF	
INTEREST ARE DISCUSSED AT THE BOARD LEVEL, AND A DETERMINATION IS MADE BY A	
MAJORITY VOTE OF THE DISINTERESTED BOARD MEMBERS AS TO WHETHER OR NOT A	
CONFLICT EXISTS. THE EXECUTIVE DIRECTOR REVIEWS THE MATTER AND COULD EITHER	
MAKE THE BOARD MEMBER WITH THE CONFLICT INELIGIBLE TO VOTE, OR THE BOARD	
MEMBER COULD RECUSE HIM OR HERSELF FROM VOTES THAT MAY PERTAIN TO THE CAUSE	
OF THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS BASED ON THE WASHINGTON EMDLOVED BENEFIT AND WASE SHOWEY	

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Name of the organization  LITTLE BIT THERAPEUTIC RIDING CENTER	Employer identification number 91-1012131
RESULTS FOR A GIVEN YEAR, AS WELL AS AN ANNUAL EVALUATION OF PERFORMANCE.	
THIS IS DONE EACH YEAR FOR ALL EMPLOYEES. THE LAST COMPENSATION REVIEW FOR	
THE EXECUTIVE DIRECTOR WAS IN MARCH 2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED FINANCIAL RESULTS FOR THE YEARS ARE CONDENSED INTO AN ANNUAL	
REPORT THAT IS POSTED ON THE WEBSITE AND PROVIDED TO OUR DONORS UPON	
REQUEST. FULL AUDITED FINANCIALS ARE ALSO AVAILABLE UPON REQUEST. CONFLICT	
OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON	
REQUEST.	
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