## Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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 th	e 2019 calendar y	year, or tax year begir	ning		, 2019, an	d ending		, 20				
В	Check if	applicable:	C Name of organizationL]	TTLE PATRIOTS EMBRA	CED INC			D Emp	oloyer identification number				
П	Address		Doing business as					1 '	11-3715553				
Ħ		· ·		O hav if mail is not delivered to street a	uddrooo\		Room/suite	E Tolor	phone number				
H	Name ch	•	,	O. box if mail is not delivered to street a	iddress)	'		L leie					
H	Initial ret		325 N KIRKWOOD				105	(314) 567-5777					
$\vdash$	Final ret	urn/terminated	City or town, state or pro	vince, country, and ZIP or foreign postal	code		G Gross receipts						
$\sqcup$	Amende	d return	SAINT LOUIS, M	0 63122				\$	196, <u>3</u> 99				
$\sqcup$	Applicati	ion pending	F Name and address of pr	incipal officer: CAROL WATANA	BE		H(a) Is this	a group return	n for subordinates? Yes X No				
			SAME AS C ABOV	E			H(b) Are a	II subordina	ates included? Yes No				
ī	Tax-exen	npt status: X 50	1(c)(3) 501(c) (	) <b>4</b> (insert no.) 4947(a)(1)	or 527		If "No	." attach a l	ist. (see instructions)				
J	Website		ITTLEPATRIOTSE					up exemption					
		organization: X Co			LV	/aau of faunation	' ' '						
	art I		rporation Trust As	sociation U Other	LY	ear of formation	: 2005 M	State of le	egal domicile: MO				
Г		Summary											
	1	Briefly describe	the organization's missi	on or most significant activities:	OUR M	ISSION I	S TO ENHAN	CE THE	E LIVES OF OUR				
Ф		MILITARY F											
Governance		WHILE THEIR LOVED ONE IS PROTECTING OUR FREEDOM.											
I 3													
Š	2	Check this box	▶ ☐ if the organization	discontinued its operations or	disposed of m	ore than 25%	6 of its net asset	s					
တိ	3			ning body (Part VI, line 1a)	•			1					
				, ,					6				
es	4		· ·	s of the governing body (Part VI	. ,			_ <u> </u>	6_				
ξ	5	Total number of	individuals employed in	calendar year 2019 (Part V, line	e 2a) •			- 5	0				
Activities &	6	Total number of	volunteers (estimate if r	necessary) • • • • • • •				- 6	4				
⋖	7a	Total unrelated b	ousiness revenue from F	Part VIII, column (C), line 12				. 7a	0				
	b	Net unrelated bu	usiness taxable income	from Form 990-T, line 39				. 7b	0				
				•			Prior Yea		Current Year				
	8	Contributions or	nd grants (Part VIII, line	1h)									
a			• ,	,			12	7,743	196,399				
Revenue	9	J	e revenue (Part VIII, line	0,					0				
ě	10	Investment inco	me (Part VIII, column (A	a), lines 3, 4, and 7d)					0				
8	11	Other revenue (I	Part VIII, column (A), lin	es 5, 6d, 8c, 9c, 10c, and 11e)				130	0				
	12	Total revenue - a	add lines 8 through 11 (r	nust equal Part VIII, column (A	), line 12)		12	7,873	196,399				
	13	Grants and simi	lar amounts paid (Part I	X, column (A), lines 1-3)					0				
	14		or for members (Part IX						0				
	15	Salaries, other c			0								
es	10	*	. , , ,	, , , , , , , , , , , , , , , , , , , ,									
Expenses	100		ndraising fees (Part IX, o						0				
g	.   K	_	g expenses (Part IX, coli	· · · · · · · · · · · · · · · · · · ·		8,817							
Û	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)			12	7,497	179,615				
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line 2	25)		12	7,497	179,615				
	19	Revenue less ex	penses. Subtract line 1	8 from line 12				376	16,784				
	Se						Beginning of Cu	rrent Year	End of Year				
ets	<u>E</u> 20	Total assets (Pa	rt X line 16)					3,769	44,485				
\ss(	21	Total liabilities (F	,						· .				
Net Assets or	22	•	nd balances. Subtract I	ing 21 from line 20				6,501	0				
	art II	Signature				<u> </u>		7,268	44,485				
				m, including accompanying schedules a icer) is based on all information of which			my knowledge and b	ellet, it is					
	· · ·		1 1 (	,	,								
		CAROL	WATANABE										
Siç	jn	Signature of	officer					D	ate				
He	re	CAROL	WATANABE, PRESI	DENT									
	-		name and title										
		Print/Type prepare		Preparer's signature	n	)ate		. 🗆 .	PTIN				
D-	id			spa. o. o o.griataro			Chec	_					
Pa		TOM MCGII	LYCUDDY		0.	7-15-202	0 self-e	mployed	P01078952				
	pare		H & S AC	CCOUNTING & TAX			Firm's EIN	n's EIN					
Us	e Onl	y Firm's address	12140 W	OODCREST EXEC DR 202 Phone no.									
			ST LOUIS	S MO 63141				314-	-739-0811				
Max	the ID	S discuss this rote		own above? (see instructions)					Y Vos No				

9) LITTLE PATRIOTS EMBRACED INC 11-3715553
Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		x
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		x
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		
۵	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		Х
9	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		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		Х
	or in 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,			
	VII, VIII, IX, or X as applicable.			
а				
	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
С	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		Х
e		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		.,
12a				Х
124	Schedule D, Parts XI and XII	12a		x
b				
	"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		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
12	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Х
	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
	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		x

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disgualified person during the year? If "Yes." complete Schedule L. Part I	250		
h	amount of the second of the se	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	ff "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	-20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			A
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	_		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
Dom	19? Note: All Form 990 filers are required to complete Schedule O.  t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ь
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon in Ochequie O contains a response of hote to any line in this Fait V		Yes	No
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	NO
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	v	
	reportable gaining (gainining) withings to prize withers:	10	Х	Ь

19) LITTLE PATRIOTS EMBRACED INC

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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 O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (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 transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) LITTLE PATRIOTS EMBRACED INC 11-3715553 Page 6 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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · · 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			ĺ
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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			ĺ
	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:			
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 on 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
b	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	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			ĺ
	describe in Schedule O how this was done	12c		
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	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).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial 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			
	CAROL MARANARE (214) ECT ETTT 20E N KIRKWOOD DD GAINM LOUIG NO 62100			

orm	aan	(201	(a)
-01111	990	IZU	9

.......

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(c)

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CAROL WATANABE	15.00									
PRESIDENT		x		х				0	0	0
(2) LISA_FOSTER	10.00									
SECRATARY				х				0	0	0
(3) SALLY WEIGEL VP	1 .00			x				0	0	0
(4) MICHAEL SMITH	2.00							Ū		
TREASURER				х				0	0	0
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

	990 (2019) LITTLE PATRIOTS E										-37155	53	P	age 8
Part	Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and			Com	pens	sated Employees	(continued)				
	(A) Name and title	(B) Average hours per week	(do not check more than one box, unless person is both an hours officer and a director/trustee)						(D)  Reportable compensation from the	(E)  Reportable compensation from relate organization	ion ed	cor	(F) nated among of other of other of other of other of other of other of the other	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		orgai	nization a	
<u>(15)</u>														
(16)														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u> _														
(21)_														
(22)														
(23)_														
(24)_														
(25)_														
1b c	Subtotal							· •						
d	Total (add lines 1b and 1c)							-			0			0
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	ted abo	ve) '	who	rece	eived m	nore	than \$100,000 of					0
3	Did the organization list any <b>former</b> officer, director	, trustee, key	employ	/ee,	or hi	ghes	st com	pens	sated		ſ		Yes	No
4	employee on line 1a? <i>If "Yes," complete Schedule S</i> For any individual listed on line 1a, is the sum of re								ation from the			3		x
•	organization and related organizations greater than	\$150,000? <i>lf</i>	· f "Yes,'	con	nple	te So	chedul	le J f	or such					
5	individual											4		Х
Soot	for services rendered to the organization? If "Yes,"	complete Sci	hedule	J fo	rsuc	ch pe	erson					5		х
1	on B. Independent Contractors  Complete this table for your five highest compensa	ated independ	lent cor	ntrac	tors	that	receiv	ed m	nore than \$100,000	) of				
-	compensation from the organization. Report compe	ensation for th	ne cale	ndar	yea	r end	ding w	ith or		ation's tax ye	ear.	(C)		
	(A) Name and business address	ss							(B)  Description of services Com			(C) ompens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose	liste	d ab	ove) w	/ho						

11-3715553

Part VIII

		Check if Schedule O contains a response	or no	te to any line in this	Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns · · · · · ·	1a					
σ <sub>0</sub>	b		1b					
rant	С	Fundraising events • • • • • • • • •	1c					
ָם פֿ	d		1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	• • • • • • • • • •	1e					
S, E	f							
r Si		and similar amounts not included above	1f	196,399				
ag #	g	Noncash contributions included in		·				
ont nd C		lines 1a-1f	1g	\$				
S &	h	Total. Add lines 1a-1f			196,399			
				Business Code	·			
ø	2a							
ě Zi	b							
Sei	С							
am eve	d							
Program Service Revenue	е							
P	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inter						
	١.	other similar amounts)						
	4	Income from investment of tax-exempt bond						
	5	Royalties						
	_	(i) Real		(ii) Personal				
		Gross rents · · · · · · 6a						
		Less: rental expenses · · 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount from (i) Securities	s	(ii) Other				
		sales of assets						
Φ	b	other than inventory Less: cost or other basis						
ž		and sales expenses - 7b						
Revenue		Gain or (loss) · · · · · 7c						
Ϋ́		Net gain or (loss)	· —	· · · · · · · · · · · · · · · · · · ·				
Othe	ва	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line						
	L	1c). See Part IV, line 18	8a 8b					
		Less: direct expenses						
		Net income or (loss) from fundraising events Gross income from gaming	_	· · · · · · •				
	Эа	activities, See Part IV, line 19	00					
	L .	Less: direct expenses	9a 9b					
		Net income or (loss) from gaming activities		· · · · · · <b>b</b>				
			<u> </u>					
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b	-				
		Net income or (loss) from sales of inventory						
		, ,	-	Business Code				
Sn	11a							
Miscellanous Revenue	b							
ells Ve	С							
lisc Re	d	All other revenue						
Σ	e	Total. Add lines 11a-11d	<u> </u>					
_	12	Total revenue. See instructions			196 399	0	0	n

Part IX

11-3715553

# Statement of Functional Expenses INC

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 response or note to a				
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b,	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	140	140		
С	Accounting	679		679	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	140	140		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,215	1,215		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	431	431		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING	6,014			6,014
b	PROGRAM EXP	164,595	164,595		
С	PP TAX	193	193		
d					
е	All other expenses	6,208	2,557	848	2,803
25	Total functional expenses. Add lines 1 through 24e · · ·	179,615	169,271	1,527	8,817
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	9,884	1	35,160
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	20,383	8	5,823
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · · 10a 11,537			
	b	Less: accumulated depreciation · · · · · · · · · · 10b 8,035	3,502	10c	3,502
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	<b>Total assets</b> . Add lines 1 through 15 (must equal line 33)	33,769	16	44,485
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · ·	6,501	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	6,501	26	0
,,		Organizations that follow FASB ASC 958, check here			
Š		and complete lines 27, 28, 32, and 33.			
lau	27	Net assets without donor restrictions	27,268	27	44,485
Ba	28	Net assets with donor restrictions		28	
Pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	27,268	32	44,485
_	33	Total liabilities and net assets/fund balances	33,769	33	44,485

Pa	rt XI Reconciliation of Net Assets		<u> </u>			<u>.go</u>
	Check if Schedule O contains a response or note to any line in this Part XI					. x
1	Total revenue (must equal Part VIII, column (A), line 12)	1			196,	399
2	Total expenses (must equal Part IX, column (A), line 25)	2			179,	615
3	Revenue less expenses. Subtract line 2 from line 1	3			16,	784
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			27,	268
5	Net unrealized gains (losses) on investments	5				
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 on Schedule O)	9				433
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			44,	485
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:	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
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					
	reviewed on a separate basis, consolidated basis, or both:					
	x Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
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 basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, 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 on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single 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 audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

## **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.

OMB No. 1545-0047

2019

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number LITTLE PATRIOTS EMBRACED INC 11-3715553 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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: 5 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). 6 X 7 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.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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. 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. d U 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D)

(E)

11-3715553 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.)

36	ction A. Public Support						
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	163,463	147,596	124,272	102,392	169,271	706,994
2	Tax revenues levied for the						
	organization'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	163,463	147,596	124,272	102,392	169,271	706,994
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						17,560
6	Public support. Subtract line 5 from line 4						689,434
Sec	ction B. Total Support	•	'	-	•		
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	163,463	147,596	124,272	102,392	169,271	706,994
8	Gross income from interest, dividends,	, , , , ,	,	,	,	,	
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						706,994
	Gross receipts from related activities, etc. (s	see instructions	)			12	,
	First five years. If the Form 990 is for the o					a section 501(c	)(3)
	organization, check this box and stop here	•			•	,	, , ,
Sec	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 6, o			column (f)).		14	97.52 %
	Public support percentage from 2018 Sched					15	97.62 %
	33 1/3% support test - 2019. If the organiza					% or more, che	
	box and stop here. The organization qualific						
k	33 1/3% support test - 2018. If the organiza						
	this box and <b>stop here</b> . The organization qu						
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact					•	
	organization			•	•		
ŀ	0 10%-facts-and-circumstances test - 2018.						_
•	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee					•	licly
	supported organization						
18	<b>Private foundation.</b> If the organization did r						<b>-</b> U
	instructions						▶ □

## 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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 performed, 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 business under section 513 ·						
4	Tax revenues levied for the						
	organization'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						
	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	ction B. Total Support	(-) 201E	(L) 2016	(-) 2047	( I) 2040	(.) 2010	(D. Total
	endar year (or fiscal year beginning in)► Amounts from line 6	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
Tua	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	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 assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the o	rganization's fi	irst, second, thi	rd, fourth, or fi	fth tax year as	a section 50	1(c)(3)
	organization, check this box and stop here						▶ 🔲
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8,					15	%
	Public support percentage from 2018 Scheo					16	%
-	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line		•			17	%
	Investment income percentage from 2018 S					18	%
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-					
b	<b>33 1/3% support tests - 2018.</b> If the organia						
••	line 18 is not more than 33 1/3%, check this	-					_
20	Private foundation. If the organization did	not check a bo	x on line 14, 19	∂a, or 19b, che	ck this box and	ı see instruct	ons ▶ 📙

#### 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 (as 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.)

	Yes	No
1		
2		
3a		
3b		
30		
JU		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10h		
	or 990-F	Z) 2019
	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9b 9c	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 66 7 8 8 9a 9b 9c 10a

Га	Supporting Organizations (continued)			
			Yes	No
	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)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> . etion <b>B. Type I Supporting Organizations</b>	110		
000			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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vaa	NI.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
'	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	etion D. All Type III Supporting Organizations			
	<u> </u>		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?	1		
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).	2		
3				
	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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truct	ions).	
a			,.	
b	E - Touris and the second of t			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
,	activities but for the organization's involvement.  Parent of Supported Organizations, Answer (a) and (b) holow	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in <b>Part VI.</b></i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Ves." describe in <b>Part VI</b> the role played by the organization in this regard	3h		

instructions).

GRIEGICE A (1 GIII 330 GI 330-LZ) 2013 HITTEL FAIRTOID EMBRACED INC		11 3/1	3333 1 ago t
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_	, .	•
instructions. All other Type III non-functionally integrated supporting org	ganization	s must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(7.1) 1.101	(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			
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
		(71) 1101 1001	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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	nt,		
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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	nally integ	rated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2019 EEA

d Excess from 2018e Excess from 2019

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	zations (continued)						
Sec	Section D - Distributions								
	Amounts paid to supported organizations to accomplish exer								
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions						
4	Amounts paid to acquire exempt-use assets								
	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	<b>Total annual distributions.</b> Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the	e organization is respon	sive						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019					
	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required - explain in Part VI). See								
	instructions.								
3	Excess distributions carryover, if any, to 2019								
а	From 2014								
b	From 2015								
С	From 2016								
d	From 2017								
е	From 2018								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Carryover from 2014 not applied (see instructions)								
ī	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from								
	Section D, line 7:								
а	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Remainder. Subtract lines 4a and 4b from 4.								
	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in <b>Part VI</b> . See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
Ū	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
•	and 4c.								
8	Breakdown of line 7:								
	E ( 0015								
	Excess from 2016								
С	Excess from 2017								

EEA Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A. Lines 1.2, 2b, 3c, 4b, 4c, 5c, 6, 0c, 0b, 0c, 11c, 11b, and 11c; Part IV, Section
	III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## SCHEDULE D (Form 990)

Department of the Treasury

## **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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number LITTLE PATRIOTS EMBRACED INC 11-3715553 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . . 3 Aggregate value of grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ······ ∏Yes No conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Га	organizations maintaining	CONECTIONS OF	AIL, III	Stoi	icai i	reasures, c	oi Ot	ilei Siilillai A	<b>55612</b> (CC	munuc	u)
3	Using the organization's acquisition, accession,	and other records, o	check any	of th	e follow	ving that make s	signific	ant use of its			
	collection items (check all that apply):			_							
а	Public exhibition		d		Loan c	or exchange pro	ograms				
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's collect	tions and explain ho	w they fu	ırther	the org	anization's exer	mpt pu	rpose in Part			
	XIII.										
5	During the year, did the organization solicit or red								_	_	
	assets to be sold to raise funds rather than to be		of the or	ganiza	ation's c	collection? •			·   Ye	s UN	lo_
Pa	rt IV Escrow and Custodial Arran				. D.	-4 IV / I' O			4	<u>.</u>	
	Complete if the organization a 990, Part X, line 21.	nswered res	on For	11 98	90, Pa	irt IV, line 9,	orre	ported an amo	ount on F	-OIIII	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contr	ributic	ons or o	ther assets not					
	included on Form 990, Part X?								· · 🗌 Ye	s 🗌 N	ю
b	If "Yes," explain the arrangement in Part XIII and	I complete the follow	ing table	:							
								An	nount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						<u>1f</u>				
2a	Did the organization include an amount on Form	990, Part X, line 21	, for escr	ow or	custod	lial account liab	oility?		Yes	s ∐ N	lо
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the expla	anation ha	as be	en provi	ided on Part XI	II .			<u>. U</u>	
Pa	rt V Endowment Funds.		_								
	Complete if the organization a	nswered "Yes"	on Forr	n 99	90, Pa	rt IV, line 10	).				
		(a) Current year	(b) F	Prior ye	ar	(c) Two years b	ack	(d) Three years back	(e) Four	years back	k
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	year end balance (li	ne 1g, co	lumn	(a)) hel	ld as:					
а	Board designated or quasi-endowment	%									
b	Permanent endowment										
С	Term endowment										
_	The percentages on lines 2a, 2b, and 2c should										
3a	Are there endowment funds not in the possession	on of the organization	n that are	held	and ad	ministered for t	he			, I	
	organization by:									Yes I	No
	(i) Unrelated organizations								. 3a(i)		
	(ii) Related organizations			 			• • •		. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	•			₹? •		• • •		. 3b		
4 Date	Describe in Part XIII the intended uses of the org	•	nent fund	S.							
Pal	rt VI Land, Buildings, and Equipr		on Form	~ 0¢	)O D-	rt I\/ lina 44	10 0	o Form 000 !	Dort V III	20 10	
	Complete if the organization a										
	Description of property	(a) Cost or oth		(k		r other basis		Accumulated	( <b>d</b> ) Boo	k value	
4 -	Land	(investme	=11t)	_	(0	other)	ae	epreciation			
1a	Land	•		_							
b	Buildings	•		-							
C	Leasehold improvements	•		-		0.50					
d	Equipment	•	889	-		3,524		8,035		(3,62	
e Total	Other STMD1E  I. Add lines 1a through 1e. (Column (d) must equ		7,124	(P) '	ino 10-	.)				7,12	
ı ota	ı. Aud iirles Ta tritoudri Te. (Coluttiti (d.) thust edu	iai i-Ullii 990, PAN X	, coluttin	(D). I	IIIC IUC.	.,		📂 📗		3.50	17

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities.  Complete if the organization answered "	'Yes" on Forn	n 990, Part	IV, line 11b. Se	e Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book va	lue		Method of valuation: d-of-year market value
(1) Financial d	erivatives · · · · · · · · · · · · · · · · · · ·					
(2) Closely-he	ld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	(b) must equal Form 990, Part X, col. (B) line 12.)	▶				
Part VIII	Investments - Program Related.					
	Complete if the organization answered "	'Yes" on Forn	n 990, Part	IV, line 11c. Se	e Form 9	90, Part X, line 13.
	(a) Description of investment		(b) Book va	lue		Method of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 13.)	▶				
Part IX	Other Assets.					
	Complete if the organization answered "	'Yes" on Forn	n 990, Part	IV, line 11d. Se	e Form 9	90, Part X, line 15.
	(a) Descri	ription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 15.)				. •	
Part X	Other Liabilities. Complete if the organization answered "line 25.	'Yes" on Forn	n 990, Part	IV, line 11e or	11f. See F	orm 990, Part X,
1.	(a) Description of liability	(b) Book va	alue			
(1) Federal ir	•					
(2)MISC						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25.)					
	* * * * * * * * * * * * * * * * * * * *					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . . . . .

Га	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ie pei itetuiii.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	· · 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	nses per Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d Subtract line 2e from line 1 Subtract line 2e from line 1	<del> </del>	
3		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Investment expenses not included on Form 990, Part VIII, line 7b		
C	Add lines 4a and 4b	· · 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
	rt XIII Supplemental Information.		
Provi	de 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, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2019

## **SCHEDULE G** (Form 990 or 990-EZ)

## **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 instructions and the latest information.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Na

Name of the organization					E	mployer ident	ification number
LITTLE PATRIOTS EMBRACED IN	IC					11-371	5553
Part I Fundraising Activitie				wered "Yes" on	Form 990,	Part IV, I	ine 17.
Form 990-EZ filers are n	ot required to co	mplete this	part.				
1 Indicate whether the organization rais	sed funds through a	ny of the follo	wing activitie	s. Check all that app	ly.		
a Mail solicitations		e 🗌 🤄	Solicitation of	non-government gra	ants		
<b>b</b> Internet and email solicitations		f 🗌 🤄	Solicitation of	government grants			
c Phone solicitations		g 🗌 🤄	Special fundr	aising events			
d In-person solicitations							
2a Did the organization have a written or	oral agreement wit	h any individu	al (including	officers, directors, tru	ustees,		
or key employees listed in Form 990,	Part VII) or entity ir	n connection v	vith profession	onal fundraising servi	ices?	Yes	s 🗌 No
<b>b</b> If "Yes," list the 10 highest paid indivi	iduals or entities (fu	ndraisers) pui	rsuant to agre	eements under which	h the fundraise	r is to be	
compensated at least \$5,000 by the	organization.		_				
•							
		(iii) Did fund	draiser have		(v) Amount	paid to	(vi) Amount paid to
<ul><li>(i) Name and address of individual or entity (fundraiser)</li></ul>	(ii) Activity		r control of	(iv) Gross receipts from activity	(or retain		(or retained by)
or entity (tundraiser)		contrib	utions?	ITOTTI activity	fundraiser listed in col. (i)		organization
		Yes	No		,	<del>*  </del>	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						$\longrightarrow$	
Total							
3 List all states in which the organization	i is registered or lice	ensed to solic	it contribution	ns or has been notifie	ed it is exempt	irom	
registration or licensing.							

**b** If "Yes," explain:

LITTLE PATRIOTS EMBRACED INC Schedule G (Form 990 or 990-EZ) 2019 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 (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts Less: Contributions Gross income (line 1 minus Cash prizes Noncash prizes Direct Expenses Rent/facility costs • Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . . . . . . . . Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

EEA Schedule G (Form 990 or 990-EZ) 2019

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

#### **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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

LITTLE PATRIOTS EMBRACED INC 11-3715553 01. Committee meeting documentation (Part VI, line 8b) THE BOARD IS RESPONSIBLE FOR MAKING THE DECISION BECAUSE THERE ARE NO MEMBERS 02. Form 990 governing body review (Part VI, line 11) THE COPY OF THE 990 IS SIGNED BY THE PRESIDENT BEFORE THE OTHER BOARD MEMBERS LOOK AT IT 03. Governing documents, etc, available to public (Part VI, line 19) THE FORM 1023 IS OPEN TO THE PUBLIC UPON REQUEST 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) 2019 ADJ

FOR YOUR RECORDS ONLY  Federal Supporting Statements	<b>2019</b> PG01					
Name(s) as shown on return	Tax ID Number					
LITTLE PATRIOTS EMBRACED INC 11-3715553						

FORM 990	- SCHEDULE D - PART VI - LINE 1E	STATEMENT #D1E
	INVESTMENTS - OTHER	

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK VALUE
EQUIP	7,124	0	5,024	2,100
TOTAL	7,124	0	5,024	2,100