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

Form 990-T	990-T Exempt Organization Business Income Tax Return							
rum UUU I	(and proxy tax under section 6033(e))							
	For cal	endar year 2018 or other tax year beginning		, and ending			2018	
Department of the Treasury Internal Revenue Service	<b>&gt;</b>	► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may	structio be mad	ns and the latest inform de public if your organiz	ation. ation is a 501(c)(3).	O 50	pen to Public Inspection for 01(c)(3) Organizations Only	
A Check box if address changed		Name of organization ( Check box if name c		yer identification number yees' trust, see tions.)				
	Print	LITTLE BIT THERAPEUTIC RIDING CEN	TER			91-	-1012131	
Exempt under section  x 501(c)(3)	Or	Number, street, and room or suite no. If a P.O. box		structions		E Unrelat	ted business activity code	
408(e) 220(e)	Type	18675 NE 106TH STREET	N, 300 III	Sti detions.		(See ins	structions.)	
408A 530(a)		City or town, state or province, country, and ZIP o	r foreigr	nostal code				
529(a)		REDMOND, WA 98052	i ioreigi	i postar codo		900004	4	
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b>&gt;</b>					
10,834	993.	G Check organization type 🕨 🗓 x 501(c) corp	ooration	501(c) trust	401(a)	trust	Other trust	
H Enter the number of the	organiza	tion's unrelated trades or businesses.	1	Describe	the only (or first) unr	related		
trade or business here	► MERC	HANDISE SALES		. If only one,	complete Parts I-V. I	f more t	than one,	
describe the first in the b	lank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	or	
business, then complete								
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	<b>&gt;</b> L	Yes	x No	
If "Yes," enter the name a	nd iden	tifying number of the parent corporation.						
J The books are in care of					one number 🕨 (4			
Part I Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale	S	6,169.						
b Less returns and allow	vances	c Balance▶	1c	6,169.				
2 Cost of goods sold (S	chedule	A, line 7)	2	2,165.				
3 Gross profit, Subtract	line 2 fi	rom line 1c	3	4,004.			4,004.	
4a Capital gain net incon	ne (attac	h Schedule D)	4a					
<b>b</b> Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction	for tru	sts	4c					
5 Income (loss) from a	partner	ship or an S corporation (attach statement)	5					
6 Rent income (Schedu	ile C)		6					
7 Unrelated debt-finance	ed inco	me (Schedule E)	7					
		and rents from a controlled organization (Schedule F)		4				
9 Investment income of	f a secti	on 501(c)(7), (9), or (17) organization (Schedule G	9		-			
10 Exploited exempt acti	vity inco	ome (Schedule I)	10					
11 Advertising income (	Schedul	e J)	11			eracerona e		
12 Other income (See in	structio	ns; attach schedule)	12		100		4.004	
13 Total. Combine lines	3 throu	ıgh 12	13	4,004.			4,004.	
Part II Deduction	ns N	ot Taken Elsewhere (See instructions f	or limita	ations on deductions.)	) es income \			
		utions, deductions must be directly connecte				1 44 1		
•		rectors, and trustees (Schedule K)				14 15		
						16		
·						17		
						18		
•		see instructions)				19		
						20		
		e instructions for limitation rules)			***************************************	20		
21 Depreciation (attach	Form 4	562)		21		201		
		n Schedule A and elsewhere on return				22b 23		
						24		
		ompensation plans				25		
						26		
		chedule I)				27		
		chedule J)				28		
· · · · · · · · · · · · · · · · · · ·		hedule)				29	0.	
		s 14 through 28				30	4,004.	
		income before net operating loss deduction. Subtra				31	1,002.	
31 Deduction for net o	perating	loss arising in tax years beginning on or after Janu	ary 1, 2	o to (see instructions)		32	4,004.	
		income. Subtract line 31 from line 30				1 02	Form <b>990-T</b> (2018)	

Part I	II.	Total Unrelated Business Taxa	ble Income						
33	Total	of unrelated business taxable income comput	ed from all unrelated trad	les or businesses	(see instruction	ns)		33	4,004.
34		unts paid for disallowed fringes						34	
35	Dedu	ction for net operating loss arising in tax years	beginning before Janua	rv 1. 2018 (see ir	structions)	STMT 1		35	4,004.
36		of unrelated business taxable income before s	···		-,				
		33 and 34	.   .	36					
37		ific deduction (Generally \$1,000, but see line 3	7 instructions for except	ione)			··· ├-;	37	1,000.
38	Unre	lated business taxable income. Subtract line	37 from line 36. If line 37	7 ie greater than I	ina 26		···	31	1,000.
•		the smaller of zero or line 36					l.	20	0
Part I	VI :	Tax Computation					<u>   '</u>	38	0.
39		nizations Taxable as Corporations. Multiply l	no 29 by 219/ (0.21)					00	
40	True	s Taxable at Trust Rates. See instructions for	tay computation Incom		int on line 20 f		<b>&gt;</b>  _:	39	0.
70		Tay rate cohedule or Cohedule D. (For							
44	Dear	Tax rate schedule or Schedule D (For	III 1041)	••••••		!	<b>~</b>	40	
41	Alter	/ tax. See instructions					▶  _'	41	
42	Aiteri	native minimum tax (trusts only)		•••••			<u>                                  </u>	42	***************************************
43	Taxo	n Noncompliant Facility Income. See instruc	tions					43	
44	iotai	. Add lines 41, 42, and 43 to line 39 or 40, wh	chever applies					44	0.
	-	Tax and Payments						Some Sold	
		gn tax credit (corporations attach Form 1118;							
b		credits (see instructions)			45b				
C	Gene	ral business credit. Attach Form 3800	,		45c				
đ	Credi	t for prior year minimum tax (attach Form 880	1 or 8827)		45d				
е	Total	credits. Add lines 45a through 45d					4	5e	
46	Subtr	act line 45e from line 44		*********			4	46	0.
47	Uther	taxes. Check if from: Form 4255	Form 8611 L Form 8	3697 📖 Form	8866 0	ther (attach schedu	le) 4	47	
48	Total	tax. Add lines 46 and 47 (see instructions) $\dots$					🔽	48	0.
49	2018	net 965 tax liability paid from Form 965-A or I	orm 965-B, Part II, colui	mn (k), line 2	.>		7	49	0.
50 a	Paym	ents: A 2017 overpayment credited to 2018	***************************************		50a				
b	2018	estimated tax payments			50b				
C	Tax d	eposited with Form 8868			50c				
d	Foreig	gn organizations: Tax paid or withheld at sourc	e (see instructions)		50d				
е	Backı	ıp withholding (see instructions)			50e				
f	Credi	t for small employer health insurance premiun	is (attach Form 8941)		50f				
g	Other	credits, adjustments, and payments: Fo	rm 2439						
		Form 4136 Ot	her	Total 1	► 50g				
51	Total	payments. Add lines 50a through 50g						51	
52	Estim	ated tax penalty (see instructions). Check if Fo	rm 2220 is attached				··	52	
53	Tax	ue. If line 51 is less than the total of lines 48,	49, and 52, enter amount	owed				53	
54	Over	payment. If line 51 is larger than the total of lir	nes 48, 49, and 52, enter	amount overpaid		······		54	
55		the amount of line 54 you want; Credited to 2				Refunded		55	
Part V		Statements Regarding Certain		her Informa	ation (see in			<u> </u>	
56		time during the 2018 calendar year, did the c					***************************************		Yes No
		a financial account (bank, securities, or other)							100
		N Form 114, Report of Foreign Bank and Fina							
	here		, .		/u. u.g uuu	,,			х
57	Durin	the tax year, did the organization receive a d	istribution from or was it	the granter of o	r transferor to	a foreign trust?			X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file.								
58		the amount of tax-exempt interest received or		ear ► \$					
	Un	der penalties of perjury. Erfectare that I have examined	this return, including accom-	anving echadulae a	nd statements, ar	id to the best of my	knowled	ige and belief, it	is true.
Sign	CO	ಗವರ, and complete Declaration of preparer (other than	taxpayer) is based on all info	ormation of which pr	eparer has any kn	owledge.			,
Here		Mark A Held June 1	1a/2/19	EXECUTIV	E DIRECTOR			he IRS discuss th	
		Signature of officer	Date /	Title				eparer shown be ctions)?	res No
		Print/Type preparer's name	Preparer's signature	· · · · · · · · · · · · · · · · · · ·	Date	Check		PTIN	
Dمنط		· · · A E - E - A Essay o months	oparar o digitatara		Juio	self- employ		I I IIN	
Paid	<b></b>	JENNIFER BECKER HARRIS	JENNIFER BECKER 1	HARRIS	9/24/19	Jen-employ	00	P0018335	R
Prepa		Firm's name ▶ CLARK NUBER, PS				Firm's EIN		91-11940	
Use C	niy	10900 NE 4TH ST	SUITE 1400			CHIH S EHV		/ L - L L J 4 U	
		Firm's address   BELLEVUE, WA 98	•			Phone no	425-	-454-4919	

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	valuation N/A				
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	r		6	0.
2 Purchases		2,165.		Cost of goods sold. Su				
3 Cost of labor				from line 5. Enter here a	and in F	Part I,		
4a Additional section 263A costs				line 2			7	2,165.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Ye	s No
b Other costs (attach schedule)				property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	2,165.		the organization?				х
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Pe	rsonal Property	Lease	ed With Real Prop	erty)	***************************************
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3(a)Deductions directly of	connected with the incon	ne in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for p	ersona	sonal property (if the percenta if property exceeds 50% or if sed on profit or income)	ige	columns 2(a) and	l 2(b) (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column					0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Deb	t-Finance	d Income (see	instrı	uctions)				
				2. Gross income from		3. Deductions directly conn to debt-finance	d property	
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduc (attach schedu	
(1)			<b></b>					
(2)			T					
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property h schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable ded (column 6 x total o 3(a) and 3(t	f columns
(1)			T	%				
(2)				%				
(3)				%				
(4)				%				
			-			inter here and on page 1, Part I, line 7, column (A).	Enter here and on Part I, line 7, colur	
Totals				•		0.	.	0.
Total dividends-received deductions in	cluded in colum	n 8						0.

Schedule F - Interest,	Annuitie	s, Royal	ties, ar	<b>~~~~</b>				atior	<b>1S</b> (see ins	struction	s)
1. Name of controlled organizat	ion	2. Emp identific numb	ation	3. Net unre	Controlled O	4. Tota	ons al of specified nents made	5. Part of column 4 included in the control organization's gross		rolling	6. Deductions directly connected with income in column 5
		1101112						o gamz	ation 5 grood		in column 5
(1)					***************************************						
(2)											
(3)											
(4)											
Nonexempt Controlled Organi											
7. Taxable Income		nrelated incom see instructions		9. Total o	of specified pay made	ments	10. Part of colu in the controll gross		ization's		ductions directly connected income in column 10
(1)											
(2)					***************************************						
(3)							***************************************				
(4)											
							Add colur Enter here and line 8,		1, Part I,	1	dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals					*******	▶			0.		0 ,
Schedule G - Investme (see inst	ent Inco	me of a	Section	1 501(c)(	7), (9), or	(17) Or	ganizatior	1			
1. Desc	ription of inco	ome			2. Amount of	fincome	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)			······································		E.A			No whether the	SECSION PROPERTY OF THE PROPER		
Tabela					Enter here and Part I, line 9, co	olumn (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals Fundaited					Ti A	0.					0
Schedule I - Exploited (see instru	-	CACTIVITY	incom	ie, Otnei	r inan Ad	avertisi	ng incom	Э			
(see insur	T T T T T T T T T T T T T T T T T T T				4						<u> </u>
1. Description of exploited activity	unrelated incon	Gross 1 business ne from business	directly with pr of un	cpenses connected roduction related ss income	4. Net incor from unrelate business (c minus colun gain, compu througl	d trade or olumn 2 nn 3), if a te cols, 5	<ol><li>Gross inc from activity is not unrela business inc</li></ol>	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
	page	ere and on 1, Part I, , col. (A).	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 26.
Schedule J - Advertisi	1	0.		0.							0
Part I Income From					colidator	l Boois					
Fait I income From	Periodic	cais nep	ortea c	m a Con	Solidated	ı Dasis					
					1 4		<u> </u>		1		T 7
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (col. 3). If a g	rtising gain col. 2 minus gain, comput through 7.			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Tatale (corny to Port II line (5))											

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0,	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form 990-T (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	24,183.	4,539.	19,644.	19,644.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	19,644.	19,644.

LITTLE BIT THERAPEUTIC

EIN: 91-1012131

FORM 990-T, PART II, LINE 35

12/31/2018

## Net Operating Loss Carryforward Schedule

Year End	Ori	ginal NOL	ent Year Available		ent Year Utilized	Amount	Expired	Car	Amount cryforward
12/31/15	\$	24,183	\$ 19,644	\$	4,004	\$	-	\$	15,640
			Tota	l NOL c	arryforwar	d to 12,	/31/2019:	\$	15,640

•		