;Form 990-EZ

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

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

OMB No 1545-1150 2017

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

Open to Public

			the Treasury	► Information about Form 990-EZ and its instructions is at www.irs.gov/for	11	) Inspection
			2017 calonda	r year, or tax year beginning , 2017, and ending	11990.	. 20
احد	_					
		Check if a		i f		entification number
273	$\equiv$	Address o	- 1	LITTLE DAUBERS INC  Number and street for PO box if mail is not delivered to size address)  Room/suste  E To	81-381	
2	$\overline{}$	Name cha	-	Number and street (or PO box, if mail is not delivered to street address)  Room/suite  E To	elephone nu	umber
2	님	Initial reti	řη			
EB	=		rn/terminated	8026 VANTAGE DR SUITE 200		98-5007
<u>.                                    </u>	닏	Amended	l return	ורט	roup Exemp	ption
9	Ш		on pending	SAN ANTONIO, IN 10230	umber 🕨	
<b>9</b>			nting Method	Cash		the organization is not
9		Websit			-	Schedule B
10	_			7 - 1-1-1-1	990, 990-E	Z, or 990-PF)
$\sim$				Corporation Trust Association Other		
TC)				7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets		
9	-			) are \$500,000 or more, file Form 990 instead of Form 990-EZ		
N	P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ictions for	Parti)
7	_	1 .				
		1		s, gifts, grants, and similar amounts received	1	61,473
		2	-	vice revenue including government fees and contracts	2	
		3		dues and assessments	3	
		4	Investment in	1 1	<b>849</b>	
		5a		nt from sale of assets other than inventory		
		1	Less cost or	5c		
				) from sale of assets other than inventory (Subtract line 5b from line 5a)		
		6	-	fundraising events		
	Ф	a		e from gaming (attach Schedule G if greater than	1 10 2	
ረሰ	Revenue		•		T (3)	
Ö	eve	0			15	
SCANNED	œ	ļ		ing events reported on line 1) (attach Schedule G if the	10 P	
5		<u> </u>		gross modification and definition an		
m				xpenses from gaming and fundraising events	- 5	
Ö		"			ا مناشدا 6d	
D	•	,,		f inventory, less returns and allowances	33.64	
EC		ł	Less cost of			
				r (loss) from sales of inventory (Subtract line 7b from line 7a)	· · 7c	
<u>1</u> ಬ		8		e (describe in Schedule O)	8	
		9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,473
202		10		milar amounts paid (list in Schedule O)	. 10	01,473
21		11		to or for members	11	
		12	•	compensation and employee benefits	. 12	
	Ses	13		pees and other payments to independent contractors	13	
	ens	14		ant utilities and maintenance	. 14	1,223
	Expenses	15		cations, postage, and shippingOGDEN; UT	15	120
	_	16		es (describe in Schedule O)	. 16	52,692
		17	•	es. Add lines 10 through 16	17	54,035
		18		ficit) for the year (Subtract line 17 from line 9)	. 18	7,438
	홟	19	•	fund balances at beginning of year (from line 27, column (A)) (must agree with	200	7,430
	188			ure reported on prior year's return)	19	324
	Net Assets	20		in net assets or fund balances (explain in Schedule O)	20	324
	ž			und balances at end of year Combine lines 18 through 20	21	7,762
				Act Notice, see the separate instructions.		Form 990-EZ (2017)

For Paperwork Reduction Act Notice, see the separate instructions.

STATUTE UNIT

FEB 0 4 2021

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FORT 990-EZ (2017) LITTLE DAUBERS INC			81	<u>-381</u>	.1984 Page
Part II Balance Sheets (see the instructions for Part II	()				
Check if the organization used Schedule O to re	espond to any ques	tion in this Part II	<u></u>		<u> </u>
		(A	) Beginning of year		(B) End of year
22 Cash, savings, and investments			324	22	7,762
23 Land and buildings · · · · · · · · · · · · · · · · · · ·			0	23	0
24 Other assets (describe in Schedule O)		<del></del>	0		<del></del>
25 Total assets			324		7,762
20 1022 1122 111100 (2000)		<del></del>	0		0
27 Net assets or fund balances (line 27 of column (B) must agree		· · · · · · · · ·	324	27	7,762
Part III Statement of Program Service Accomplishin				1	Expenses
Check if the organization used Schedule O to r What is the organization's primary exempt purpose? ANNUAL TO		MOIT IN MIS PAIL II		(Re	quired for section
				501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for eac as measured by expenses. In a clear and concise manner, describe the	he services provided, Il			orga	anizationa, optional for era)
persons benefited, and other relevant Information for each program tit				╁	<del></del>
28 LITTLE DAUBERS IS A LOCAL CHARITY ORGANIZ				1	
RUNNING CHRISTMAS TOY GIVEAWAYS AND AFTER	SCHOOL DRIVES	то		1	
BENEFIT SAN ANTONIO CHILDREN. (Grants \$ ) If this amount in	ncludes foreign grants,	check here		28a	54,035
29	iooges tereign grants;			1	
(Grants \$ ) If this amount in	icludes foreign grants,	check here · · ·	<u> ▶                            </u>	298	ļ
30				}	
			<del></del>	1	
(Conto C	icludes foreign grants, o	hack hara		30a	]
······································	caudes totelgii grants, c			300	<del> </del>
	cludes foreign grants, o			31a	}
32 Total program service expenses (add lines 28a through 31a)				32	54,035
Part IV. List of Officers, Directors, Trustees, and Key Employ				lions f	or Part IV)
Check if the organization used Schedule O to respond to	o any question in this P	art IV · · · ·	. <i></i>	• • •	<u></u>
	(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to empl		(e) Estimated amount of
(o) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	) benefit plans, and	1	other compensation
	abraida to position	(if not paid, enter -0-)	deferred compensal	iron	
MELANIE TAWIL PRESIDENT	15.00	Ì		0	0
PRESIDENI			Ť	┪	
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			<u>                                     </u>	+	· · · · · · · · · · · · · · · · · · ·
		41.			

Form 990-EZ (2017)

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Page :

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	·		$\cdot \Box$
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	$\Gamma$		T
•	detailed description of each activity in Schedule O	33	1	x
24	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1		<u> </u>
34		1 1		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1 24	v	
	change on Schedule O (see instructions)	34	Х	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1 1	- 1	•
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u>x</u>
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
•	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	1	- 1	.,
	reporting, and proxy tex requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>_x</u> _
36	Old the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1	- 1	v
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u>_X</u> _
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	1	- 1	v
	Did the organization file Form 1120-POL for this year?	37ь		<u>x</u> _
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a	- }	·
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	36a		<u>X</u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	1 -1		•
39	Section 501(c)(7) organizations Enter:		-	
8		<b>∤·</b> "[	<u>.</u>	•••
	Cross rescripts, included on line 8, for public ass of data frames	1	·	•
40 B	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4955 ▶	-	- 1	
_		1 1		•
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	- 44-114	~	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь	- 1	Х
_	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed		$\neg \uparrow$	
·	on organization managers or disqualified persons during the year under sections 4912,		- }	
	4955, and 4958	1		
А	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	1 1	- 1	
Ī	40c reimbursed by the organization		- 1	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	l I.		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ▶ MELANIE TAWIL Telephone no ▶ 210-59	98-500	07	
	Located at ▶ 8026 VANTAGE DR SUITE 200, SAN ANTONIO, TX ZIP+4 ▶ 78230			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Y	es l	No
	a fill and a second the second	425		<u>X</u>
	If "Yes," enter the name of the foreign country:	-	ł	•
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	-		
	Financial Accounts (FBAR)		~ <b>-</b>   <u>-</u>	
С		42c		
	If "Yes," enter the name of the foreign country:			$\overline{}$
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	• • •	. •	Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		<del>  Y</del>	es	No
44 a			٠ ] :	·.
	completed instead of Form 990-EZ	44a		<u>x_</u>
D		. اعمة اعلام	- 2	
_	completed instead of Form 990-EZ	44b	_	<u>X</u>
		44c		<u>X_</u>
O			-	لأمت
45 a	explanation in Schedule O	44d		<del>.</del> —
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>x</u> _
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	ļ		
			ب اسد	 V
EEA		45b		<u>^</u>
	For	m 990-	-/17	17/1

Form \$90-EZ (	2017) LITTLE DAUBERS	INC			81-	3811984 Page
						Yes No
46 Did t	he organization engage, directly or indirectly,	in political campaign activity	lies on behalf of or in opp	osition		<del></del>
	andidates for public office? If "Yes," complete	, , ,				, —u—i — u , u , u , u , u
Part VI					<del></del>	46   X
Tait VI	All section 501(c)(3) organization		tone 47 40h and 6			- Anhlan Kanlınan
		is must answer ques	110115 47 - 490 and 5	iz, and c	omplete the	e tables for lines
	50 and 51					_
	Check if the organization used S	chedule O to respond	d to any question in	this Part	<u>VI</u>	<u></u>
						Yes No
47 Did	the organization engage in lobbying activities	or have a section 501(h) ele	ection in effect during the	lax		
	r? If "Yes," complete Schedule C, Part II					47
	ne organization a school as described in section					48 X
				• • • •		49a
	the organization make any transfers to an exe		-			<del></del>
	es," was the related organization a section 52					49ь
	nplete this table for the organization's five high					
emp	ployees) who each received more than \$100,0	00 of compensation from th	e organization. If there is	none, ente	r "None."	
		(b) Average	(c) Reportable		th benefits,	(-) 5-11-1-1-4
	(a) Name and title of each employee	hours per week	compensation		s to employee s, and deferred	(e) Estimated amount of other compensation
	,,	devoted to position	(Forms W-2/1099-MISC)		ensation	
	<del></del>	<del></del>	<del> </del>			
MONE		Í	}			
NONE		<del></del>	<del> </del>			<del></del>
			<del> </del>			
			}			
					ľ	
					}	
f Total	I number of other employees paid over \$100,0	00				
	plete this table for the organization's five high		ent contractors who each	received mo	ore than	
	0,000 of compensation from the organization					
	, soo or component men and organization		<del></del>		T T	
	(a) Name and business address of each independent contr	actor	(b) Type of service		(c	Compensation
					<del></del>	
					ĺ	
NONE			<del></del>		<del>                                     </del>	
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		ł				
d Taket	number of other independent contractors each	receiving over \$100 000	>		<u> </u>	<del></del>
			ations must attach a			
<b>52</b> Did th	annonium armalata Cabadida AD \$1-444 A	\   eartion 501/6\/2\ organi=	Divino must allatili d		_	
	ne organization complete Schedule A? Note: A					
	eleted Schedule A	<u></u>	<u> </u>			X Yes No
Under penalti	eleted Schedule A	rn, including accompanying sci	hedules and statements, and	to the best o		
Under penalti	eleted Schedule A	rn, including accompanying sci	hedules and statements, and	to the best o		
Under penalti	eleted Schedule A	rn, including accompanying sci	hedules and statements, and	to the best o		and belief, it is
Under penalti	eleted Schedule A	rn, including accompanying sci	hedules and statements, and	to the best o	f my knowledge	and belief, it is
Under penaltr true, correct, a	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than of Signature of officer	rn, including accompanying sci	hedules and statements, and	to the best o	f my knowledge	and belief, it is
Under penalti true, correct, a	eleted Schedule A	rn, including accompanying sci	hedules and statements, and	to the best o	f my knowledge	and belief, it is
Under penalti true, correct, a	leted Schedule A	rm, including accompanying sci	hedutes and statements, and n of which preparer has any l	to the best or knowledge Date	f my knowledge	and belief, it is
Under penalti true, correct, a Sign Here	interest Schedule A	rn, including accompanying sci	hedutes and statements, and in of which preparer has any l	to the best of chowledge  Date  C	f my knowledge	and belief, it is
Under penalti true, correct, s Sign Here	ses of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than of Signature of officer.  MELANIE TAWIL, PRESIDENT Type or point name and title.  Point/Type preparer's name.	rm, including accompanying sci	hedutes and statements, and n of which preparer has any l	to the best of chowledge  Date  C	f my knowledge	and belief, it is
Under penalti true, correct, s Sign Here Paid Preparer	seted Schedule A	rm, including accompanying sci fficer) is based on all informatio Preparer's signature	hedutes and statements, and in of which preparer has any l	to the best of chowledge  Date  C	12-15-	and belief, it is
Under penaltr true, correct, Sign Here	seted Schedule A	rm, including accompanying sci fficer) is based on all informatio Preparer's signature	hedutes and statements, and in of which preparer has any l	to the best of knowledge  Date  C C C Sc	12-15-	and belief, it is
Under penalti true, correct, s Sign Here Paid Preparer	interest Schedule A  ites of perjury, I declare that I have examined this return and complete Declaration of preparer (other than of Signature of officer  MELANIE TAWIL, PRESIDENT Type or pant name and title  Print/Type preparer's name  ANTOINETTE AREVALOS  Firm's name  ELITE TAX SERVICE	rm, including accompanying sci fficer) is based on all informatio Preparer's signature	hedutes and statements, and in of which preparer has any l	to the best of knowledge  Date  C C C Sc	12-15- heck if	and belief, it is

Form 990-EZ (2017)

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### SCHEDULE A

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

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

OMB No. 1545-0047 2017

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer Identification number Name of the organization 81-3811984 LITTLE DAUBERS INC Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box ) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) ) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the П hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vI). (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii)) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of ribed on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E) **開始を記する。日本大学の中央でいた。** 

Schedule	A (Form	990 or	990-FZ1	2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

	(Complete only if you check Part III. If the organization f						y uńder
<u></u>	tion A. Public Support	ans to quamy	under the test	3 listed Delow,	please comple	te Part III )	<i>[</i>
		(a) 2012	T (b) 2014	(0) 2016	T (d) 2016	1 4-1 2047	10 T-1-1
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and				ł		
	membership fees received (Do not include any "unusual grants")		1		Ì		
	include any unusual grants /		<del> </del>	<del></del>	<del> </del>	<del>                                     </del>	
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
	(0 of exhauged on its penetral	<del></del>	<del></del>	<del> </del>	<del> </del>	+/	·
3	The value of services or facilities						
	fumished by a governmental unit to the organization without charge			1		<i>d</i> 1	
4	Total Add lines 1 through 3			<del> </del>	/		
5	The portion of total contributions by		<del> </del>				
•	each person (other than a		1	1		1	
	governmental unit or publicly		-	1	/	1	
	supported organization) included on		İ	ĺ	/	1 1	
	line 1 that exceeds 2% of the amount		}	ļ	/	l l	
	shown on line 11, column (f)		İ				
6_	Public support Subtract line 5 from line 4 · ·	-				<u> </u>	
Se	ction B. Total Support				/	<del>,</del>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2018	(0) 2017	(f) Total
7	Amounts from line 4				<del> </del>		
8	Gross income from interest, dividends, payments received on securities loans,		1	/	i		
	rents, royalties and income from				ĺ	[	
	similar sources	·-···	<u> </u>	<b> /-</b>	<del> </del>	L	
9	Net income from unrelated business			/			
	activities, whether or not the business				1		
	is regularly carned on		<del> </del>	<del>  /</del>	ļ		
10	Other income Do not include gain or		1	/			
	loss from the sale of capital assets						
11	(Explain in Part VI)	<del></del>	1	<del></del>	5.		
12	Gross receipts from related activities, etc. (se	e instructions)	· · · · · · /.		• • • • • • • •	12	
	First five years. If the Form 990 is for the org		second third fourth	or fifth tay year as	a section 501/c\/3		
13	organization, check this box and stop here			• • • • • • • •		,	▶ 🗍
Sec	tion C. Computation of Public Sup	port Percen	tage /				
14	Public support percentage for 2017 (line 6, co	lumn (f) divided b	y line 13, column (f	))	• • • • • • • • •	14	%
15	Public support percentage from 2016 Schedu	ie A, Part II, line 1	4 /		[	15	%
6a		ion did not check	the box on line 13,	and line 14 is 33 1/	3% or more, check	this	
	box and stop here. The organization qualifies				• • • • • • • • • • • • • • • • • • •		▶ 🔲
b	33 1/3% support test - 2016. If the organization				33 1/3% or more, o	check	
	this box and stop here. The organization qua	ifies as a publicity	supported organization	ation · · ·			· · · • 🔲
7a	10%-facts-and-circumstances test - 2017.						
	10% or more, and if the organization meets th						
	Part VI how the organization meets the 'facts-	#	_				_
	organization	· · · · // · · · ·	<i></i>	• • • • • • • • •	• • • • • • • • •		▶ 🔲
b	10%-facts-and-circumstances test - 2016.	the organization	did not check a box	x on line 13, 16a, 1	6b, or 17a, and line	<b>!</b>	
	15 is 10% or more, and if the organization med	#			•		
	Explain in Part VI how the organization meets	<i>y</i>		•			_
					· · · · · · · · · · · ·		▶ ∐
8	Private foundation. If the organization did no						_
	instructions	· · · · · · · · ·	• • • • • • • • •	· · · · · · · · · · · ·	• • • • • • • • •		<u>··▶ ∐</u>
EA	/					Schedule A (Form 9	390 or 990-EZ) 2017

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	,		.,	.,			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					61,473	61,473	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tex-exempt purpose					32,373		
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					61,473	61,473	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·			ļ	ļ			
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							
С	Add lines 7a and 7b · · · · · · · · · · · ·			<b>_</b>	ļ			
8	Public support. (Subtract line 7c from line 6)						61,473	
_	tion B. Total Support	<del> </del>	T	T	1	T + 10047	(D Total	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 61,473	(f) Total 61,473	
9	Amounts from line 6 · · · · · · · · · · · ·		ļ	<del> </del>	<del> </del>	61,4/3	61,473	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		<del> </del>					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b		ļ		ļ		<del>.</del>	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )							
	Total support. (Add lines 9, 10c, 11, and 12)	0		0	] 	61,473	61,473	
	First five years. If the Form 990 is for the orga	anızation's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	) 	<b>⊾</b> 50	
	organization, check this box and stop here tion C. Computation of Public Sur						▶ 🗓	
	Public support percentage for 2017 (line 8, coli					15		
	Public support percentage from 2016 Schedule					16	%	
	tion D. Computation of Investmen			_				
17	nvestment income percentage for 2017 (line 1	Oc, column (f) divi	ded by line 13, colu	ımn (f)) · · ·		17	%	
18	nvestment income percentage from 2016 Scho	edule A, Part III, III	ne 17		<i></i> ,	18	%	
19a :	33 1/3% support tests - 2017. If the organizati 17 is not more than 33 1/3%, check this box an	on did not check t d stop here. The	he box on line 14, organization qualif	and line 15 is more ies as a publicly su	e than 33 1/3%, and apported organization	d line	▶□	
b :	3 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this bo	on did not check a	s box on line 14 or i The organization q	ine 19a, and line 1 Jalifies as a public	6 is more than 33 ly supported organ	1/3%, and	▶ 🗍	
20 F	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

#### Part IV

#### Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation of thistoric and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authority such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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11. Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing budy of a supported organization?  b A family member of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) above?  c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" for a, b, or c, provide detail in Part VI  Section B. Type I Supporting Organizations  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 organizations directors or trustees at all times during the tax year? If "No, describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations and what conditions or restrictions, if any, supported organization or suspicing the supported organizations and what conditions or restrictions, if any, supported organization other than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organizations and what or controlled the supporting organization of the supported organizations and the supported organizations and the supported organizations and the supporting organizations are supported organizations and the supported organizations and the supported organizations and the supported organizations are supported organizations and the supported o	<u> </u>			7	
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Schedùle A (Form 990 or 990-EZ) 2017 LITTLE DAUBERS INC		81-381	.1984 Pag
Part Va Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ing trust	on Nov. 20, 1970 (expl	ain in Part VI) See
instructions. All other Type III non-functionally integrated supporting org	anizatio	ns must complete Section	one A through F
		no most complete ocolic	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	11		(Optional)
2 Recoveries of prior-year distributions	2	<del></del>	<del> </del>
	3	<del></del>	<del> </del>
3 Other gross income (see instructions)			<del> </del>
4 Add lines 1 through 3.	4	<del></del>	ļ
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1.1		ł
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u> </u>	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		<u></u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	-	٠,	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	N. W.		7.4.
factors (explain in detail in Part VI).			, , ; ; ;
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			· · · · · · · · · · · · · · · · · · ·
see instructions).	4	1	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	1	1 2 1 2 1 2 1 2 1 2 1	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11	0 10 20 -	
2 Enter 85% of line 1.	2	32.24	<del></del>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	,	· · · · · · · · · · · · · · · · · · ·
4 Enter greater of line 2 or line 3.	4	1.5	

5 Income tax imposed in prior year

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

Part V Type III Non-Functionally Integrated 509(a)	(3) Supporting Orga	nizations (continued	1)				
Section D - Distributions	Current Year						
1 Amounts paid to supported organizations to accomplish ex	empt purposes						
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supporte	d					
organizations, in excess of income from activity			}				
3 Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval required)							
6 Other distributions (describe in Part VI) See instructions.							
7 Total annual distributions. Add lines 1 through 6.			<b>1</b>				
8 Distributions to attentive supported organizations to which t	he organization is respo	nsive					
(provide details in Part Vi). See instructions	,						
9 Distributable amount for 2017 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
	40	(II)	(iii)				
Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017				
1 Distributable amount for 2017 from Section C, line 6	St. 2 \ 1	1. 3.5	•				
2 Underdistributions, if any, for years prior to 2017	1. Ed M. 19. 19. 19.						
(reasonable cause required - explain in Part VI) See							
instructions							
3 Excess distributions carryover, if any, to 2017		:					
a	\$ <i>i</i>	See to take					
<b>b</b> From 2013							
c From 2014	<u> </u>						
d From 2015							
f Total of lines 3a through e		Beng Strick	<del> </del>				
g Applied to underdistributions of prior years	CHARACT THE WAY		<del> </del>				
h Applied to 2017 distributable amount	MODELL RESIDENCE		<del> </del>				
i Carryover from 2012 not applied (see instructions)	一部である。	FERRES OF	<del> </del>				
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	condition to be a standard of the	Marianassa.	<del></del>				
4 Distributions for 2017 from		<b>医</b>					
Section D, line 7 \$ a Applied to underdistributions of prior years	23 CASSO W. 25 52"	1-; e . ,					
b Applied to 2017 distributions of prior years	5254 - Walle 40	7737 - 1 1 1	<u> </u>				
c Remainder Subtract lines 4a and 4b from 4	(7.2. 13. 14. 14. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Marike Cha					
5 Remaining underdistributions for years prior to 2017, if	いったことは最後の時に思い	W34-28-14-2-1-1	<del></del>				
any Subtract lines 3g and 4a from line 2. For result							
greater than zero, explain in Part VI. See instructions							
6 Remaining underdistributions for 2017. Subtract lines 3h		The state of the s					
and 4b from line 1. For result greater than zero, explain in							
Part VI See instructions							
7 Excess distributions carryover to 2018 Add lines 3j	200						
and 4c.	]						
8 Breakdown of line 7	12 9 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·	; • -				
a Excess from 2013	· 多斯安斯曼克	S. 11 15 2 1	Color of the Color				
b Excess from 2014	1 12 6754	Day Barrell Conte	11. 14. 14.				
c Excess from 2015	the surface of	A. 66. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	End of the				
d Excess from 2016		200季和9次27至17年	1				
e Excess from 2017	21 1 No. 12 12 12 12 12 12 12 12 12 12 12 12 12		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				

#### **SCHEDULE 0**

(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.

Open to Public Inspection

Employer Identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

81-3811984 LITTLE DAUBERS INC 01. Description of other expenses (Part I, line 16) AMOUNT DESCRIPTION PROSPERITY BANK BUS CHARGE 100 TRAVEL EXPENSE 52,288 GIFT EXPENSE 259 OFFICE EXPENSES