### FOR TAX YEAR 2018

LITTLE PATRIOTS EMBRACED INC

H & S ACCOUNTING & TAX 11364 DORSETT RD Maryland Heights, MO 63043 (314)739-0811

# H & S ACCOUNTING & TAX

11364 DORSETT RD Maryland Heights, MO 63043 frontcomputer@hsacctg.com Phone: (314)739-0811 | Fax: (314)739-8658

May 27, 2019

Little Patriots Embraced Inc 325 N Kirkwood Rd, Ste 105 Saint Louis, MO 63122

Subject: Preparation of 2018 Tax Returns

Little Patriots Embraced Inc:

Thank you for choosing H & S ACCOUNTING & TAX to assist with the 2018 taxes for Little Patriots Embraced Inc. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2018 federal and state income tax returns for Little Patriots Embraced Inc. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Little Patriots Embraced Inc, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We retain copies of your records and our work papers for your engagement for seven years, after which these documents will be destroyed.

Our engagement to prepare the 2018 tax returns will conclude with the delivery of the completed returns to management (if paper-filing) or with the tax matters partner's signature and our subsequent submittal of the tax return (if e-filing). If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters partner should review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (314)

739-0811.	
Sincerely,	
Thomas F McGillycuddy EA H & S ACCOUNTING & TAX	
Accepted By:	
Officer	-
Date	-

UIII			Return		cinpt					2018	
			Under section 501(c	c), 527, or 4947(a)(1) of the Inter	nal Reve	nue Code (exce	pt private fo	undatio	ns)	2010	
Depar	tment of t	the Treasury		nter social security numbers on		•	•			Open to Publi	ic
		ue Service		ww.irs.gov/Form990 for instruc	tions and					Inspection	
A I	For the	2018 calend	lar year, or tax year begi			, 2018, and e	nding			, 20	
Β	Check if a	ck if applicable: C Name of organization LITTLE PATRIOTS EMBRACED INC									n no.
_ /	Address c	hange	Doing business as				1		11-	3715553	
_ r	Name cha	inge	Number and street (or P.O. bo	ox if mail is not delivered to street address)			Room/suite		E Tel	ephone number	
	nitial retu	m	325 N KIRKWOOD	RD			105		(31	4)567-5777	
_ F	Final retur	rn/terminated		e, country, and ZIP or foreign postal code					G Gro	oss receipts	
4	Amended	return	SAINT LOUIS, M	0 63122					\$	127,873	3
4	Applicatio	n pending	F Name and address of principa	al officer: CAROL WATANABE			H(a) Is this a	group return	for subord	linates? 📙 Yes 🔀	No
			SAME AS C ABOV				H(b) Are all	subordina	tes inclue	ded? Yes	No
	Tax-exemp		501(c)(3) 501(c) (	) < (insert no.) 4947(a)(1) or	52	7	If "	No," attach	n a list. (s	see instructions)	
	Nebsite:		I.LITTLEPATRIOTSE				H(c) Grou	p exemptio	n numbe	r 🕨	
		-	Corporation Trust Ass	sociation 🔲 Other 🕨	L	Year of formation: 2	005 M	State of le	gal domi	cile: MO	
Pa	rtl	Summar	•								
				sion or most significant activities:	OUR M	ISSION IS	TO ENHANO	CE THE	E LIV	ES OF OUR	
ЭС			FAMILIES IN NEEL								
nar		WHILE TH	EIR LOVED ONE IS	PROTECTING OUR FREEDO	DM.						
Governance		<u></u>	► <b>□</b>			C	<b></b>				
ŝ				n discontinued its operations or di	•				I.		-
ø				erning body (Part VI, line 1a)							6
Activities				ers of the governing body (Part VI,					_		6
Ę				n calendar year 2018 (Part V, line					-		0
Ac				necessary) ••••••••••••••••••••••••••••••••••••				· · 6	_		
									_		0
		inet unrelate		e from Form 990-T, line 38 • •					<b>,</b>		0
	8	Contribution	e and grante (Part VIII, ling	e 1h) • • • • • • • • • • • • • • • • • • •			Prior Ye			Current Year	742
e				e 2g) • • • • • • • • • • • • • • • • • • •			_	159,62	<u> </u>	127,7	/43
Revenue				A), lines 3, 4, and 7d)							0
Šeč				nes 5, 6d, 8c, 9c, 10c, and 11e)				15			130
ш				(must equal Part VIII, column (A),				159,77	_	127,8	
				IX, column (A), lines 1-3)					2	127,0	0
				X, column (A), line 4) $\cdot \cdot \cdot \cdot$							0
		•	```	ee benefits (Part IX, column (A), li							0
ses				column (A), line 11e) • • • • •	,	· · · · · · · · · · · · · · · · · · ·					0
Expense			sing expenses (Part IX, co			9,769					Ť
Ä				ines 11a-11d, 11f-24e) • • • •			1	41,83	3	127,4	497
_				t equal Part IX, column (A), line 2		-		41,83		127,4	
	19	Revenue les	s expenses. Subtract line	18 from line 12 • • • • • • •				17,93			376
or							Beginning of Cu			End of Year	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)			[		29,36	6	33,7	769
Ass	21	Total liabilitie	es (Part X, line 26) • • •			[		4,24			501
	22	Net assets o	r fund balances. Subtract	line 21 from line 20 • • • • •		[		25,12	25	27,2	268
Pa	rt II	Signatu	re Block								
				urn, including accompanying schedules and fficer) is based on all information of which pro			knowledge and b	elief, it is			
uue,	coneci, a	and complete. De				any knowledge.					
<b>•</b> :		CARO	L WATANABE								
Sig		Signatur	re of officer					Da	ite		
Her	e		L WATANABE, PRESI	IDENT							
		Type or	print name and title								
		Print/Type pre	eparer's name	Preparer's signature		Date	Check	if	PTIN		
Pai			F MCGILLYCUDDY E	ATHOMAS F MCGILLYCUDDY	EA O	5-27-2019	self-en	nployed	P	01078952	
	parer		► H&SAC	CCOUNTING & TAX			Firm's EIN				
Use	e Only	Firm's addres	s 🕨 11364 DO	DRSETT RD			Phone no.				
				d Heights MO 63043					739-		
May	the IRS	S discuss this	return with the preparer s	hown above? (see instructions)						. 🔀 Yes 🗌 N	lo

**Return of Organization Exempt From Income Tax** 

Form **990** 

OMB No. 1545-0047

Form	990 (2018) LITTLE PATRIOTS EMBRACED INC	11-3715553	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		-
	Check if Schedule O contains a response or note to any line in this Part III	<u></u> .	🗌
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO ENHANCE THE LIVES OF OUR MILITARY FAMILIES IN NEED		
	WHILE THEIR LOVED ONE IS PROTECTING OUR FREEDOM.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		
		· · · · [] Yes	X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?	🗌 Yes	V No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$115,829 including grants of \$) (Revenue	\$	)
	CHILDRENS PROGRAMS, FAMILY CARE PACKAGES, FINANCIAL SUPPORT FOR TUITION AND	CHILD CARE,	
	FINANCIAL SUPPORT FOR EMERGENCIES FOR MILITARY FAMILIES IN NEED		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
4d	Other program services (Describe in Schedule O.)		
~	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  115,829	,	
			000 (2018)

Form 990 (	2018
Part IV	C

### 8) LITTLE PATRIOTS EMBRACED INC Checklist of Required Schedules

11-3715553	Page 3

			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 Schedule B, Schedule of Contributors (see instructions)? • • • • • • • • • • • • • • • • • • •	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III • • • • • • •	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10		X
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? <i>If "Yes,"</i> complete Schedule D, Part VI	44.0	v	
h		11a	Х	
b		11b		Х
с	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • • • • • • • • • • • • • • • • • •	110		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII •••••••••••••••••••••••••••••••••	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X · · · · ·	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III • • • • • • • • • • • • • • • • •	19		Х
20 a		20a		Х
b	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

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Pa	rt IV Checklist of Required Schedules (continued)				
					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		X
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		<u> </u>
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
	current or former officers, directors, trustees, key employees, highest compensated employees, or				
	disqualified persons? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				37
~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	• • • • • •	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		00-		v
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," complete Schedule L, Part IV		206		v
•			28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		28c		v
29	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		200		X X
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		23		
50	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		•		
-	complete Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
• ·	or IV, and Part V, line 1		34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
			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		Х
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	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				$\square$
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Х	

	990 (2018) LITTLE PATRIOTS EMBRACED INC 11-37155	53	F	Page <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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		X
-		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
C Co	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		57	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	┝───
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		X
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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	<u> </u>
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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities •••••• 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b			
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
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		X
	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		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018)

Form	990 (2018) LITTLE PATRIOTS EMBRACED INC 11-37155	53	Р	age <b>6</b>
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			• X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ••••••• 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the second start is been been been been the second start in the C	10-	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,	104		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ••• Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	Λ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		Δ
c c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
U	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			21
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed  Missouri			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other ( <i>explain in Schedule O</i> )			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	CAROL WATANABE (314)567-5777, 325 N KIRKWOOD RD, SAINT LOUIS, MO 63122			

Form 990 (20	8) LITTLE PATRIOTS EMBRACED INC	11-3715553	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	mpensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or w tax year.	vithin the	

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(0	C)						
(A)	(B)	Position						(D)	(E)		(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable		Estimated
	hours per				rector/trustee)			compensation	compensation fro	m	amount of
	week (list any							from	related		other
	hours for related	<u> 9</u> <del>-</del> -	<u>т</u>		x	ΩI	л	the organization	organizations (W-2/1099-MISC	\ \	compensation from the
	organizations	r divi	ıstitu	Officer	ey e	ighe	Former	(W-2/1099-MISC)	(1099-10130	)	organization
	below dotted	ecto	ition	Ť.	mp	ist c	ę	. ,			and related
	line)	Individual trustee or director	altr		Key employee	- ong					organizations
		tee	Institutional trustee			Highest compensated employee					
			e			ated					
(1) CAROL WATANABE	35.00										
PRESIDENT		X		Χ					o 🔤	0	0
(2) JESSICA KREMER	5.00										
SECRATARY				Х					D	0	0
(3) CAROLE A SCHMITT	5.00										
VP				Х					b	0	0
(4) SHERRY FARMER HEBERT	5.00										
TREASERER				Х					b	0	0
(5)	w.								-	-	
<u></u>											
(6)											
······································											
(7)											
<u></u>											
(8)											
( <sup>0</sup> /											
(0)				_			_				
<u>(9)</u>											
(40)											
(10)											
				_	_		_				
(11)											
<u>(12)</u>											
(13)	L										
(14)											

	90 (2018) LITTLE PATRIOTS EM	BRACED I	NC							11-3715	553	F	Page 8
Part	VII Section A. Officers, Directors, Trustees,	Key Employ	vees, a	nd H	ligh	est	Comp	ens	ated Employees (	continued)			
					(0								
	(A)	(B)	(do n	ot che		ition ore th	nan one		(D)	(E)		(F)	
	Name and title	Average hours per	box, ι	unless	s pers	on is	both an		Reportable compensation	Reportable compensation from		stimated	
		week (list any	office	er and	a dir	ector.	/trustee)		from	related	a	other	
		hours for	or d	Inst	Officer	Key	emp	Former	the	organizations		npensati	
		related	lirect	itutic	cer	Key employee	bloye	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the ganizatio	
		organizations below dotted	ortr	onal t		ploye	e com		(11 2) 1000 11100)			nd relate	
		line)	Individual trustee or director	Institutional trustee		l ë	pen				orę	ganizatio	ns
				e			Highest compensated employee						
(15)													
<u>('<u></u>,</u>													
(16)													
											_		
<u>(17)</u>													
(18)													
<u> </u>													
<u>(19)</u>													
(20)													
<u>()</u>													
(21)													
(00)								r					
(22)													
(23)													
						-							
(24)													
(25)													
1b	Sub-total					L	I	<u> </u>					
c	Total from continuation sheets to Part VII, Secti	on A						5					
d	Total (add lines 1b and 1c)							5		0			0
2	Total number of individuals (including but not limite								0 re than \$100.000				
	reportable compensation from the organization 🕨			,	,			-		0			
												Yes	No
3	Did the organization list any former officer, director		-				-						
	employee on line 1a? If "Yes," complete Schedule										3		X
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater than												37
-											4		X
5	Did any person listed on line 1a receive or accrue	•		-			-				_		37
Saati	for services rendered to the organization? If "Yes," or P. Indonendont Contractors	complete Scr	neaule	J TO	r sud	cn p	erson				5		X
	on B. Independent Contractors	tod indonon	dontor	ntro	otor	o th	<u>at ra a</u>		d mara than \$100	200 of			
1	Complete this table for your five highest compensation from the organization. Beneficially, and the organization of the organi												
	compensation from the organization. Report composer.	ensation for t	ine cal	enaa	ar ye	eare	enaing	with	i or within the orga	nization's tax			
	(A)								(B)			(C)	
	Name and business address								Description of		Com	pensatio	n
2	Total number of independent contractors (including	but not limit	ed to t	hose	e list	ed a	above)	who	)				

►

received more the	an \$100 000 c	f compensation	from the	organization
	λη φτου,000 c	oomponoution	n onn uno	ugunzution

Form 99		18) LITTLE PATRIOTS EME	BRACED INC			11-37155	53 Page 9
Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a response or	note to any line in the int	his Part VIII • • (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1cGovernment grants (contributions)1dAll other contributions, gifts, grants,1fAnd similar amounts not included above1fNoncash contributions included in lines 1a-1f:1cTotal. Add lines 1a-1f1c	127,743	127,743			
Program Service Revenue		All other program service revenue · · · · · · · · · · · · · · · · · · ·					
	b c d 7a	Investment income (including dividends, interest and other similar amounts)	(ii) Personal				
Other Revenue	c d 8a b	and sales expenses Gain or (loss)					
	b c 10a b	See Part IV, line 19 · · · · · · · a Less: direct expenses · · · · · b Net income or (loss) from gaming activities · · Gross sales of inventory, less returns and allowances · · · · · · a Less: cost of goods sold · · · · · · b Net income or (loss) from sales of inventory · ·	· · · · · · · · •				
	b c d	Miscellaneous Revenue         TAX DISCOUNTS         OTHER INCOME         All other revenue	525920 900099	130	130		
		Total revenue. See instructions		130 127,873	130	0	0
				121,013	130	U	0

#### Form 990 (2018)

### 018) LITTLE PATRIOTS EMBRACED INC

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other organ	izations must complete	column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 • • •				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 · · · · · · · · · · · · ·				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 • • • • • •				
4	Benefits paid to or for members • • • • • • • • • • •				
5	Compensation of current officers, directors,				
	trustees, and key employees ••••••••••				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management • • • • • • • • • • • • • • • • • • •				
b	Legal • • • • • • • • • • • • • • • • • • •	21	21		
С	Accounting	1,767		1,767	
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.) ••				
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •				
13	Office expenses				
14	Information technology				
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20	Payments to affiliates	 			
21 22	Depreciation, depletion, and amortization				
22 23		697	697		
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	FUNDRAISING	9,564			9,564
b	PROGRAM EXP	110,407	110,407		5,504
c	PP TAX	263	263		
d	<u> </u>	203	203		
e	All other expenses	4,778	4,441	132	205
25	Total functional expenses. Add lines 1 through 24e	127,497	115,829	1,899	9,769
26	Joint costs. Complete this line only if the		,0	_,	2,.05
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here <b>&gt;</b> X if				
	following SOP 98-2 (ASC 958-720)				

#### Form 990 (2018) LITTLE PATRIOTS EMBRACED INC Part X **Balance Sheet**

Beginning of year End of year 1 Cash - non-interest-bearing 1 5,981 9,884 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 current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ..... 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net Assets 8 8 Inventories for sale or use 19,883 20,383 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 10c b 8,035 3,502 3,502 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 ..... 12 12 13 Investments - program-related. See Part IV, line 11 . . . . . . . . 13 Intangible assets . . . . . 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 29,366 16 33,769 17 Accounts payable and accrued expenses ...... 17 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 . . . . . . . . . . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D ..... 22 Loans and other payables to current and former officers, directors, \_iabilities trustees, key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties ..... 23 24 Unsecured notes and loans payable to unrelated third parties ..... 24 4,241 6,501 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 26 4,241 6,501 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🕅 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 25,125 27 27,268 Temporarily restricted net assets ..... 28 28 Permanently restricted net assets ..... 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here F and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 25,125 27,268 34 Total liabilities and net assets/fund balances 34 29,366 33,769

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

(B)

(A)

Form 990 (2018)

	990 (2018) LITTLE PATRIOTS EMBRACED INC	11-3	371555	3	Pa	age <b>12</b>
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>			• 🛛
1	Total revenue (must equal Part VIII, column (A), line 12)		1		.27,8	
2	Total expenses (must equal Part IX, column (A), line 25)		2	1	.27,4	497
3	Revenue less expenses. Subtract line 2 from line 1		3		3	376
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	• 4	4		25,1	125
5	Net unrealized gains (losses) on investments	• _ •	5			
6	Donated services and use of facilities	• 6	\$			
7	Investment expenses	- 7	<b>'</b>			
8	Prior period adjustments	. 8	3			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 🤅	)		1,7	767
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B)) ••••••••••••••••••••••••••••••••••	• 1	0		27,2	268
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 🛛 🖾 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?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
EEA				Form	990 (2	2018)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

2018

(Form 990 or 990-EZ)		0 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2010
Department of the Treasury			Attach to Form 990 or Form 990-EZ.					Open to Public	
Internal Revenue Service			•	Go to www.irs.gov/Form990 for instructions and the latest information.				formation.	Inspection
Name	of the	e organization						Employer identifica	ation number
LIT	TLE		EMBRACED INC					11-371555	
Pa	rt I	Reason	for Public Charity	<b>/ Status</b> (All or	ganizations must co	omplete f	his part.	) See instructions	5.
The	orga	nization is not a	private foundation be	cause it is: (For line	es 1 through 12, check c	only one bo	x.)		
1	ň		•		ches described in section		,		
2	Н				Schedule E (Form 990 or				
3	Н				described in section 17				
	Н	•		•					
4	Ш			ated in conjunction	with a hospital describe	ea in sectio	n 170(b)(1	)(A)(III). Enter the	
	_	•	e, 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 F	Part II.)					
6		A federal, state	e, or local government	or governmental un	it described in section 1	170(b)(1)(A	)(v).		
7	Χ	An organizatio	n that normally receive	es a substantial par	t of its support from a go	overnmenta	al unit or fro	om the general public	
		described in s	ection 170(b)(1)(A)(vi)	. (Complete Part II.	)				
8	Π		rust described in section						
9	Н				on 170(b)(1)(A)(ix) operation	ated in con	iunction wit	th a land-grant college	2
5		-	-		see instructions). Enter 1				-
		,	a non-ianu-grant cone	ege of agriculture (s	see instructions). Enter i	lie name, c	sity, and sta	ate of the college of	
		university:							
10		•	•		3 1/3% of its support from				SS
		receipts from a	activities related to its e	exempt functions - s	subject to certain except	ions, and (	2) no more	e than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	usiness taxable income	(less sectio	n 511 tax)	from businesses	
		acquired by the	e organization after Jur	ne 30, 1975. See <b>se</b>	ection 509(a)(2). (Comp	lete Part III	.)		
11		An organizatio	n organized and opera	ted exclusively to te	est for public safety. See	section 5	09(a)(4).		
12	Π	An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	n the funct	ons of, or	to carry out the purpo	ses
	_	of one or more	publicly supported org	anizations describe	ed in section 509(a)(1) o	or section	509(a)(2). S	See section 509(a)(3)	).
					he type of supporting or				
	а	—	-		sed, or controlled by its s	-			-
	a								9
			•		appoint or elect a majo	only of the t	inectors of	trustees of the	
			organization. You mu						
	b	<b>Type II.</b> A	supporting organization	n supervised or cor	trolled in connection wit	h its suppo	rted organ	ization(s), by having	
		control or	management of the su	pporting organizati	on vested in the same p	ersons tha	t control or	manage the support	ed
		organizatio	on(s). You must comp	lete Part IV, Section	ons A and C.				
	С	Type III fu	nctionally integrated.	A supporting organ	nization operated in conr	nection with	, and funct	tionally integrated with	۱,
		its support	ed organization(s) (see	instructions). You	must complete Part IV	, Sections	A, D, and	Е.	
	d				organization operated in				(s)
					generally must satisfy a				
					Part IV, Sections A an				
								Tune II Tune III	
	е				determination from the		is a Type I	, туре п, туре п	
					ntegrated supporting org				
	f								· · · · ·
	g	Provide the fo	lowing information abo	out the supported o	rganization(s).				
	(i	) Name of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the or	ganization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10	listed in you		support (see	other support (see
					above (see instructions))	docum	ent?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(J)									
(E)									
(E)									
Tota									
-		erwork Reducti	on Act Notice, see th	e Instructions for	Form 990 or 990-EZ	1		Schedule	A (Form 990 or 990-EZ) 2018
EEA								ochedule	

			EMBRACED IN			11-371555	
Pa	rt II Support Schedule for Org						
	(Complete only if you chec				•	•	y under
	Part III. If the organization	fails to qualify	under the tests	listed below, p	lease complete	e Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	186,685	163,463	147,596	124,272	102,392	724,408
2	Tax revenues levied for the						
2	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 · · · · ·	186,685	163,463	147,596	124,272	102,392	724,408
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						17,212
6	Public support. Subtract line 5 from line 4 • •						707,196
-	tion B. Total Support	Γ	I				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4 • • • • • • • • • •	186,685	163,463	147,596	124,272	102,392	724,408
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		C				
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						724,408
12	Gross receipts from related activities, etc. (	see instructions)				12	,21,100
13	First five years. If the Form 990 is for the o			h or fifth tay year a	a section 501(c)(	(3)	
	organization, check this box and <b>stop here</b>		•••••	•••••	•••••	••••	▶□
Sec	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2018 (line 6,	column (f) divided	by line 11, columr	n (f)) • • • • • • •		14	97.62 %
15	Public support percentage from 2017 Sche	dule A, Part II, line	14 • • • • • • •			15	98.64 %
16a	33 1/3% support test - 2018. If the organize	ation did not check	the box on line 13	, and line 14 is 33 1	1/3% or more, chec	k this	
	box and stop here. The organization qualifi	es as a publicly su	pported organizatio	on			🕨 🕅
b	33 1/3% support test - 2017. If the organize						
	this box and <b>stop here</b> . The organization qu						🕨 🔲
17a	10%-facts-and-circumstances test - 2018	•	• • • •				
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac				•		
	organization						🕨 🗖
b	10%-facts-and-circumstances test - 2017						
~	15 is 10% or more, and if the organization r	-				-	
	Explain in Part VI how the organization me				•	licly	
	supported organization						
18	Private foundation. If the organization did						
	instructions						🕨 🗖
EEA						Schedule A (FO	rm 990 or 990-EZ) 2018

Schee			EMBRACED IN			11-3715553	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you chec			•			Part II.
	If the organization fails to q	ualify under th	e tests listed b	elow, please co	omplete Part II.	)	
Sec	ction A. Public Support		1	1			
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> 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						
6	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						
500	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • • • • • • •	(a) 2014	( <b>D</b> ) 2015	(c) 2016	( <b>a</b> ) 2017	(e) 2018	(f) Total
	Gross income from interest, dividends, payments received on securities loans, rents,						
b	royalties, and income from similar sources       •         Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       •	X					
С	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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •						
14	First five years. If the Form 990 is for the orgorganization, check this box and stop here						► 🔲
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2018 (line 8, c	olumn (f), divided	by line 13, column	(f)) • • • • • • • •		15	%
16	Public support percentage from 2017 Sched			<u></u>		16	%
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2018 (line					17	%
18	Investment income percentage from 2017 Sc	hedule A, Part III,	line 17•••••		•••••	18	%
19a	<b>33 1/3% support tests - 2018.</b> If the organiza 17 is not more than 33 1/3%, check this box a						► 🛛
b	<b>33 1/3% support tests - 2017.</b> If the organization 18 is not more than 33 1/3%, check this I	box and <b>stop here</b>	. The organization	qualifies as a publi	icly supported orga	nization • • • • •	_
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19b	o, check this box ar	nd see instructions		🕨 📋

Schedu	e A (Form 990 or 990-EZ) 2018 LITTLE PATRIOTS EMBRACED INC 11-37155	53	Р	age 4
Par				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co		Э	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
Sect	ion A. All Supporting Organizations		1	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
•	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
0	organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	0-		
	(b) and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
-	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
С	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
12	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
Ψa	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	Ψa		
~	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	10		
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	0		
0-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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	9a		
h	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	Ja		
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? <i>If "Yes," provide detail in Part VI.</i>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
102	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	10b		
EEA	Schedule A (F		or 990-F	Z) 2018
/ \				_, _0.0

Pa	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u> </u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. 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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
		_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion 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 in	struc	tions)	).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see ir		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 LITTLE PATRIOTS EMBRACED INC

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Schedule A (Form 990 or 990-EZ) 2018

V       Type III Non-Functionally Integrated 509(a)(3) Supporting Organizatio         Check here if the organization satisfied the Integral Part Test as a qualifying trust on N instructions. All other Type III non-functionally integrated supporting organizations m         On A - Adjusted Net Income       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or excetion of gross income or for management, conservation, or thenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       1         Average monthly value of securities       1         Average monthly cash balances       1         Fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       1         Average monthly cash balances       1         Fair market value of other non-exempt-use assets       1         Oiscount claimed for blockage or other tors (explain in detail in Part VI):       1         Acquisition indebtedness applicable to non-exempt-use assets       2	Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting organizations m         on A - Adjusted Net Income         Net short-term capital gain         Recoveries of prior-year distributions         Data Structions         Add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or the expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         Bon B - Minimum Asset Amount         Average monthly value of securities         Average monthly value of securities         Fair market value of other non-exempt-use assets         Fair market value of other non-exempt-use assets         Cotal (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other         tors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.	ust complete Sectio (A) Prior Year	(B) Current Year (optional)
Don A - Adjusted Net Income         Net short-term capital gain         Recoveries of prior-year distributions         2         Dther gross income (see instructions)         Add lines 1 through 3.         Depreciation and depletion         Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         B         Don B - Minimum Asset Amount         Average monthly value of securities         Average monthly value of securities         Fair market value of other non-exempt-use assets         Fair market value of other non-exempt-use assets         Fair market value of other non-exempt-use assets         Fair market value of oblockage or other         tors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain       1         Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or thenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       8         Average monthly value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       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 tors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3		(optional)
Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or ontenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       7         Average monthly value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       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 tors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	
Other gross income (see instructions)3Add lines 1 through 3.4Depreciation and depletion5Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or ntenance of property held for production of income (see instructions)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8On B - Minimum Asset Amount8Average monthly value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):1aAverage monthly value of securities1aFotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other tors (explain in detail in Part VI):1aAcquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3	(A) Prior Year	
Add lines 1 through 3.4Depreciation and depletion5Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or ntenance of property held for production of income (see instructions)6Other expenses (see instructions)7Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)8On B - Minimum Asset Amount8Aggregate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):1aAverage monthly value of securities1aAverage monthly cash balances1bFair market value of other non-exempt-use assets1cFotal (add lines 1a, 1b, and 1c)1dDiscount claimed for blockage or other tors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3	(A) Prior Year	
Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or ection of gross income or for management, conservation, or intenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       1a         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 tors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	. ,
Portion of operating expenses paid or incurred for production or         ection of gross income or for management, conservation, or         intenance of property held for production of income (see instructions)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         Regregate fair market value of all non-exempt-use assets (see         uctions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Ic         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other         tors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.	(A) Prior Year	. ,
ection of gross income or for management, conservation, or       6         intenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         On B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       1a         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 tors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	. ,
Intenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         In B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       1a         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 tors (explain in detail in Part VI):       1d         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	
Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       8         Aggregate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):       1a         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 tors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	. ,
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       1         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       1         Andjusted Net Income (subtract lines 1 and non-exempt-use assets       1         And Income (subtract lines 1 a, 1b, and 1c)       1         Discount claimed for blockage or other       1         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       1         Andjusted Net Income (subtract lines 5, 6, and 7 from line 4)       1         Andjusted Net Income (subtract lines 1 and non-exempt-use assets       1         And Income (subtract lines 1 a, 1b, and 1c)       1         Discount claimed for blockage or other       1         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3	(A) Prior Year	. ,
on B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see uctions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other tors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.	(A) Prior Year	. ,
uctions for short tax year or assets held for part of year):       1a         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 tors (explain in detail in Part VI):       1c         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3		
uctions for short tax year or assets held for part of year):       1a         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 tors (explain in detail in Part VI):       1c         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3		
Average monthly value of securities       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Fotal (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other       1d         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3		
Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Fotal (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other       1d         Acquisition in detail in Part VI):       2         Subtract line 2 from line 1d.       3		
Fair market value of other non-exempt-use assets       1c         Fotal (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other tors (explain in detail in Part VI):       1d         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3		
Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other       1d         tors (explain in detail in Part VI):       2         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3		
Discount claimed for blockage or other         tors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.		
tors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.		
Acquisition indebtedness applicable to non-exempt-use assets2Subtract line 2 from line 1d.3		
Subtract line 2 from line 1d. 3		
instructions).		
Net value of non-exempt-use assets (subtract line 4 from line 3) 5		
Multiply line 5 by .035. 6		
Recoveries of prior-year distributions 7		
Minimum Asset Amount (add line 7 to line 6)     8		
on C - Distributable Amount		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A) 1		
Enter 85% of line 1.		
Minimum asset amount for prior year (from Section B, line 8, Column A) 3		
Enter greater of line 2 or line 3.		
ncome tax imposed in prior year 5		
Distributable Amount. Subtract line 5 from line 4, unless subject to		
ergency temporary reduction (see instructions).		
Check here if the current year is the organization's first as a non-functionally integrate		

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instructions).

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Schedule A (Form 990 or 990-EZ) 2018

	LITTLE PATRIOTS EMBRACED		11-37	15553 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiz	ations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets	-		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
0	Breakdown of line 7:			
8				
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			
EEA			Sched	lule A (Form 990 or 990-EZ) 2018

Schedule A (Forn	1 990 or 990-EZ) 2018 Page 8
Part VI	<b>Supplemental Information.</b> 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.)

#### Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

### Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Name of the organization

#### LITTLE PATRIOTS EMBRACED INC

eninetien ture (chook ono):

Organization type (check one).	
Filers of:	Section:
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. EEA



2018

Employer identification number

11-3715553

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	CAROL WATANABE 464 CONWAY VILLAGE DR SAINT LOUIS, MO 63141	\$ <u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Page 2

Employer identification number

11-3715553

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

LITTLE PATRIOTS EMBRACED INC

Name of organization

Part I

SCHEDULE D (Form 990)		Supplemental Fi <ul> <li>Complete if the organizati</li> </ul>	OMB No. 1545-0047		
		Part IV, line 6, 7, 8, 9, 10, 11a,			
Depar	ment of the Treasury	Attach t	Open to Public		
	I Revenue Service	Go to www.irs.gov/Form990 for in	structions and the latest information.		Inspection
	of the organization ייחד היד הידידיי	OTS EMBRACED INC		Employer identified $11 - 371$	
		ions Maintaining Donor Advised Funds or	Other Similar Funds or Account		5555
ľu		if the organization answered "Yes" on Form 9			
	Complete		) Donor advised funds	(b) Funds and o	other accounts
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	end of year			
5	Did the organizatio	n inform all donors and donor advisors in writing th	at the assets held in donor advised		
	funds are the orga	nization's property, subject to the organization's exc	lusive legal control? • • • • • • • •		🗌 Yes 🗌 No
6	Did the organization	n inform all grantees, donors, and donor advisors in	n writing that grant funds can be used		
	only for charitable	purposes and not for the benefit of the donor or dor	or advisor, or for any other purpose		
		ssible private benefit?			🗌 Yes 🗌 No
Pa		vation Easements.			
		e if the organization answered "Yes" on Form			
1	_ · · · ·	ervation easements held by the organization (chec			
	_	f land for public use (e.g., recreation or education)	Preservation of a historically		irea
	Protection of n		Preservation of a certified his	storic structure	
•	Preservation o				
2		through 2d if the organization held a qualified cons	ervation contribution in the form of a co		he End of the Tax Veer
•		ast day of the tax year. nservation easements		2a	he End of the Tax Year
a h				2a 2b	
b	-	icted by conservation easements		20 2c	
c d		vation easements included in (c) acquired after 7/25		20	
u		sted in the National Register		2d	
3		vation easements modified, transferred, released, e			<u>م</u>
•	tax year		anguished, or terminated by the organ	inzution during th	
4		where property subject to conservation easement is			
5		tion have a written policy regarding the periodic mo			
	-	prcement of the conservation easements it holds?			🗌 Yes 🗌 No
6	Staff and voluntee	hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	on easements du	Iring the year
	•				0
7	Amount of expense	 es incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation ea	sements during	the year
	▶\$	_			
8	Does each conser	vation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(	B)(i)	
	and section 170(h)	(4)(B)(ii)?			🗌 Yes 🗌 No
9		e how the organization reports conservation easen	-		
		include, if applicable, the text of the footnote to the	e organization's financial statements that	at describes the	
		ounting for conservation easements.		<u>.</u>	
Pa		zations Maintaining Collections of Art		er Similar As	ssets.
	·	e if the organization answered "Yes" on Form			
1a	-	elected, as permitted under SFAS 116 (ASC 958), r			I
		cal treasures, or other similar assets held for public			
ь.		vide, in Part XIII, the text of the footnote to its finance			
b	-	elected, as permitted under SFAS 116 (ASC 958), t			
		cal treasures, or other similar assets held for public	exhibition, education, or research in fl	uniterance of	
		vide the following amounts relating to these items: ded on Form 990, Part VIII, line 1		<b>•</b> •	
		d in Form 990, Part X			
2		d in Form 990, Part X			
2	-		•		
-		required to be reported under SFAS 116 (ASC 958 on Form 990, Part VIII, line 1		<b>⊳</b> \$	
a b		Form 990, Part X			
		on Act Notice, see the Instructions for Form 990			Schedule D (Form 990) 2018

⊦or	Paperwork	Reduction	ACT NOTICE	, see the	Instructions	tor Form

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	le D (Form 990) 2018 LITTLE PATRIOTS EN			11-371	
Par	t III Organizations Maintaining Colle	ctions of Art, Histo	rical Treasures, c	or Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and	other records, check any	of the following that are	e a significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d 🗌 Loan or excha	nge programs		
b	Scholarly research	e 🗌 Other			
с	Preservation for future generations				
4	Provide a description of the organization's collection	is and explain how they fu	rther the organization's	exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or receiv	e donations of art, historic	al treasures, or other s	imilar	
	assets to be sold to raise funds rather than to be ma	aintained as part of the org	anization's collection?		🗌 Yes 🗌 No
Par	t IV Escrow and Custodial Arrangem				
	Complete if the organization answe	ered "Yes" on Form §	90, Part IV, line 9	, or reported an amo	unt on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or ot	ther intermediary for contr	butions or other assets	s not	
	included on Form 990, Part X?				••• Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and cor	mplete the following table:			
				Ar	nount
с	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year				
f	Ending balance				
2a	Did the organization include an amount on Form 990				· · · Yes No
b	If "Yes," explain the arrangement in Part XIII. Check				
Par					
	Complete if the organization answe	ered "Yes" on Form §	90, Part IV, line 1	0.	
			or year (c) Two years		(e) Four years back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , ,		(-,	
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
e	Other expenditures for facilities and				
•	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year	rend balance (line 1g. co	lumn (a)) held as:		
- 2	Board designated or quasi-endowment				
b	Permanent endowment ►				
c	Temporarily restricted endowment	%			
Ŭ	The percentages on lines 2a, 2b, and 2c should equ				
3a	Are there endowment funds not in the possession of		held and administered	for the	
Ja	organization by:				Yes No
	(i) unrelated organizations				
	(ii) related organizations				- 3a(i) - 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations list				· 3b
		•			. 30
4 Par	Describe in Part XIII the intended uses of the organized to VI Land, Buildings, and Equipment.		•		
rai	Complete if the organization answe		00 Part IV line 1	1a See Form 000 D	art X line 10
	·				
	Description of property	<ul> <li>(a) Cost or other basis         <ul> <li>(investment)</li> </ul> </li> </ul>	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
40	Land	(investment)	(outor)		
1a ⊾	Land	·			
b	Buildings	·			
с С	Leasehold improvements		<b>a</b> -a (		/0
d		889	3,524	8,035	(3,622)
e	Other · · · · · · · · · · · · · · · · · · ·	/		<u> </u>	7,124
Total	Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column (E	s), line 10c.) •••	•••••	3,502

Schedule D (Form		S EMBRACED INC	11-	3715553 Page
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV, line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year m	
(1) Financial of				
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
 (F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.) 🕨 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, Pa	art IV. line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			· ·	
(9)	must equal Form 990. Part X. col. (B) line 13.)			
Part IX	must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answere	d "Yes" on Form 990 Pr	art IV line 11d See Form 0	00 Part X line 15
(4)	(a) L	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	h (b) must equal Form 990, Part X, col. (B) line 15.	)		
Part X	Other Liabilities.	d "Voo" on Farry 000 D	art 11/ line 11e ar 11f Oc - 5	
	Complete if the organization answere line 25.	a "Yes" on Form 990, Pa	art IV, line The or Th. See F	-orm 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i				
(2) MISC				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.) 🕨 🕨			
	uncertain tax positions. In Part XIII, provide the te	ext of the footnote to the organi	zation's financial statements that	reports the
				- p

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . .

		11-3715553	Page 4				
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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 2c						
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:						
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a						
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••						
с	Add lines 4a and 4b	4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5					
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements	1					
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities						
b	Prior year adjustments						
С	Other losses · · · · · · · · · · · · · · · · · ·						
d	Other (Describe in Part XIII.)						
е	Add lines 2a through 2d	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	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5					
Pa	rt XIII Supplemental Information.						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemer	ntal Informatio	on Regar	ding Fun	draising or Gam	ing Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	if the organization	answered "Y	es" on Form	990, Part IV, line 17, 18			2018	
Department of the Treasury					Open to Public			
Internal Revenue Service		50 to www.irs.gov/F	ormaad tor n	istructions a	nd the latest information	1.	Employer id	Inspection entification number
LITTLE PATRIOTS E	MBRACED IN	c						15553
			e organiz	zation ans	wered "Yes" on F	orm 990		
	•	t required to con	-					
1 Indicate whether the	organization rais	sed funds through	any of the	following ac	tivities. Check all that	apply.		
a 🗌 Mail solicitations			е 🗌	Solicitation	of non-government gr	ants		
<b>b</b> 🗌 Internet and emai	il solicitations		f 🗌	Solicitation	of government grants			
c 🗌 Phone solicitation			g 🗌	Special fun	draising events			
d 🗌 In-person solicita								
2a Did the organization		-	-		-			<i>.</i>
, , ,		, ,		•	essional fundraising s			′es ∐ No
b If "Yes," list the 10 hi compensated at lease			undraisers)	pursuant to	agreements under wi	nich the fu	ndraiser is to	o be
compensated at leas	st \$5,000 by the t	organization.						
			(III) Did fun	draio or bour		(v) Amo	ount paid to	(vi) Amount paid to
(i) Name and address of or entity (fundra		(ii) Activity	custody of	draiser have r control of	(iv) Gross receipts from activity		tained by) ser listed in	(or retained by)
			contrib	outions?			ol. (i)	organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9	4							
10								
			I					
Total								
3 List all states in which	the organization	n is registered or li	censed to s	olicit contrit	outions or has been no	otified it is	exempt from	 1
registration or licensir	ng.							

EEA

_			TLE PATRIOTS EMB			-3715553 Page 2
Pa	rt II	or reported more				
		than \$15,000 of fundraising gross receipts greater than		d gross income on Forr	m 990-EZ, lines 1 and 6	b. List events with
		<u>у</u> у. у	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)		-	(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
Å	2	Less: Contributions				
	3	Gross income (line 1 minus line 2) • • • • • • • • • • • • • • • • • •				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs • • • • • •				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines				
De		Net income summary. Subtract line				
Fd	rt III	Gaming. Complete if the o than \$15,000 on Form 990	-	res on Form 990, Pan	TV, line 19, or reported	more
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
SS	2	Cash prizes				
sesueda	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	│		
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	ımn (d) • • • • • • • • • • •		
9		er the state(s) in which the organizat				
a b		ne organization licensed to conduct g	gaming activities in each c	of these states? • • • • •		Yes 📙 No
		re any of the organization's gaming ⁄es," explain:	licenses revoked, suspend	ded or terminated during th	e tax year? • • • • • • •	Yes 🗌 No

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.

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

OMB No. 1545-0047 **2018**Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

#### LITTLE PATRIOTS EMBRACED INC

11-3715553

#### 01. Committee meeting documentation (Part VI, line 8b)

THE BOARD IS RESPONSIBLE FOR MAKING THE DECISION BECAUSE THERE ARE NO MEMBERS

#### 02. Form 990 governing body review (Part VI, line 11)

THE COPY OF THE 990 IS SIGNED BY THE PRESIDENT BEFORE THE OTHER BOARD MEMBERS LOOK AT IT

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

THE FORM 1023 IS OPEN TO THE PUBLIC UPON REQUEST

#### 04. Explanation of other changes in net assets or fund balances (Part XI, line 9)

2018 ADJ

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	
EEA	

	FOR YOUR RECOR Federal Supporting	DS ONLY Statements	2018 PG01
Name(s) as shown on return			Tax ID Number
LITTLE PATRIOI	S EMBRACED INC		11-3715553
	FORM 990 - SCHEDULE D - INVESTMENTS -		E STATEMENT #D1E
DESCRIPTION	COST/BASIS	COST/BASIS	BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR VALUE
EQUIP	7,124	0	5,024 2,10
TOTAL	7,124	0	5,024 2,100

990	Overflow Statement		<b>2018</b> Page 1
Name(s) as shown on return		FI	EIN
LITTLE PATRIOTS	EMBRACED INC		11-3715553
Description			Amount
FOUNDATION & OR			\$ 52,177
BOARD MEMBER CO			5,000
IN KIND DONATIO	<u>NS</u>		37,908
MISC INDIVIDUAL DONA	TTONS		<u> </u>
FUNDRAISER			25,351
		Total:	\$ 127,743
Description			Amount
AUDIT			\$ 1,767
		Total:	\$1,767
Description			Amount
INSURANCE			\$ 669
RENT			17,135
COMMUNITY OUTRE			9,030
PROGRAM DEVELOP	MENT		2,670
FAMILY PACKAGES MD TEC			3,380
YOUTH TOUR			65,236
		Total:	\$ 110,407
Description			Amount
VEBSITE			\$ 1,679
INSURANCE			1,742
OFFICE EXPENSE			1,020
		Total:	\$4,441
	-		
Description			Amount
TELEPHONE		Total:	\$ 132 \$ <b>132</b>
		IULAI.	132 

OVERFLOW.LD

990	Overflow Statem	ent	<b>2018</b> Page 2
ame(s) as shown on return		FEI	N
ITTLE PATRIOTS	EMBRACED INC		11-3715553
			<b>9</b>
escription			<b>Amount</b>
		Total:	\$ 205 \$ 205
	×.		
	•		