990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For	the 2	2020 calendar y	ear, or tax year begin	ning		:	, 2020, ar	nd endin	ıg		, 20		
В	Check	k if app	olicable:	C Name of organizationLI	TTLE PATRIOTS	S EMBRACED I	NC				D Empl	loyer identification number		
	Addre	ss cha	ange	Doing business as								11-3715553		
$\overline{\Box}$	Name	chan	ae	Number and street (or P.	O. box if mail is not deliver	red to street address)			Room/suite	,	E Telep	hone number		
Ħ		return	_	,	325 N KIRKWOOD RD 105						0.0p	(314) 567-5777		
Ħ						favoien nootal anda				.03				
H			terminated		vince, country, and ZIP or	foreign postal code					G Gross receipts			
H		ided re		SAINT LOUIS, N							\$	90,766		
Ш	Applic	cation	pending	F Name and address of pri	·	WATANABE				• •	-	for subordinates? Yes X No		
				SAME AS C ABOV	_	¬ -	_			H(b) Are all s	subordina	tes included? Yes No		
I	Tax-ex	kempt	status: X 501	(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527			If "No,"	attach a li	st. See instructions		
J		ite:		ITTLEPATRIOTSE	MBRACED.COM				1	H(c) Group e	exemption	number		
K	Form	of org	anization: X Cor	poration Trust Ass	ociation Other		L Year	r of formatio	n: 2005	5 м s	State of le	gal domicile: MO		
Pa	art I		Summary											
		1 E	Briefly describe t	the organization's missi	on or most significan	t activities: ot	R MIS	SSION	IS TO	ENHANC	E THE	E LIVES OF OUR		
ø)		M	ILITARY F	AMILIES IN NEEL)									
Governance		_		R LOVED ONE IS		UR FREEDOM								
T.		-			111012011110 0	011 111111111111								
Š	.	2 (Shock this hov	if the organization	discontinued its one	erations or dispose	d of more	o than 25	% of ite r	not accote				
ၓ				g members of the gover		•					1			
			_	-								6		
ië			-	endent voting members	-							6		
≅				individuals employed in				_			_	0		
Activities &	'			volunteers (estimate if r	• •									
				usiness revenue from F	, ,						7a	0		
		b N	Net unrelated bu	siness taxable income t	from Form 990-T, Pa	rt I, line 11					7b	0		
		Prior Yea								Prior Year		Current Year		
	8	8 (Contributions and	d grants (Part VIII, line	1h)					196	,399	90,766		
e	9	9 F	rogram service	revenue (Part VIII, line	2g)							0		
le l	1	0 li	nvestment incon	me (Part VIII, column (A), lines 3, 4, and 7d)							0		
Revenue	1			Part VIII, column (A), lin								0		
				add lines 8 through 11 (r						196	,399	90,766		
				ar amounts paid (Part II							, 555	0		
	1			or for members (Part IX								0		
			-	ompensation, employee					·					
es									'			0		
Expenses	'			draising fees (Part IX, o					•			0		
ă	- _		-	expenses (Part IX, colu	1 1 1			0_						
ш			•	(Part IX, column (A), lin							,615	146,799		
			-	Add lines 13-17 (must							,615	146,799		
		9 F	Revenue less ex	penses. Subtract line 1	8 from line 12					16	,784	(56,033)		
ģ	Ses								Beginn	ning of Curre	ent Year	End of Year		
sets	2 <u>اع</u> ا		Total assets (Par							44	, 485	14,818		
As	Fund Balances	1 T	Total liabilities (P	Part X, line 26)								25,441		
		_		nd balances. Subtract I	ine 21 from line 20					44	, 485	(10,623)		
Pa	art II		Signature	Block										
				that I have examined this retu					of my know	vledge and be	elief, it is			
true	e, corre	eci, an	d complete. Declara	ation of preparer (other than of	nicer) is based on an inform	nation of which prepare	r nas any r	knowledge.						
			CAROL V	WATANABE										
Się	gn		Signature of	officer							Da	ate		
He	re		CAROL V	WATANABE, PRESI	DENT									
				name and title										
_		1 6	Print/Type prepare		Preparer's signature		Date	9		Check	☐ if	PTIN		
Pa	id		TOM MCGIL		,	אחתו	0.5	- -27–202	21					
	epai	rer			TOM MCGILLYCU		U3 -	21-202		self-em	pioyed	XXXXXXXX		
	e O		Firm's name		COUNTING & TA					m's EIN				
US	c U	ıııy	Firm's address		OODCREST EXEC	DR 202			Pho	one no.	0	800 0055		
			<u> </u>		MO 63141							739-0811		
Mav	/ the	iks d	discuss this retu	urn with the preparer sh	own above? (see ins	tructions)						X Yes No		

0) LITTLE PATRIOTS EMBRACED INC Checklist of Required Schedules Form 990 (2020) **Part IV** C

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2		X
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		X
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,	_		
6	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		х
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	_		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ X
d		44.4		••
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		X
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	•••		
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	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	10		v
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		_ X
13	If "Yes," complete Schedule G, Part III	19		v
20 a		20a		X 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		х

20) LITTLE PATRIOTS EMBRACED INC Checklist of Required Schedules (continued) Part IV

			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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
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 disqualified person during the year? If "Yes," complete Schedule L, Part I	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?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	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			
	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		.,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	21		X
20	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			
а	"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		X
c	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		x
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		x
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		х
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		х
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		Х
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			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>

20) 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	
	Note: 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 on 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			ĺ
	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			ĺ
	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	Х	
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	_		
e	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. Did the sponsoring organization make any taxable distributions under section 4966?	0-		
a		9a		Х
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10				
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
a 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 (2020) LITTLE PATRIOTS EMBRACED INC 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. Section A. Governing Body and Management No Yes 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. Enter the number of voting members included in line 1a, above, who are independent 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 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 Х Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Х Section 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? Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 х 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? a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 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? Х Section 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 Another's website Upon request Other (explain on Schedule O)
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

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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)	(B)				sition		(D)	(E)	(F)
Name and title	Average	١ ،			ore than one son is both a		Reportable	Reportable	Estimated amount
	hours				ector/trustee		compensation	compensation	of other
	per week						from the	from related	compensation
	(list any	악声	_	0	S 9 I	T	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	divi	stitu	Office	nplc nplc	Former	(VV-2/1099-IVIISC)	(** 2/1000 Miloo)	related organizations
	related organizations	dual	tion		Highest comp employee Key employee	, w			
	below	Individual trustee or director	al tr		yee				
	dotted line)	tee	Institutional trustee		Highest compensated employee Key employee				
					ated				
(1) CAROL_WATANABE	15.00								
PRESIDENT		X		Х			0	0	0
(2) MICHAEL SMITH	2.00								
TREASURER				X			0	0	0
(3) SALLY WEIGEL	1.00								
VP				Х			0	0	0
(4) LISA FOSTER	10.00								
SECRATARY				Х			0	0	0
<u>(5)</u>									
(6)									
(7)									
(8)									
<u>(9)</u>									
(10)									
<u>(11)</u>									
<u>(12)</u>									
<u>(13)</u>									
<u>(14)</u>									

Form 99	90 (2020) LITTLE PATRIOTS E	MBRACED	INC							1	1-37155	553	Р	age 8
Part				and	Hig	hest	Com	pen	sated Employees					
	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both a officer and a director/trustee					เท	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated an of other compensa		•
		(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)	organiza (W-2/1099-	99-MISC) orga		rom the nization d organiz	
<u>(15)</u> _														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u> _														
<u>(</u> 19)							4							
(20)														
(21)														
(22)														
(23)														
(24)				1										
(25)														
1b	Subtotal							· >						
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)								0		0			0
2	Total number of individuals (including but not limite	$\overline{}$									0			
	reportable compensation from the organization			,										0
		·											Yes	No
3	Did the organization list any former officer, director,	•			r hiç	ghes	t com	pens	ated					
	employee on line 1a? If "Yes," complete Schedule				•							3		Х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than \$\frac{1}{2}\$	\$150,000? <i>If</i>	"Yes,"	com	olete	e Sc	hedule	J fo	or such					
5	individual	compensatio	n from	any ι	unre	late	d orga					4		X
Soction	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Scl	hedule .	J for	suc	h pe	rson					5		Х
1	Complete this table for your five highest compensa	ated independ	dent co	ntrac	tors	tha	t recei	ived	more than \$100 000	n of				
•	compensation from the organization. Report compensation										year.			
	(A) Name and business address								(B) Description of service			(C) Compens	ation	

Se

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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		Check if Schedule O contains a response	e 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					3000013 012 014
s ts	b	Membership dues	1b					
ran	С	Fundraising events	1c					
s, G	d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions)	1e	12,068				
ns, imi	f	All other contributions, gifts, grants,						
utio er S		and similar amounts not included above	1f	78,698				
gë F	g	Noncash contributions included in						
Son		lines 1a-1f	1g					
	h	Total. Add lines 1a-1f			90,766			
				Business Code				
Se	2a							
e Zi	b							
n Si	C .							
e a	d							
Program Service Revenue	e f	All other program service revenue						
а.		Total. Add lines 2a-2f						
		Investment income (including dividends, inte other similar amounts)	erest, a	ınd)		
	4	Income from investment of tax-exempt bond	proce	eds				
	5	Royalties		/ 🕨				
	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) Net rental income or (loss)		(ii) Personal				
		Gross amount from (i) Securiti	_	(ii) Other				
evenue	b c	sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c						
Ä.		Net gain or (loss)		<u>-</u>				
Other Re	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a 8b					
		Net income or (loss) from fundraising events	· -	<u></u>				
		Gross income from gaming activities, See Part IV, line 19 Less: direct expenses	9a 9b					
		Net income or (loss) from gaming activities		<u> </u>				
			· ·					
		Gross sales of inventory, less returns and allowances	10a					
		Net income or (loss) from sales of inventory		<u>'</u>				
				Business Code				
ns	11a							
Miscellanous Revenue								
sells ver	С							
lisc Re	d	All other revenue						
≥	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		🔽	90 766	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A	Section 501(c)(3) and 501(c)(4) organizations must complete all col	lumns. All other organizations must complete column (A)	١.
--	---	---	----

	Check if Schedule O contains a response or note to a	-	(D)	(0)	<u> </u>
	not include amounts reported on lines 6b, 7b, Db, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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				
С	Accounting	607		607	
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.)	437	437		
12	Advertising and promotion	25	25		
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	684	684		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	339	339		
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	11,182	11,182		
b	LEGAL	50	50		
C	PROGRAM EXP	129,855	129,855		
d	PP TAX	148	148		
е	All other expenses	3,472	3,472		
25	Total functional expenses. Add lines 1 through 24e	146,799	146,192	607	0
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)				

11-3715553

Form 990 (2020) L3
Part X Balance Sheet LITTLE PATRIOTS EMBRACED INC

		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	35,160	1	3,030
	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	
ω.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	5,823	8	8,286
As	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	Total assets. Add lines 1 through 15 (must equal line 33)	44,485	16	14,818
	17	Accounts payable and accrued expenses	,	17	25,441
	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	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
japi		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		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	0	26	25,441
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	44,485	27	(10,623)
Bal	28	Net assets with donor restrictions	·	28	
5		Organizations that do not follow FASB ASC 958, check here			
Ţ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	44,485	32	(10,623)
z	33	Total liabilities and net assets/fund balances	44,485	33	14,818

Form	990	(2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		90	,766
2	Total expenses (must equal Part IX, column (A), line 25)	2		146	,799
3	Revenue less expenses. Subtract line 2 from line 1	3		(56	, 033
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		44	, 485
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			925
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		(10	, 623
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	-
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_			
	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?		28	X	
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k)	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?		20	;	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	i L	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		3k	<u>, </u>	
			Го	m 000 /	(2020)

EEA Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, 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). (vi) Amount of (i) Name of supported organization (v) Amount of monetary (iii) Type of organization (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

990 or 990-EZ) 2020 LITTLE PATRIOTS EMBRACED INC 11-3715553
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	147,596	124,272	102,392	169,271	90,766	634,297
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	147,596	124,272	102,392	169,271	90,766	634,297
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)						3,614
6	Public support. Subtract line 5 from line 4						630,683
	ction B. Total Support						030,003
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	147,596	124,272		169,271	• •	634,297
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	Total support. Add lines 7 through 10						634,297
	Gross receipts from related activities, etc. (see instructions	:) (12	034,237
	First five years. If the Form 990 is for the o						:)(3)
	organization, check this box and stop here	-			-	•	
Sec	ction C. Computation of Public Suppo						
	Public support percentage for 2020 (line 6,			. column (f)).		14	99.43 %
	Public support percentage from 2019 Scheo		-			15	97.52 %
	33 1/3% support test - 2020. If the organiza						
	box and stop here. The organization qualifie						
ŀ	33 1/3% support test - 2019. If the organiza						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact				•	•	
	organization			•	•		
L	o 10%-facts-and-circumstances test - 2019.						
Ĺ							
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa			-	•		·
10	organization						▶ ⊔
ıø	Private foundation. If the organization did r						, –
	instructions						🕨 📙

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

Se	ction A. Public Support		_				
Cal	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Total. 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	(1) 2010	42.0047	(-) 0010	(1) 0040	(-) 0000	(D. T-+-1
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
TUa	Gross income from interest, dividends,						
	payments received on securities loans, rents,	_					
h	royalties, and income from similar sources						
D	Unrelated business taxable income (less 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 5 years. If the Form 990 is for the orga	inization's first	second, third,	fourth, or fifth	tax year as a s	section 501(c)(3	3)
	organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Suppo						
15	Public support percentage for 2020 (line 8,	column (f), div	vided by line 13	B, column (f)).		15	%
	Public support percentage from 2019 Scheo	• •	-			16	%
	ction D. Computation of Investment In					· '	
17	Investment income percentage for 2020 (line	10c, column	(f), divided by li	ne 13, column	(f))	17	%
18	Investment income percentage from 2019 Sc	chedule A, Par	t III, line 17 .			18	%
19a	33 1/3% support tests - 2020. If the organize	zation did not d	check the box o	n line 14, and	line 15 is more	e than 33 1/3%,	and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organization	zation did not d	check a box on	line 14 or line	19a, and line 1	l6 is more than	
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r						

EEA

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)(2) If "Yes " explain in Part VI how the organization determined that the support
- 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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		
١	3b		
)	3c		
	4a		
	4b		
	4 -		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	1		
	8		
	9a		
	Ja		
	9b		
	0		
	9с		
	10a		
	401		
	10b		

Par	art IV Supporting Organizations (continued)			
			Yes	No
	9 1 9			
а	a A person who directly or indirectly controls, either alone or together with persons described in lines 1			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	vide		
	detail in Part VI .	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	·9		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support			
	organization, describe how the powers to appoint and/or remove officers, 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	7 11 9			
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
_			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con			
	or management of the supporting organization was vested in the same persons that controlled or mana	-		
Soci	the supported organization(s). ction D. All Type III Supporting Organizations	1		
360	Ction b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month	of the	162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) co			
	organization's governing documents in effect on the date of notification, to the extent not previously p			
2				
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Pa			
	the organization maintained a close and continuous working relationship with the supported organization	(s)		
3		` '		
	a significant voice in the organization's investment policies and in directing the use of the organizatio			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	year (see instruct	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		ment entity (see ir	struct	tions)
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	3			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identification	•		
	those supported organizations and explain how these activities directly furthered their exempt purpos			
	how the organization was responsive to those supported organizations, and how the organization deteri	nined		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in line 2a, above, constitute activities that, but for the organization's involved			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," exp			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage	d in		
	these activities but for the organization's involvement.	2b		
3				
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, and activi			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this re	gard. 3b		

	ule A (Form 990 or 990-EZ) 2020 LITTLE PATRIOTS EMBRACED INC		11-371	5553	Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org				
1	Check here if the organization satisfied the Integral Part Test as a qualifying to				
	instructions. All other Type III non-functionally integrated supporting organization	ation	ns must complete Section	s A through	ı E.
Sec	ction A - Adjusted Net Income		(A) Prior Year	` '	rent Year
-			(71) THOI TOU	(opt	ional)
1	Net short-term capital gain	1			
	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			
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	ction B - Minimum Asset Amount		(A) Prior Year	` '	rent Year ional)
1	Aggregate fair market value of all non-exempt-use assets (see				· ·
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C - Distributable Amount			Curre	nt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
	Enter 0.85 of line 1.	2			

emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3

4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

EEA

Sched					.5553	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	ed)		
Sec	ction D - Distributions				Current Y	/ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	3		
4	Amounts paid to acquire exempt-use assets			4		
5	5 Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is respor	nsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	10 Line 8 amount divided by line 9 amount					
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributa Amount fo	
1	Distributable amount for 2020 from Section C, line 6					

10	Line 8 amount divided by line 9 amount		10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

EEA

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, 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.)
-	
-	

EEA Schedule A (Form 990 or 990-EZ) 2020

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.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

LIT	TLE PATRIOTS EMBRACED INC		11-3715553
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Ac	counts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised	
	funds are the organization's property, subject to the organization		∏ Yes ∏ No
6	Did the organization inform all grantees, donors, and donor advi	_	
-	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		∏ Yes ∏ No
Pa	rt II Conservation Easements.		100 110
	Complete if the organization answered "Yes" o	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or education		of a historically important land area
	Protection of natural habitat		of a historically important land area
		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 co	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	•		
С	Number of conservation easements on a certified historic struct		2c
d	Number of conservation easements included in (c) acquired after		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the orga	anization during the
	tax year •		
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	ion easements during the year
	·		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements the	nat describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of public
	service, provide, in Part XIII the text of the footnote to its financia		·
b	If the organization elected, as permitted under FASB ASC 958,		ce sheet works of
-	art, historical treasures, or other similar assets held for public ex	•	
	provide the following amounts relating to these items:	ambition, oddodaton, or roodd on in rathoral	ico di public del vice,
	(i) Revenue included on Form 990, Part VIII, line 1		• ¢
	(ii) Assets included in Form 990, Part X		
^			
2	If the organization received or held works of art, historical treasu		n, provide the
	following amounts required to be reported under FASB ASC 958		. ^
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		· · · · · · > \$

Sched	t III Organizations Maintaining C		storical Treasures	, or Other	11-371555 Similar Asse		Page 2 ntinued)
3	Using the organization's acquisition, accession, a	and other records, check any	y of the following that ma	ke significant	use of its		
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange	programs			
b	Scholarly research	е	Other	-			
С	Preservation for future generations		_				
4	Provide a description of the organization's collecti	ions and explain how they fu	urther the organization's	exempt purpos	se in Part		
	XIII.		· ·				
5	During the year, did the organization solicit or rec	eive donations of art, historic	cal treasures, or other si	milar			
	assets to be sold to raise funds rather than to be					Yes	No
Pa	t IV Escrow and Custodial Arrang		<u> </u>				
	Complete if the organization ar		m 990, Part IV, line	9, or repo	rted an amour	nt on F	orm
	990, Part X, line 21.		,	, ,			
1a	Is the organization an agent, trustee, custodian or	r other intermediary for cont	ributions or other assets	not			
	included on Form 990, Part X?					Yes	□No
b	If "Yes," explain the arrangement in Part XIII and						
-					Amoun	t	
С	Beginning balance			. 1c	7 0	•	
d				. 1d			
e				. 1e			
f	Ending balance						
2a	Did the organization include an amount on Form					Yes	No
b	If "Yes," explain the arrangement in Part XIII. Che			•		_	Η
Pa		con here if the explanation he	as been provided on ran	XIII III			
. ~	Complete if the organization ar	nswered "Yes" on Form	m 990 Part IV line	10			
	Complete ii the organization at		Prior year (c) Two year		Three years back	(e) Four ye	oro book
1a	Beginning of year balance	(a) Current year (b) F	Tior year (C) Two year	S Dack (u)	Three years back	(e) Four ye	ars back
b	Contributions						
C	Net investment earnings, gains, and						
·	losses						
ч	Grants or scholarships						
u	Other expenditures for facilities and						
е	programs						
	Administrative expenses						
١ ~	End of year balance	<u> </u>					
g		var and balance (line 1 a ac	olumn (a)) hold as:				
2	Provide the estimated percentage of the current y		Diumin (a)) neiu as.				
a	Board designated or quasi-endowment Permanent endowment %	%					
b	Term endowment • %						
С	The percentages on lines 2a, 2b, and 2c should e	ogual 1009/					
3a	Are there endowment funds not in the possession		a hald and administered f	or the			
Ja	organization by:	ir or the organization that are	e neiu anu auministereu i	or trie		v	es No
	(i) Unrelated organizations					3a(i)	es ivo
	(ii) Related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations	o liated as required an Caba	edule R?			` '	
b		•				3b	
4 Pa	Describe in Part XIII the intended uses of the org t VI Land, Buildings, and Equipm		15.				
ı a	Complete if the organization ar		m 990 Part IV line	11a Soc	Form 900 Por	t Y lin	o 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accur		(d) Book v	alue
	Lond	(investment)	(other)	depreci	audii		
1a	Land	•					
b	Buildings	•					
С	Leasehold improvements	•					

d Equipment 889 8,035 3,524 (3,622)

e Other · · · · · · · · STMD1E · 7,124 7,124 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,502

Schedule D (Form 990) 2020

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11-3715553

	(a) Description of security or category (including name of security)		(b) Book value	((c) Method of valuation: Cost or end-of-year market value
) Financial derivat	ives				
) Closely-held equ	uity interests				
Other					
(A)					
(B)					
C)					
D)					
E)					
F)					
G)					
H)					
,	nust equal Form 990, Part X, col. (B) I	line 12.)			
	restments - Program Relate				
	mplete if the organization ar		orm 990, Part IV,	line 11c. See F	Form 990, Part X, line 1
	(a) Description of investment		(b) Book value		(c) Method of valuation: Cost or end-of-year market value
1)		-			
2)					
3)					
4) 5)				-	
5)				-	
6)					
7)					
(8)					
(8) (9)	aust aqual Form 000, Port V, ad. (P)	ling 12)			
(8) (9) otal. (Column (b) m	nust equal Form 990, Part X, col. (B) I her Assets. Implete if the organization ar			line 11d. See F	Form 990, Part X, line 19
(8) (9) (tal. (Column (b) n (Part IX)	her Assets.			line 11d. See F	Form 990, Part X, line 1
(8) (9) (tal. (Column (b) n (Part IX)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
8) 9) tal. (Column (b) n Part IX Otl Co	her Assets.	nswered "Yes" on Fo		line 11d. See F	
(8) (9) (tal. (Column (b) n (art IX Oti Co	her Assets.	nswered "Yes" on Fo		line 11d. See F	
(8) (9) (tal. (Column (b) n Part IX Otl Co (1) (2)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
88) 99) tal. (Column (b) n Part IX Otil Co (1) (2) (3)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
8) 9) tal. (Column (b) n eart IX Otil Co 1) 2) 3) 44)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
8) 9) tal. (Column (b) n art IX Otl Co 1) 2) 3) 4) 5)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
88) 99) tal. (Column (b) n Part IX Otl Co 11) (22) 33) (4) (5) (6)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
8) 9) tal. (Column (b) n art IX Otl Co 1) 2) 3) 4) 5) 6) 7)	her Assets.	nswered "Yes" on Fo		line 11d. See F	
8) 9) tal. (Column (b) n art IX Otl Co 1) 2) 3) 4) 5) 6) 7) 8)	her Assets. Implete if the organization ar	nswered "Yes" on Fo		line 11d. See F	
88) 99) tal. (Column (b) n Part IX Otl Co 11) 22) 33) 44) 55) 66) 77) 88) 99) tal. (Column (b) n	her Assets. Implete if the organization and an arrangement of the organization and arrangement of the organization arrangement of the organiza	nswered "Yes" on Fo		line 11d. See F	
88) 99) tal. (Column (b) n Part IX Otl Co (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) n Part X Otl	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in her Liabilities.	nswered "Yes" on Fo	orm 990, Part IV,		(b) Book value
8) 9) tal. (Column (b) n art IX Otil Co 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) n art X Otil Co	her Assets. Implete if the organization and an arrangement of the organization and arrangement of the organization arrangement of the organiza	nswered "Yes" on Fo	orm 990, Part IV,		(b) Book value
8) 9) tal. (Column (b) n art IX Otl Co 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) n Co In Co	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in the Liabilities. Implete if the organization are 25.	line 15.)	orm 990, Part IV,		(b) Book value
8) 9) tal. (Column (b) n art IX Otil Co 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) n art X Otil Co	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in the Liabilities. Implete if the organization are 25. (a) Description of liability	nswered "Yes" on Fo	orm 990, Part IV,		(b) Book value
8) 9) tal. (Column (b) n art IX Otl Co 1) 2) 3) 4) 5) 6) 77 8) 9) tal. (Column (b) n art X Otl Co line 1) Federal income	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in the Liabilities. Implete if the organization are 25. (a) Description of liability	line 15.)	orm 990, Part IV,		(b) Book value
8) 9) tal. (Column (b) n art IX Otil Co 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) n art X Otil Co line 1) Federal income	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in the Liabilities. Implete if the organization are 25. (a) Description of liability	line 15.)	orm 990, Part IV,		(b) Book value
8) 9) tal. (Column (b) n art IX Otil Co 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) n art X Otil Co line 1) Federal income 2MISC 3)	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in the Liabilities. Implete if the organization are 25. (a) Description of liability	line 15.)	orm 990, Part IV,		(b) Book value
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8) 9) tal. (Column (b) n art IX Otil Co 1) 2) 3) 4) 5) 6) 7) 8) 9) tal. (Column (b) n art X Otil Co line 1) Federal income 2MISC 3) 4) 5)	her Assets. Implete if the organization are must equal Form 990, Part X, col. (B) in the Liabilities. Implete if the organization are 25. (a) Description of liability	line 15.)	orm 990, Part IV,		(b) Book value
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	ule D (Form 990) 2020 LITTLE PATRIOTS EMBRACED INC	11-3715553	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
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:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		
	t XII Reconciliation of Expenses per Audited Financial Statements With Expens		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	оо роз почини	
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.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, 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 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIII Supplemental Information.	Don't V. Pari	
	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; I rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X, line	
2, Fa	t Ai, lines 2d and 4b, and Part Aii, lines 2d and 4b. Also complete this part to provide any additional information.		

EEA Schedule D (Form 990) 2020

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.

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

LITTLE PATRIOTS EMBRACED INC	2					11-371	
Part I Fundraising Activities	-	_		wered "Yes" on F	orm 990	, Part IV, I	ine 17.
Form 990-EZ filers are no				0			
1 Indicate whether the organization raise	ed funds through a						
a Mail solicitations				f non-government gra f government grants	nts		
b Internet and email solicitations							
c Phone solicitations		g ∐	Special fundr	raising events			
d In-person solicitations	aral agraamant with	a any individu	ıal (inaludina	officere directore tr	untonn		
2a Did the organization have a written or or key employees listed in Form 990, F		-				∏ Ye	s 🗌 No
b If "Yes," list the 10 highest paid individ	,			•		_	5 110
compensated at least \$5,000 by the or		idiaisers) pe	irsuarit to agr	cernents under winer	i tile fullarai	301 13 10 00	
00popaou apa	gamzanom						
		(iii) Did fun	draiser have		(v) Amou	nt paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity	(or reta fundraise	ined by)	(or retained by)
or orinty (turial algory)	-	contril	outions?	ii oiii dolivity	col.		organization
		Yes	No				
1							
2							
			4				
3							
4							
5							
6							
7							
8							
9							
10							
Control of the contro					. al 18 1 a		
3 List all states in which the organization registration or licensing.	is registered or lice	ensea to som	cit contributio	ons or has been notifie	ed it is exem	pt from	
registration of licensing.							

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising gross receipts greater than		nd gross income on Forr	n 990-EZ, lines 1 and (6b. List events with
		gross receipts greater triair	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts				
ш	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
	10	Direct eveness summary Add lines	4 through 0 in column (d)			
	10 11	Direct expense summary. Add lines and Net income summary. Subtract line	10 from line 3, column (d)			
Pa	art I		-	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue				
		aross revenue 1 1 1 1 1 1 1 1 1 1				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			П.,	
	6	Volunteer labor	Yes % No		☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
		Direct expense summary. Add lines				
	8	Direct expense summary. Add lines and Net gaming income summary. Subtra		nn (d)		
9	8	Net gaming income summary. Subtractive the state(s) in which the organization	act line 7 from line 1, colum	ies:		
a	8 Er	Net gaming income summary. Subtraction ter the state(s) in which the organization licensed to conduct go	act line 7 from line 1, colum on conducts gaming activiti aming activities in each of t	ies: hese states?		· · · · · · · · · · · · · · · · · · ·
a	8 Er	Net gaming income summary. Subtractive the state(s) in which the organization	act line 7 from line 1, colum on conducts gaming activiti aming activities in each of t	ies: hese states?		· · · · · · · · · · · · · · · · · · ·
a t	Era Is	Net gaming income summary. Subtractive the state(s) in which the organization the organization licensed to conduct grants.	act line 7 from line 1, colum on conducts gaming activit aming activities in each of t	ies: hese states?		· · · · · · · · · · · · · · · · · · ·
10a	Er Is If W	Net gaming income summary. Subtracter the state(s) in which the organization the organization licensed to conduct gaments. "No," explain: ere any of the organization's gaming licensed.	act line 7 from line 1, colum on conducts gaming activit aming activities in each of t	hese states?		

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2020

Open to Public Inspection

Employer identification number

11-3715553

Department of the Treasury
Internal Revenue Service
Name of the organization

LITTLE PATRIOTS EMBRACED INC

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

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 line 19) 03. Governing documents, etc, available to public (Part VI, 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) 2020 ADJ

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment

Sequence No. 179 ► Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Identifying number Name(s) shown on return Business or activity to which this form relates LITTLE PATRIOTS EMBRACED INC FORM 990 - 1 11-3715553 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1 2 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 339 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property g 25-year property 25 yrs. h Residential rental MM S/L 27.5 yrs. MM S/L property 27.5 yrs. Nonresidential real 39 yrs. MM S/L property S/L MM Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L С 30-year 30 yrs. MM S/L MM S/L 40-year 40 yrs. Summary (See instructions.) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 22 339

.

For assets shown above and placed in service during the current year, enter the

FOR YOUR RECORDS ONLY Federal Supporting Statements	2020 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 EQUIP	COST/BASIS (INVESTMENT) 7,124	COST/BASIS (OTHER)	DEPR 5,024	BOOK VALUE 2,100
TOTAL	7,124	0	5,024	2,100



Description				
PEN 11-3715553	990	Overflow Statement		2020
Description Samount COUNDATION & ORGANIZATIONS S 18.700 IN KIND DONATIONS 42.414 INDIVIDUAL DONATIONS 1.545 CORPORATE DONATIONS 5.512 CORPORATE DONATIONS 6.173 DAUGHTER AM REV 7.5 COUNTER CASH 7.5 COUNTER CASH 7.5 COUNTED 7.5 CO	Name(s) as shown on return		FEIN	
SOUNDATION & ORGANIZATIONS \$ 18,709	LITTLE PATRIOTS EMBRACED	INC		11-3715553
SOUNDATION & ORGANIZATIONS \$ 18,709				
30ARD MEMBER CONT	-			
N KIND DONATIONS		NS	>	
1,545 1,555 1,55				
CORPORATE DONATIONS 5,512				
FUNDRAISER 2.70 2				
Description				
### Total: \$ 75 78,698				
Description				
AUDIT		T	otal: \$_	
AUDIT				
AUDIT	Doganintion			Amount
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Sank FEE 32 32 32 32 32 32 32			Y	
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Description S 437 Total: \$ 437	5/11/11	T	otal: \$	
Samount Samo	Doggription			Amount
Total: \$ 437				
Description Amount INSURANCE \$ 1,251 RENT 17,700 COMMUNITY OUTREACH 2,919 PROGRAM DEVELOPMENT 4,684 FAMILY PACKAGES 23,235 MD TEC 6,089 YOUTH TOUR 33,427 OTHER YOUTH 82 BIKES FOR KIDS 4,872 YOUTH DEV 280 TOY DRIVE 35,280 MERCH FEES 36	20N1 ED	T	otal· Ś	
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RENT 17,700 COMMUNITY OUTREACH 2,919 PROGRAM DEVELOPMENT 4,684 FAMILY PACKAGES 23,235 MD TEC 6,089 YOUTH TOUR 33,427 DTHER YOUTH 82 BIKES FOR KIDS 4,872 YOUTH DEV 280 TOY DRIVE 35,280 MERCH FEES 36	locarintion A			
COMMUNITY OUTREACH 2,919 PROGRAM DEVELOPMENT 4,684 CAMILY PACKAGES 23,235 MD TEC 6,089 COUTH TOUR 33,427 OTHER YOUTH 82 BIKES FOR KIDS 4,872 COUTH DEV 280 COY DRIVE 35,280 MERCH FEES 36				
PROGRAM DEVELOPMENT 4,684 FAMILY PACKAGES 23,235 MD TEC 6,089 YOUTH TOUR 33,427 OTHER YOUTH 82 BIKES FOR KIDS 4,872 YOUTH DEV 280 TOY DRIVE 35,280 MERCH FEES 36	INSURANCE		\$	1,251
TAMILY PACKAGES 23,235 MD TEC 6,089 COUTH TOUR 33,427 OTHER YOUTH 82 BIKES FOR KIDS 4,872 COUTH DEV 280 COY DRIVE 35,280 MERCH FEES 36	NSURANCE RENT		\$ \$	1,251 17,700
## TEC 6,089 ## TOUR 33,427 ## TOUTH TOUR 82 ## SIKES FOR KIDS 4,872 ## TOUTH DEV 280 ## TOY DRIVE 35,280 ## ERCH FEES 36	INSURANCE RENT COMMUNITY OUTREACH		\$	1,251 17,700 2,919
COUTH TOUR 33,427 OTHER YOUTH 82 BIKES FOR KIDS 4,872 COUTH DEV 280 COY DRIVE 35,280 MERCH FEES 36	NSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT		<u>\$</u>	1,251 17,700 2,919 4,684
DTHER YOUTH 82 BIKES FOR KIDS 4,872 YOUTH DEV 280 COY DRIVE 35,280 MERCH FEES 36	INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES		<u>\$</u>	1,251 17,700 2,919 4,684 23,235
YOUTH DEV 280 YOY DRIVE 35,280 4ERCH FEES 36	INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES 4D TEC		<u>\$</u>	1,251 17,700 2,919 4,684 23,235 6,089
YOUTH DEV 280 YOY DRIVE 35,280 4ERCH FEES 36	INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES AD TEC YOUTH TOUR		\$	1,251 17,700 2,919 4,684 23,235 6,089 33,427
MERCH FEES 36	INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES AD TEC COUTH TOUR OTHER YOUTH		\$	1,251 17,700 2,919 4,684 23,235 6,089 33,427
	INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES MD TEC YOUTH TOUR OTHER YOUTH BIKES FOR KIDS YOUTH DEV		\$	1,251 17,700 2,919 4,684 23,235 6,089 33,427 82 4,872
Total: \$129,855	INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES MD TEC YOUTH TOUR DTHER YOUTH BIKES FOR KIDS YOUTH DEV TOY DRIVE		\$	1,251 17,700 2,919 4,684 23,235 6,089 33,427 82 4,872 280 35,280
	Description INSURANCE RENT COMMUNITY OUTREACH PROGRAM DEVELOPMENT FAMILY PACKAGES MD TEC YOUTH TOUR OTHER YOUTH BIKES FOR KIDS YOUTH DEV TOY DRIVE MERCH FEES			1,251 17,700 2,919 4,684 23,235 6,089 33,427 82 4,872 280 35,280

990	Overflow Statement	2020 Page 2
Name(s) as shown on return		FEIN
LITTLE PATRIOTS EMBRACED	INC	11-3715553

Description		Amount
WEBSITE	<u> </u>	696
INSURANCE		998
OFFICE EXPENSE		1,584
INTERNET		194
	Total: \$	3,472



			AMT			α	20	31	0 m N	339	
2020	PAGE 1		Accumulated Depreciation (m	600'9	7.23	165	254	2, 001	10,630	ST ADJ:
		Social security number/EIN				α	20	31	0 m N	339	339
		Social securi	Prior Depreciation	m	600'9	7.23	145	223	1,71	10,291	snuoq/6/1
			Rate		0	11 52	11.52	11.52	ო ი ა		us luding 1
			Method			אים מת 200	HX	нх	200 DB HX		CY 179 and CY Bonus TOTAL CY Depr including 179/bonus
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il Listinç	ses only		Depreciable Basis	1,115	600'9	890	176	269	2,575	11,538	
Depreciation Detail Listing	Frogram services For your records only		Bonus								
Depred	ш.		Section 179								
			Business	100.00	100.00	100.00	100.00	100.00	100.00		
			Basis								
			Cost	1,115	600 '9	0 kg C	176	269		11,538	11,538
		ONL CE	Date	06152013	06152011	04162014	05202016	07172016	020020		
* Item is included in UBIA	tor Section 199A calculations. See "UBIA" in lower right corner.	Name(s) as shown on return T.T.T.T.E. PATRIOUS EMBRACED INC	Description	2013 EQUIP	2010 Equip	ZUI4 COMPUTER	HP 8700 PRINTER	HP 8600 PRINTER	FURNITURE	Totals	Land Amount Net Depreciable Cost
* Iten	See ,	Name,	N O N	1		n Δ			-		