2939314907**9**01 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020 ► Go to www.lrs.gov/Form990T for instructions and the latest information. 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). D Employer identification number (Employees' trust, see Name of organization (Check box if name changed and see instructions.) LITTLE RED SCHOOL HOUSE, INC 91-6053563 E Unrelated business activity code Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) 906 SE EVERETT MALL WAY, NO. 200 City or town, state or province, country, and ZIP or foreign postal code EVERETT, WA 98208-3743 531120 F Group exemption number (See instructions.) 6 Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of PENNY YATES BAKER Telephone number \triangleright 425-353-5656 (A) Income (B) Expenses (C) Net c Balance 2 3 4a 4b 4c 5 ß 16,386. 19,705. -3,319. 7 8 9 10 11 12 16,386. 19,705. -3,319. 13 14 15 16 17 18 19 20 21a 21b 22 23 24 25 26 27 0. 28 319. ÞΩ

b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) ĥ Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions or limitations on deductions.) (Deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) Salaries and wages 15 16 Repairs and maintenance 17 **Bad debts** Interest (attach schedule) (see instructions) 18 Taxes and licenses 20 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhe 21 23 Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 ,319. Unrelated business taxable income. Subtract line 30 from line 29 Form 990-T (2019) 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

032-2071

Form 990-T

Department of the Treasury Internal Revenue Service

X Check box if

X 501(c)(3

] 408(e) [

] 408A

529(a)

address changed B Exempt under section

Book value of all assets at end of year 5, 268, 694.

business, then complete Parts III-V.

1a Gross receipts or sales

[220(e)

Print

Type

10

trade or business here > SEE STATEMENT 1

Part I Unrelated Trade or Business Income

1		(2019) LITTLE RED SCHOO		<u> </u>		<u> </u>	53563 Page 2
	Part	Total Unrelated Business	Taxable Income				
\	32	otal of unrelated business taxable income co	mputed from all unrelated trades or businesses	(see instructions)		32	-3,319.
\	33	Amounts paid for disallowed fringes	•		•	33	
)	34	Charitable contributions (see instructions for	imitation rules)	•	11	34	12,100.
		·	•		·	35	-15,419.
	35		e pre-2018 NOLs and specific deduction Subtra		lines 32 and 33		13,417.
	36		years beginning before January 1, 2018 (see ins			36	45 410
	37	Total of unrelated business taxable income be	fore specific deduction. Subtract line 36 from lin	e 35	7		-15,419.
	38	Specific deduction (Generally \$1,000, but see	line 38 instructions for exceptions)		7	38	1,000.
	39	Inrelated business taxable income. Subtra	t line 38 from line 37. If line 38 is greater than li	ne 37,	8	1.	
		enter the smaller of zero or line 37			- 11	39	-15,419.
		X Tax Computation				İ	
、 \	40	Organizations Taxable as Corporations. Mu	tiply line 30 by 21% (0.21)		•	40	0.
//		-		nt en line 30 from:		70	
`	41		ns for tax computation. Income tax on the amou	nt on line 39 from.	_	11	
		Tax rate schedule or Schedule	D (Form 1041)			41	
	42	Proxy tax. See instructions				42	
	43	Alternative minimum tax (trusts only)				43	
	44	Tax on Noncompliant Facility Income. See i	nstructions			44	
	45	otal. Add lines 42, 43, and 44 to line 40 or 4				45	0.
\		Tax and Payments					
//		oreign tax credit (corporations attach Form	118: trusts attach Form 1116)	46a		1 1	
1,		Other credits (see instructions)	irio, a usis attauri orini irioy	46b		1	
	b	,			-	1	
	C	General business credit. Attach Form 3800	0004 0007)	. 46c		1 1	
	đ	Credit for prior year minimum tax (attach For	TI 8801 OF 8827)	46d		1	
	е	Fotal credits. Add lines 46a through 46d				46e	
	47	Subtract line 46e from line 45				47	0.
	48	Other taxes. Check if from: L Form 425	5 🔲 Form 8611 🔙 Form 8697 🔙 For	m 8866 Other	(attach schedule)	48	
	49	Fotal tax. Add lines 47 and 48 (see instruction	ns)			49	0.
	50	2019 net 965 tax liability paid from Form 965	-A or Form 965-B, Part II, column (k), line 3 🦼			50	0.
	51 a	Payments: A 2018 overpayment credited to a	.019 ()	O/X 5/1a	398.		
	ь	2019 estimated tax payments	~	51b]	
	C	Tax deposited with Form 8868		\$1c		1	
	_	Foreign organizations: Tax paid or withheld a	source (see instructions)	514		1	
		Backup withholding (see instructions)	Source (See Mandemons)	51e		1	
	_	Credit for small employer health insurance pr	omumo (attach Form 9041)	511		1 1	
	f			1 1		i	
	9	Other credits, adjustments, and payments:	Form 2439	$\sim A $			
		Form 4136	Other Total	► <u> 51g </u>	·-·	1	200
	52	Total payments. Add lines 51a through 51g		J		52	398.
	53	Estimated tax penalty (see instructions). Che				53	
	54	Fax due. If line 52 is less than the total of line			1.63	54	
	_55	Overpayment. If line 52 is larger than the tot	al of lines 49, 50, and 53, enter amount overpaid		(O)	55	398.
t		Enter the amount of line 55 you want: Credite	ed to 2020 estimated tax		efundeð 🕨	56	<u> </u>
\l	Pak	VI Statements Regarding Ce	rtain Activities and Other Inform	ation (see instru	ctions)	•	
,,	57	At any time during the 2019 calendar year, di	d the organization have an interest in or a signati	ire or other authority			Yes No
		over a financial account (bank, securities, or	other) in a foreign country? If "Yes," the organiza	tion may have to file			
			d Financial Accounts. If "Yes," enter the name of				
		here >	***.				x
	58		ve a distribution from, or was it the grantor of, o	r transferor to, a fore	ıan trust?		_ <u> </u>
	•	If "Yes," see instructions for other forms the			•		
	59	Enter the amount of tax-exempt interest rece					
		Under penalties of persury, I declare that I have	examined this return, including accompanying schedules	and statements, and to the	e best of my knowled	dge and belief. It	Is true,
	Sign	correct, and complete Declaration of preparer	other than taxpayer) is based on all information of which p	reparer has any knowledg	je		
	Here		15/13/2021 ► CEO			-	ss this return with
		Signature of officer	Date Title		-	e preparer show structions)?	_ `
				15.			Yes No
		Print/Type preparer's name	Preparer's signature	Date		f PTIN	
	Paid			05 (4 0 :05	self- employed		COC10
	Pre	arer KURT BENNION, CP		05/12/21	T :		69618
		Only Firm's name > CLIFTONL.			Firm's EIN	41-0	746749
		10700	NORTHUP WAY, SUITE 200				
		Firm's address ▶ BELLEV	UE, WA 98004		Phone no. 4	25-250	
	923711	1-27-20				For	m 990-T (2019)

Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation N/A	_		_		
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6		
2 Purchases	2		7 Cost of goods sold. Su	btract i	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Par					
4 a Additional section 263A costs			line 2					
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			. . '
5 Total. Add lines 1 through 4b	5		the organization?			_	_	
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property Lo	ease	d With Real Prope	erty)		
Description of property								
(1)			· 					
(2)								
(3)								
(4)					-			
3.7	2. Rent receiv	ed or accrued						
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for per	d personal property (if the percentages rsonal property exceeds 50% or if is based on profit or income)	je	3(a) Deductions directly columns 2(a) an			л
(1)								
(2)								
(3)			<u>-</u>					
(4)								
Total	0.	Total		<u>0.</u>				
(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	t-Financed	Income (see II	nstructions)					
			Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance		rty	
1. Description of debt-fir	nanced property		financed property	` '	Straight line depreclation (attach schedule)		(b) Other deduction (attach schedule)	
				ຼຸຣ	TATEMENT 2		ATEMENT	_3
(1) EVERETT BUILDING			194,144.		49,541	<u>.</u>	183,9	<u> 133.</u>
(2)						 		
(3)								
_(4)					···	—		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or	adjusted basis allocable to inced property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	 Allocable deductions 6 x total of controls (a) and 3(b)) 	olumns
STATEMENT 4 (1) 109,369.		,295,915.	8.44%		16,386	_	19,7	705.
(1) 109,369.	_	,,	%		_0,000			
(3)			%					
(4)		***	%					
					inter here and on page 1, Part I, line 7, column (A)		nter here and on page	
Totals					16,386		19,7	705.
Total dividends-received deductions	ncluded in colum	n 8			D			0.

<u> </u>				Exempt (Controlled O	rganızatio	ns				
1. Name of controlled organization	ation	2. Emp Identific numi	ation				I of specified ents made	includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)			_								
Ionexempt Controlled Organ	nizations										
7 Taxable Income		unrelated incom see instructions		9. Total	of specified pays made	nents	10 Part of colu in the controlli gross	mn 9 tha ing orgar s income	nization's	11. De witt	ductions directly connected Income in column 10
(1)	İ	•••	-								
(2)											
(3)											
(4)											_
							Add colun Enter here and line 8, c		∋ 1, Part I, A)	1	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
lotals						▶			0.		0
Schedule G - Investm		ne of a S	ection	1 501(c) (7	7), (9), or (17) Org	anization				
· · ` 	structions)				2. Amount of		3. Deductio		4. Set-	asides	5. Total deductions and set-asides
I. De	scription of Inco)III0			Z. Amount of	ilicome	directly conne (attach sched		(attach e	schedule)	(col 3 plus col 4)
(1)											
(2)											
(3)				_							
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Exploited	I Exempt	Activity	Incom	e, Other	Than Adv	vertisin	g Income				
Description of exploited activity	2. unrelated	Gross d business ne from business	directiy with p of u	expenses or connected production nrelated ess income	4. Net incor from unrelate business (completed in the column gain, computed through	d trade or olumn 2 in 3) If a se cols 5	5. Gross Inco from activity Is not unrela business Inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more then column 4)
(1)								_			
(2)											
(3)						T I					
(4)	page	ere and on 1, Part I, 1, col (A)	page	nere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 25
Tatala D		0.		0.].						0
Totals Schedule J - Advertis	ing Inco		netructio		<u> </u>						<u> </u>
Part I Income From					solidated	Basis					
1. Name of periodical	•	2. Gross advertising Income	ad	3. Direct tvertising costs	or (loss) (c	rtising gain col 2 minus gain, compute hrough 7	5. Circula		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						-					
(2)									ļ		1
(3)											1
(4)									<u> </u>		
Fotals (carry to Part II, line (5))	•		0.).						0
			- •	×	- 1						5 QQ0-T (201

Form 990-T (2019) 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)							
(2)			-				
(3)							_
(4)				,			
Totals from Part I	▶	0.	0.				0
	ĺ	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 26
Totals, Part II (lines 1-5)	•	0.	0.		1		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 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

RENTAL OF NONRESIDENTIAL REAL PROPERTY

TO FORM 990-T, PAGE 1

FORM 990-T SCHEDULE E - DEP	ECIATION DEDUCTION	STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER AMOUNT	TOTAL
DEPRECIATION - SUBTO	· ·	541.
TOTAL OF FORM 990-T, SCHEDULE E, CO	UMN 3(A)	49,541.
FORM 990-T SCHEDULE E -	THER DEDUCTIONS	STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER AMOUNT	TOTAL
INTEREST REPAIRS AND MAINTENANCE SECURITY UTILITIES INSURANCE REAL ESTATE TAXES	52, 5, 30, 15,	142. 000. 842. 528. 521. 722.
ADMINISTRATIVE EXPENSES SUPPLIES MISCELLANEOUS EXPENSES SALARIES & WAGES PAYROLL TAXES EMPLOYEE BENEFITS	40, 3,	780. 53. 967. 786. 769. 823.
- SUBTO	AL - 1	183,933

FORM 990-T	AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN			STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ACQUISITION	ON INDEBTEDNESS - SUBTOTAL -	- 1	109,369.	109,369.
TOTAL OF FORM 990	-T, SCHEDULE E, COLUMN	4		109,369.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY					
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL			
AVERAGE ADJUSTED BASIS - SUBTOTAL -	1	1,295,915.	1,295,915.			
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		1,295,915.			