	•			_				
Fi) 990-T	Exempt Org	ganization Bus	sine	ss Income Ta	ax Return	\	OMB No 1545-0687	
()		(and proxy tax und				<u>,</u>	2040	
₩ , ₄		ax year beginning JUL 1,				<u>9</u>	2018	
Department of the Treasury Internal Revenue Service	► Go to www.lrs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3).							
A Check box if address changed	Name of organization	n (Check box if name o	changed	and see instructions.)		D Emplo	oyer identification number oyees' trust, see ctions)	
B Exempt under section	Print LITTLE RE		9	1-6053563				
X 501(c()(3)	or Number, street, and	Number, street, and room or suite no. If a P.O. box, see instructions.						
408(e) 220(e)		ERETT MALL WA				(300 !!	nstructions)	
408A 530(a) 529(a)	City or town, state of EVERETT,	r province, country, and ZIP o		n postal code] 531:	120	
C Book value of all assets at end of year	- 0	number (See instructions.)	>					
at end of year 3,859,6	2 . 6 Check organization	n type 🕨 🗓 501(c) cor	·	n 501(c) trust	401(a)	trust	Other trust	
H Enter the number of the	ganization's unrelated trade:		1	Describe t	the only (or first) un	related		
-	SEE STATEME				complete Parts I-V.			
•	•	revious sentence, complete Pa	arte I an	id II, complete a Schedule	M for each addition	al trade	or	
business, then complete							s X No	
	ie corporation a subsidiary ii d identifying number of the j	n an affiliated group or a pare	nt-subs	idiary controlled group?	▶ [Ye	S A NO	
	PENNY YATE			Telenho	one number > 4	25-	353-5656	
	Trade or Business			(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale				,,,,		$\neg \neg$	· · ·	
b Less returns and allo	inces	c Balance	1c					
2 Cost of goods sold (S			2					
3 Gross profit. Subtract		·	3				_	
4a Capital gain net incon	(attach Schedule D)		4a				_	
b Net gain (loss) (Form	797, Part II, line 17) (attach	Form 4797)	4b					
· c Capital loss deduction	or trusts		4c					
5 Income (loss) from a	artnership or an S corporatio	on (attach statement)	5					
6 Rent income (Schedu	C) .		6					
7 Unrelated debt-finance	i income (Schedule E)		7	19,490.	<u> </u>	22.	1,668.	
8 Interest, annuities, roy	ties, and rents from a contro	illed organization (Schedule F)	8					
		17) organization (Schedule G)	9	·				
•	ty income (Schedule I)		10	ļ				
11 Advertising income (S			11					
•	ructions; attach schedule)		12	10 10	15.0		1 660	
13 Total Combine lines		horo (O. i.u. u	13	19,490.	17,8	22.	1,668.	
		here (See instructions for must be directly connected			income.)			
14 Compensation of off	ers, directors, and trustees (Schedule K)				14		
15 Salaries and wages		25050	3	• •		15		
16 Repairs and mainter	nce	RECEIVED	!			16		
17 Bad debts		J.S.	ļ			17		
•	ıle) (see ınstructions)	MAR 0 2 2020			•	18		
19 Taxes and licenses	101	1 S	1	•		19		
20 Charitable contributi	ns (See instructions for-limit		ļ	1 1		20		
21 Depreciation (attach		GDEN, UT	!	21				
22 Less depreciation cla	ned on Schedule A and else	where on return	•	22a		22b		
23 Depletion						23		
24 Contributions to def	red compensation plans					24		
Taxes and licenses Charitable contributi Depreciation (attach Less depreciation cli Depletion Contributions to def Employee benefit pri Excess exempt expe Cother deductions (at Directions (at Direction	•	•		•		25		
28 Excess exempt expe27 Excess readership c				•		26		
27 Excess readership c28 Other deductions (at	•			•	•	27	<u> </u>	
29 Total deductions. A	t lines 14 through 28			•	•	28	0.	
30 Unrelated business t		rating loss deduction. Subtrac	rt line a	Q from line 12	• •	30	1,668.	
31 Deduction for net op		rating loss deduction. Subtrat rs beginning on or after Janua				31	1,000.	
	ating loss ansing in tax year able income. Subtract line 3	-	41 y 1, ∠(o 10 (300 11130 UUUU113)	1:	32	1,668.	
	Paperwork Reduction Act N				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1 1	Form 990-T (2018)	
023101 01-03-18 LIIA F	· abai waiy waanenan Wet u	ivavo, app manucuvna.				. 14	101111 000 1 (2010)	

Form 990-1		LITTLE RED SCHOOL HOUSE, INC 91-609	356	3	Page 2
Part I	<u> </u>	Total Unrelated Business Taxable Income	_		· · ·
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		<u>1,668.</u> 3
34	Amou	ints paid for disallowed fringes	34		
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
		33 and 34	36	:	1,668.
37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	2 37		1,000.
38	-	ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	T		
•		the smaller of zero or line 36	38		668.
Part I		Tax Computation	1	•	
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39		140.
40	_	B Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	1		
70		Tax rate schedule or Schedule D (Form 1041)	40	1	
41	_	tax. See instructions	1		
	-	native minimum tax (trusts only)	71		
42		, , , , , , , , , , , , , , , , , , , ,	43	 	-
43		n Noncompliant Facility Income. See instructions . Add lines 41, 42, and 43 to line 39 or 40, whichever applies	- 1	1	140.
Part \		. Add lines 41, 42, and 43 to line 39 or 40, whichever applies) 		140.
			<u> </u>	T	
		nn tax credit (corporations attach Form 1118; trusts attach Form 1116)	-		
b		credits (see instructions) . 45b	4		
C		ral business credit. Attach Form 3800 . 45c	-		
đ		t for prior year minimum tax (attach Form 8801 or 8827)	 -j-	4	
		credits. Add lines 45a through 45d	45e	1	140
46		act line 45e from line 44	46		140.
47		taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47	-	140
48		tax. Add lines 46 and 47 (see instructions)	'	-	140.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	<u> </u>	<u> </u>
50 a	Paym	ents: A 2017 overpayment credited to 2018 . 50a 538	-		
b	2018	estimated tax payments	_՝ և		
C	Tax d	eposited with Form 8868	4		
d	Fore	gn organizations: Tax paid or withheld at source (see instructions) 50d	_	1	
е	Back	up withholding (see instructions) 50e			
1	Credi	t for small employer health insurance premiums (attach Form 8941)			
9	Other	credits, adjustments, and payments: Form 2439			
		Form 4136 Other Total ▶ 50g		_	
51	Total	payments. Add lines 50a through 50g	51	<u> </u>	<u>538.</u>
52	Estim	ated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	52		
53	Tax d	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 lines 48, 49, and 52, enter amount overpaid	5 <u>54</u>		398.
55	Enter	the amount of line 54 you want: Credited to 2019 estimated tax	55		0.
Part \	VI :	Statements Regarding Certain Activities and Other Information (see instructions)	,		
56	At an	y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			1
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			{
	here				X
57		g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
		s," see instructions for other forms the organization may have to file.		• •	
58		the amount of tax-exempt interest received or accrued during the tax year >\$			
	Uı	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and	belief, It is true	
Sign	co	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here			-	RS discuss this	
			ine prepa Instructio	rer shown belo ns)? XY	
					33 140
		Print/Type preparer's name Preparer's signature Date Check		ΓIN	
Paid		self- employe		201460	<i>C</i> 10
Prepa		KURT BENNION, CPA KURT BENNION, CPA 02/14/20		01469	
Use C	Only	Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN	-	11-074	0/49
		10700 NORTHUP WAY, SUITE 200	405	050 (100
		Firm's address ► BELLEVUE, WA_98004 Phone no.	425-		
823711 01	1-09-19			Form 9	90-T ₍₂₀₁₈₎

Form 990-T (2018) LITTLE RE	D SCHOOL	L HOUSE, 1	INC			91-6053	563	- 1	Page 3
Schedule A - Cost of Good	s Sold. Enter	method of invent	orv v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year	r		6		
2 Purchases	2			Cost of goods sold. Su		ine 6			
3 Cost of labor	3		•	from line 5. Enter here					
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	- - 1	Yes	No
b Other costs (attach schedule)	4b			property produced or a		-			
5 Total. Add lines 1 through 4b	5			the organization?	- 4	то тоошо, арр., то			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				0/->0-4444			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly o columns 2(a) and	onnected with the 2(b) (attach sched	income in lule)	1
(1)									
(2)	-								
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb		Income (see II	nstru	ctions)					
		,				3. Deductions directly conne	cted with or alloca	ble	
			2	. Gross income from or allocable to debt-	(0)	to debt-finance	1 4.		
Description of debt-fir	nanced property			financed property	(4)	Straight line depreciation (attach schedule)	(attach	(D) Other deductions (attach schedule)	
					S	TATEMENT 2	STATEM	ENT	3
(1) EVERETT BUILDING				190,329.		34,609.	1:	39,4	33.
(2)		_							
(3)									
(4)		·				·			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 4	of or a	adjusted basis allocable to nced property Schedule 5	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x s 3(a)		
		,543,679.		10.24%		19,490.		L7,8	22
(1) 158,116. (2)	<u>+</u> _	, 3 = 3 , 0 / 3 •		**************************************		17,470.	-	L / , O	44.
(3)				% %					
(4)				%	_		 _		
						nter here and on page 1, Part I, line 7, column (A)	Enter here as Part I, line 7	, column ((B)
Totals	•			▶		19,490.		<u> 17,8</u>	
Total dividends-received deductions in	icluded in columi	18				•			0.

Form 990-T (2018) LITTLE RED SCHOOL HOUSE, INC 91-60535 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)	İ						
(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	DESCRIPTION OF	OPCANITA MICH ! C	DDTMADV	TIME ET AMED	STATEMENT	1
FORM 330-1	DESCRIPTION OF	OVGWITTVITON 9	EVINULI	OMVERVIED	SIVIEMENI	_
	E	BUSINESS ACTIVI	ΓY			

RENTAL OF NONRESIDENTIAL REAL PROPERTY

TO FORM 990-T, PAGE 1

FORM 990-T SCHEDULE E - DEPRE	CIATION DEDUCT	ION	STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION - SUBTOTA	L - 1	34,609.	34,609.
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MN 3(A)		34,609.
FORM 990-T SCHEDULE E - OT	HER DEDUCTIONS		STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST REPAIRS AND MAINTENANCE SECURITY UTILITIES INSURANCE REAL ESTATE TAXES ADMINISTRATIVE EXPENSES SUPPLIES MISCELLANEOUS EXPENSES SALARIES & WAGES PAYROLL TAXES EMPLOYEE BENEFITS - SUBTOTA:	L - 1	5,148. 35,221. 3,106. 28,324. 14,972. 3,880. 9,560. 1,437. 293. 32,157. 2,853. 2,482.	139,433
TOTAL OF FORM 990-T, SCHEDULE E, COLU	MIN 3(B)		139,433

FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL	1	158,116.	158,116.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	4		158,116.

	990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY						
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL				
AVERAGE ADJUSTED BASIS - SUBTOTAL -	1	1,543,679.	1,543,679.				
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		1,543,679.				