PUBLIC DISCLOSURE COPY

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ARMANINO LLP

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** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the	2022 calendar year, or tax year beginning JU	L 1, 2022 and	ending J	UN 30,	2023		
	Check if applicable	C Name of organization			D Emp	oloyer identi	fication num	nber
	Addres	THE LITTLE BIT FOUNDATION						
F	Name	5				20-012671	3	
F	Initial	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Tele	phone numb	er	
F	Final return/	516 HANLEY INDUSTRIAL CT				14.669.004		
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross	s receipts \$		6,265,778.
	Ameno				H(a) Is	this a group	return	
	Application	ר Name and address of principal officer: אַבּייִייִייּי	WEIS		1	r subordinate		Yes X No
	pendin	SAME AS C ABOVE			H(b) Are	e all subordinates	included?	Yes No
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527] If	"No," attach	a list. See ins	structions
J	Websit	e: WWW.THELITTLEBITFOUNDATION.ORG			H(c) G	roup exempt	ion number	
K	Form of	organization: X Corporation Trust As	sociation Other	L Year	of formati	on: 2002	M State of leg	gal domicile: MO
Pa	art I	Summary						
an an	1	Briefly describe the organization's mission or most	significant activities: PARTNE	R WITH ST	r. LOUI	S SCHOOLS		
Š		TO PROVIDE ESSENTIAL SUPPORT TO DISADV	ANTAGED CHILDREN					
Governance	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 259	% of its net a	ssets.	
ŏ,	3	Number of voting members of the governing body (, , , , , , , , , , , , , , , , , , , ,					21
ح ح	1 .	Number of independent voting members of the gov						20
es	5	Total number of individuals employed in calendar ye						39
Activities	6	Total number of volunteers (estimate if necessary)						1513
Act	7 a	Total unrelated business revenue from Part VIII, col				I		0.
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	·····				0.
						r Year	+	ent Year
ē	8					4,680,892		4,519,287.
Revenue	9					0	`-	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4,				6,347 -66,671		-905,603. -77,209.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				4,620,568		3,536,475.
_		Total revenue - add lines 8 through 11 (must equal I				1,577,836		
	1	Grants and similar amounts paid (Part IX, column (A				0 0		1,058,261.
	45	Benefits paid to or for members (Part IX, column (A)				1,726,776	•	2,138,889.
Expenses	15	Salaries, other compensation, employee benefits (P Professional fundraising fees (Part IX, column (A), lii				35,783	_	15,775.
en	h	Total fundraising expenses (Part IX, column (D), line				33,703	•	13,773.
ă	17	Other expenses (Part IX, column (A), lines 11a-11d,				936,123	_	1,070,588.
		Total expenses. Add lines 13-17 (must equal Part IX				4,276,518		4,283,513.
		Revenue less expenses. Subtract line 18 from line 1				344,050		-747,038.
	<u> </u>	Tieveride 1888 experieses. Gabarast inte 18 from line		Ве	ginning o	f Current Year		of Year
ets	20	Total assets (Part X, line 16)			1	0,643,283		9,785,217.
Ass	21	Total linkilities (Dart V. line OC)			867,653.			907,824.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from				9,775,630		8,877,393.
Pa	art II	Signature Block						
Und	ler pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedules	s and stateme	ents, and t	to the best of n	ny knowledge a	and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any k	nowledge.		
Sig		Signature of officer				Date		
Hei	re	KELLY WEIS, CHAIR						
		Type or print name and title		1 -	Data			
		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN	
Pai			JENNIFER M. VACHA	0.	5/09/24	1 00 0p	<u> </u>	
	parer	Firm's name ARMANINO LLP				Firm's EIN	94-62148	41
Use	Only	Firm's address 6 CITYPLACE DRIVE, SUITE 9	100				4 000 100	0
_	.,	ST. LOUIS, MO 63141				Phone no.31	4-983-120 X	
IVIa	v tne IF	RS discuss this return with the preparer shown above	re r See instructions				A Y	res No

Check Schedule Continues a response or note to any line in this Part III Therefore describe the organization's mission: REBANING DOWN BARKINES OF DIABANING POR STUDBITS LIVING IN POVERTY THROUGH PARTMENSHIPS AND PROCRAMS THAT SERVE THE REBORD OF TRE MINULE CELLED, ORAL IIS TO DEVOKES STUDBITS CONCERNS THE REBORD OF TRE MINULE CELLED, ORAL IIS TO SHOW THE STUDBING CHECKER THE REBORD OF TRE MINULE CELLED, ORAL IIS TO SHOW THE STUDBING CHECKER THE REBORD OF TRE MINULE CELLED, ORAL IIS TO THE PUTUSE, (SEE SCHEDULE O) 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 1800 of 980-L27 If "Yes," describe these new services on Schedule O. 3 Did the organization ocease conducting, or make significant changes in how it conducts, any program services;	Form	990 (2022) THE LITTLE BIT FOUNDATION	20-0126713	Page 2
Berofly describe the organization simple or LEADAIND FOR SPRODERING LIVING IN POWERTY TRADUCKS PARTHERSHIPS AND PROGRAMS THAT SERVE THE MEDDS OF THE MINULE CILLIO, OR ANY IS TO BE ORGANIZATION Undertake any significant program services during the year which were not listed on the prior Form 500 of 990 E.7 If 'Yes,' describe these new services on Schedule O. Doth the organization undertake any significant program services during the year which were not listed on the prior Form 500 of 990 E.7 If 'Yes,' describe these new services on Schedule O. Doth the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses, Section 501c(93) and 501c(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and trevenue, If any for each program service accomplishments for each of its three largest program services, as measured by expenses, Section 501c(93) and 501c(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and trevenue, If any for each program service exponses are required to report the amount of grants and allocations to others, the total expenses, and trevenue, If any for each program service expenses. Section 501c(93) and 501c(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and trevenue, If any for each program service expenses. Section 501c(93) and 501c(94) organizations are required to report the amount of grants and allocations to others, the total expenses, and trevenue, If any for each program services are accomplishments for each of its three largest programs and allocations to others, the total expenses, and trevenue, If any for each program services are accomplishments for each of its three largest programs and allocations to others, the total expenses and trevenue, If any for each program services are accomplishments for each of the each of the each of the each of t	Pai	rt III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission: BREALING DONE NARKERS TO LEARNING FOR STUDENTS LIVING IN POVERTY TRISOGER PARTNERSHIPS AND PROGRAMS THAT SERVE THE NEEDS OF PIE WIGUE CHILD, OUR AMI IS TO SHEW PROVERS STUDENTS TO ACHIEVE THEIR ACADEMIC GOALS AND DREAMS FOR THE FUTURE, (SEE SCHEDULE 0) 2 DO If the organization understake any significant program services during the year which were not listed on the prior Form 890 or 990 E2? 3 DO If the organization cease conducting, or make significant changes in how it conducts, any program services or Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 5 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. 5 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. 5 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service complements. 5 Section 501(c)(4) organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, and allocations to others, the total expenses, and revenue, if any, for each program service organization. 5 SECTION 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses are required to report the amount of grants and allocations to others, the total expenses are required to report the amount of grants and allocations to others, the total e		Check if Schedule O contains a response or note to any line in this Part III		Х
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40 Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (coos) (Expenses S	3		Yes	A NO
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4e Total program service expenses 3,175,310.	TU		1	
1	40	2.455.240	J	
ENIN SSOTATO	10	Total program service expenses	Earm	990 (2022)

Form 990 (2022) THE LITTLE BIT FOR Part IV Checklist of Required Schedules 20-0126713

			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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	l		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-10		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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		X

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	· (continued)		V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22	х	
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	,	23	х	
24 a	Schedule J			
Z-Tu	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	х	

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Form 990 (2022)

THE LITTLE BIT FOUNDATION

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

	i (continued)			
0-	Entay the number of ampleyage vaported on Form W.2. Transmittel of Wage and Tay Statements		Yes	No
Za	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 3			
b	filed for the calendar year ending with or within the year covered by this return 2a 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a		3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		Х
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand 13c	44-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		
16		16		х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section 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 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Х 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records TOM TANGARO - 314.669.0040

Form **990** (2022)

63144

516 HANLEY INDUSTRIAL CT, BRENTWOOD, MO

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ai	lu a u	recid	i / ii us	iee)	from	from related	other
	(list any hours for	director						the	organizations (W-2/1099-MISC/	compensation from the
	related	eord	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trustee		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or	Institutional	<u></u>	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) TOM TANGARO	40.00									
CHIEF OPERATING OFFICER						x		136,310.	0.	13,173.
(2) MIRANDA JONES	40.00									
CHIEF EXECUTIVE OFFICER				х				131,522.	0.	10,008.
(3) MICHELLE ABEL	40.00									
CHIEF DEVELOPMENT OFFICER						х		136,388.	0.	4,091.
(4) ROSEMARY HANLEY	2.33									
FORMER CEO/CO-FOUNDER							Х	136,250.	0.	0.
(5) DON QUITTER	40.00									
DIRECTOR OF DISTRIBUTION						х		104,451.	0.	0.
(6) MARTIN AKINS	7.70									
PRESIDENT		х		Х				0.	0.	0.
(7) KELLY WEIS	7.70									_
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) ANDREW WALTKE	1.20									_
TREASURER/CHAIR OF FINANCE		Х		Х				0.	0.	0.
(9) SARAH BOWMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) SUZIE ANDREWS	1.00									
CHAIR EMERITUS		Х						0.	0.	0.
(11) MICHAEL AMANN	1.00									
DIRECTOR (THRU 6/23)		Х						0.	0.	0.
(12) NICK BAHN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) KEITH BROOKS	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CHRIS EMERT	1.90									
DIRECTOR		Х						0.	0.	0.
(15) MICHAEL ENGLAND	2.90									
DIRECTOR		Х						0.	0.	0.
(16) RICHARD FISTER	1.90									
DIRECTOR		х	L			L		0.	0.	0.
(17) SUSAN GAUSNELL	3.80									
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

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Form 990 (2022) THE LITTLE B	IT FOUNDATI	ON							20-012671	3	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below line)	tee or director gigo	not ci , unles cer an	ss per	more rson i irecto	than o	an tee)	Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	Estima amour othe compens from organiz and rel organiza	nt of er sation the ation ated
(18) ALICIA GRAHAM	1.00	드	드	0	3	포ᅙ	Œ				
DIRECTOR	1.00	x						0.	0.		0.
(19) KAREN GRASSO	1.00							•	••		
DIRECTOR (THRU 6/23)		х						0.	0.		0.
(20) DWAYNE JAMES	1.00										
DIRECTOR (THRU 6/23)		х						0.	0.		0.
(21) PAT JOHNSON	1.00										
DIRECTOR (THRU 6/23)		Х						0.	0.		0.
(22) GARY MINDEL	1.00										
DIRECTOR		Х						0.	0.		0.
(23) ERIC PUGH	1.00										
DIRECTOR		Х						0.	0.		0.
(24) MEG RINEY	1.00										
DIRECTOR (THRU 3/23)		Х						0.	0.		0.
(25) BRIAN RUSSEL	1.00										
DIRECTOR		Х						0.	0.		0.
(26) MATT SNYDER	1,00										•
DIRECTOR		Х						0.	0.		0.
1b Subtotal							-	644,921.	0.	2 /	0.
c Total from continuation sheets to Part V								644,921.	0.	2.5	7,272.
d Total (add lines 1b and 1c)								, , , , , , , , , , , , , , , , , , ,		2.1	,212.
2 Total number of individuals (including but r	iot ilmited to tri	ose	liste	a ab	ove) wn	o re	ceived more than \$100,	000 of reportable		4
compensation from the organization										Yes	No s
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	mpl	oye	e, or	higl	hest compensated emp	loyee on	16.	140

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address NONE	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

0111 000	IT FOUNDATI								20-01267	/13	
orm 990 THE LITTLE B Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	es (continued)		
(A) Name and title	(B) Average				C) ition			(D) Reportable	(E) Reportable	(F) Estimated	
Name and the	hours	(c			that		ly)	compensation	compensation	amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
27) REBECCA VIDAL	1.90										
IRECTOR (THRU 6/23)		Х						0.	0.	1	
						_					
		-									
						_					

20-0126713

Form 990 (2022) THE LITTLE
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			X
				•	•	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenuè excluded from tax under
							Tunction revenue	business revenue	sections 512 - 514
S S	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	·		Membership dues	1b					
င် မြ			Fundraising events	1c	957,408.				
fts,			Related organizations	1d	,				
ig ig			Government grants (contributions)	1e					
Sin			All other contributions, gifts, grants, and	16					
e të		'	similar amounts not included above	1f	3,561,879.				
를 돌 章		_			882,338.				
no D		_	Noncash contributions included in lines 1a-1f	1g \$		4,519,287.			
OB		"	Total. Add lines 1a-1f		Business Code	1,313,207,			
	_	_			Business Code				
<u>i</u>	2	a							
er.		b							
n S		С							
ar Be		d	-						
Program Service Revenue		е	· 						
<u>-</u>			All other program service revenue						
	_		Total. Add lines 2a-2f						
	3		Investment income (including divider			50.004			50.004
						58,024.			58,024.
	4		Income from investment of tax-exem	-					
	5		Royalties						
) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
		d	` '						
	7	а	Gross amount from sales of (i) S	ecurities	(ii) Other				
			assets other than inventory 7a 1	48,356.	1,352,513.				
		b	Less: cost or other basis						
ne					2,314,681.				
Ven		С	Gain or (loss)7c	-1,459.	-962,168.				
her Revenue			Net gain or (loss)	<u></u>		-963,627.			-963,627.
Ē	8	а	Gross income from fundraising events (r	ot					
₹			including \$957,408.	of					
			contributions reported on line 1c). So	ee					
			Part IV, line 18	8a	120,925.				
		b	Less: direct expenses		264,807.				
			Net income or (loss) from fundraising			-143,882.			-143,882.
	9	а	Gross income from gaming activities	. See					
			Part IV, line 19	9a	62,664.				
		b	Less: direct expenses		0.				
			Net income or (loss) from gaming ac			62,664.			62,664.
	10		Gross sales of inventory, less returns						
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			, , , , , , , , , , , , , , , , , , , ,	,	Business Code				
snc	11	а	REBATES		900099	3,741.			3,741.
Miscellaneous Revenue	- •		MISCELLANEOUS		900099	268.			268.
ella		c							
isc			All other revenue						
Σ			Total. Add lines 11a-11d			4,009.			
	12		Total revenue. See instructions			3,536,475.	0.	0.	-982,812.

232009 12-13-22

Form 990 (2022) THE LITTLE BIT FOUN Part IX Statement of Functional Expenses

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

Oo not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	1,058,261.	1,058,261.		
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	208,558.	145,990.	10,428.	52,140
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	1,649,953.	1,214,725.	154,894.	280,334
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	32,198.	23,772.	3,103.	5,323
9 Other employee benefits	95,281.	89,908.	5,373.	
Payroll taxes	152,899.	111,979.	13,642.	27,278
1 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	97,959.		97,959.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,775.			15,775
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	123,196.	38,244.	66,895.	18,057 53,586
2 Advertising and promotion	90,535.		36,949.	53,586
3 Office expenses	319,106.	163,860.	155,246.	
4 Information technology				
5 Royalties				
6 Occupancy	143,645.	114,916.	28,729.	
7 Travel	41,529.	41,529.		
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	47,716.		47,716.	
0 Interest	34,125.	24,058.	10,067.	
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	107,187.	86,212.	20,975.	
3 Insurance	65,590.	61,856.	3,734.	
4 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a				
b				
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	4,283,513.	3,175,310.	655,710.	452,493
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

THE LITTLE BIT FOUNDATION

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X		·····	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			48,758.	1	
	2	Savings and temporary cash investments			4,943,754.	2	6,630,90
	3	Pledges and grants receivable, net			1,344,450.	3	394,60
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqui	alified pe				
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,336,672.	8	756,75
₹	9	5			72,565.	9	177,45
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	1	1,995,038.			
	b	Less: accumulated depreciation		257,502.	2,897,084.	10c	1,737,53
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11	0.	15	87,96		
	16	Total assets. Add lines 1 through 15 (must ed	10,643,283.	16	9,785,21		
	17	Accounts payable and accrued expenses	113,489.	17	97,79		
	18	Grants payable				18	
	19	Deferred revenue				19	14,06
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
,	22	Loans and other payables to any current or fo					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the				22	
í	23	Secured mortgages and notes payable to unre			754,164.	23	795,96
1	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	-				
		of Schedule D	•	L		25	
	26	Total liabilities. Add lines 17 through 25			867,653.	26	907,82
		Organizations that follow FASB ASC 958, c	heck her	e X			
ខ្ល		and complete lines 27, 28, 32, and 33.					
[27	Net assets without donor restrictions			5,022,069.	27	5,301,10
3	28	Net assets with donor restrictions			4,753,561.	28	3,576,28
2		Organizations that do not follow FASB ASC					
-		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current fund	ls .			29	
į	30	Paid-in or capital surplus, or land, building, or				30	
Ž	31	Retained earnings, endowment, accumulated				31	
Net Assets of Fund balances	32	Total net assets or fund balances			9,775,630.	32	8,877,39
-	33	Total liabilities and net assets/fund balances			10,643,283.	33	9,785,21

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

2022

Inspection
Employer identification number

	THE LITTLE BIT FOUNDATION							20-0126713	
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	າ 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	_					e general ı	oublic described in
		section 170(b)(1)(A)(vi). (C	-		· ·				
8		A community trust describe	•	(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	ınction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:		,				· ·	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membersh	p fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	609(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to rec	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
c	i 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al								

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5,480,640.	5,357,636.	6,506,502.	4,680,892.	4,519,286.	26,544,956.	
2	Tax revenues levied for the organ-							
	ization'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	5,480,640.	5,357,636.	6,506,502.	4,680,892.	4,519,286.	26,544,956.	
5								
	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)						2,497,314.	
6	Public support. Subtract line 5 from line 4.						24,047,642.	
	ction B. Total Support						, , -	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	5,480,640.	5,357,636.	6,506,502.	4,680,892.	4,519,286.	26,544,956.	
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,		
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	64,746.	16,542.	10,214.	7,439.	58,024.	156,965.	
۵	Net income from unrelated business	01,7101	20,012.		.,	00,021.		
9								
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital			159,798.	4,015.	4,009.	167 822	
	assets (Explain in Part VI.)			135,750.	4,013.	4,005.	167,822. 26,869,743.	
	Total support. Add lines 7 through 10	-1- (:1:	>			40	20,009,743.	
	Gross receipts from related activities,	•				12		
13	First 5 years. If the Form 990 is for th	•						
80	organization, check this box and stop ction C. Computation of Publi							
	Public support percentage for 2022 (li			aluma (fl)		14	89.50 %	
						15	92.01 %	
	Public support percentage from 2021							
100	16a 33 1/3% support test - 2022. If the organization 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 as a publicly supported organization X							
ľ	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
47								
1/8	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts			=	•	VI how the organiz	ation	
_	meets the facts-and-circumstances te	-	•					
k	o 10% -facts-and-circumstances test	_					10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar		(Form 990) 2022	

Schedule A (Form 990) 2022

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.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
104		
10b		
	n 990)	2022

Page 5

THE LITTLE BIT FOUNDATION

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
_	the su	pported organization(s).	1		
Sect	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
Soot	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
		, , , , , , , , , , , , , , , , , , ,			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance Test Angular lines On and Oh halow).	truction	l ' I	NI-
2		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position trial its supported organization(s) would have engaged in	2b		
		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		Supported organizations? If "Yes " describe in Part VI the role placed by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other 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 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
INSURANCE PROCEEDS
2020 AMOUNT: \$ 121,673.
PROPERTY TAX REFUND
2020 AMOUNT: \$ 38,014.
2021 AMOUNT: \$ 602.
REBATES
2020 AMOUNT: \$ 111.
2021 AMOUNT: \$ 3,191.
2022 AMOUNT: \$ 3,741.
MISCELLANEOUS
2021 AMOUNT: \$ 222.
2022 AMOUNT: \$ 268.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Employer identification number

	20-0126713					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not 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					
•	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.				
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•				
X For an organizat sections 509(a)(contributor, duri or (ii) Form 990-l	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one Form 990, Part VIII, line 1h;				
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.						
year, contribution is checked, enter purpose. Don't o	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF; ling requirements of Schedule B (Form 990).	•				
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)				

Schedule B (Form 990) (2022) Page **2**

Name of organization

Employer identification number

THE LITTLE BIT FOUNDATION

20-0126713

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	* \$ 165,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

THE LITTLE BIT FOUNDATION 20-0126713

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		

Schedule B (Form 990) (2022)

Name of or	rganization		E	mployer identification number			
THE LITT	LE BIT FOUNDATION			20-0126713			
Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cuse duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	try. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
		(e) Transfer of gi	ft				
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
Part I							
_	(e) Transfer of gift						
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee			
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
		(e) Transfer of gi	ft				
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	otion of how gift is held			
-		(e) Transfer of gi	ft				
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of trans	feror to transferee			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

THE LITTLE BIT FOUNDATION

Employer identification number 20 - 0126713

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar F	unds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	iting that the assets held in done	or advised fund	ls
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds	can be used or	nly
	for charitable purposes and not for the benefit of the donor or c	lonor advisor, or for any other p	urpose conferri	ng
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" on For	m 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education) Preserv	ation of a histo	rically important land area
	Protection of natural habitat	Preserv	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in th	ne form of a cor	
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after			
				2d
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated	d by the organia	zation during the tax
_	year			
4	Number of states where property subject to conservation easer			
5	Does the organization have a written policy regarding the period		_	□ v □ N.
•	violations, and enforcement of the conservation easements it he			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	illulling of violations, and emorci	ng conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ag of violations, and enforcing or	neervation eas	sements during the year
•	Amount of expenses meaned in monitoring, inspecting, mandain	ig or violations, and emoreing ex	onscivation cas	sements during the year
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of secti	on 170(h)(4)(R)(ï)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
·	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	g		
Par		Art, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue state	ement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or resear	rch in furtheran	ce of public
	service, provide in Part XIII the text of the footnote to its financi			
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue stateme	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical treasures			
	the following amounts required to be reported under FASB ASC			
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for			Schedule D (Form 990) 2022

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	age
3	Using the organization's acquisition, accession								,		
	collection items (check all that apply):			•							
а	Public exhibition	d		Loan or exc	hange progra	ım					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem _l	pt purpo:	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for o	contributions	s or other ass	ets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
	Amount										
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on Fo						y?	L	Yes	Ļ	No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i							rooro book	(a) Fau		haalı
		(a) Current year	(D) F	Prior year	(c) Two year	S Dack (a) Tillee y	ears back	(e) Fou	years	раск
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses					-					
g	End of year balance		/1: 4		<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balance		g, column (a))) held as:						
a	Board designated or quasi-endowment	0/	_%								
D	Permanent endowment	%									
С		%									
0-	The percentages on lines 2a, 2b, and 2c sho	•									
Sa	Are there endowment funds not in the posse	ssion of the organiza	ilion ina	t are neid ar	ia administere	ed for trie			ĺ	Yes	No
	organization by: (i) Unrelated organizations								3a(i)	100	110
									3a(ii)		
h	(ii) Related organizations	tions listed as requir	ed on S	chedule R2					3b		
4	Describe in Part XIII the intended uses of the								30		
	t VI Land, Buildings, and Equipm		WITICITE	urius.							
	Complete if the organization answere		, Part IV	/, line 11a. S	see Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	е
	Becomption of property	basis (investn			(other)		reciation		(4) 500	it valu	•
	Land	Ì	•		504,400.					504,	400.
b	Buildings			1	,389,738.		211,	677.	1	178,	061.
c	Leasehold improvements				39,873.			329.			544.
d	Equipment				12,438.		5,	239.			199.
	Other				48,589.		39,	257.			332.
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)				1	737,	536.
				, ,, (7			Schedule	D (Forn	990	2022

Schedule D (Form 990) 2022 THE LITTLE BIT F	OUNDATION		20-0126713	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book v	/alue
(1)	•			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	<u> </u>			
Part X Other Liabilities.	C 10.)		· L	
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990, Part X. line	25.	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, ,	(b) Book v	 value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5) (6)				
<u>(6)</u>				
(7)				
(8)				
(9)			_	
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)			

Schedule D (Form 990) 2022

X

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

20-0126713

1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			2 665 515
				1	3,665,513.
-	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а					
b			127,579.		
С	1 , 0	2c			
d	Other (Describe in Part XIII.)	2d	1,459.		
е				2e	129,038.
3	Subtract line 2e from line 1			3	3,536,475.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	, , , , , , , , , , , , , , , , , , , ,	4b			_
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial State	monto With F	waanaaa nay F	5	3,536,475.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line		xpenses per F	eturn.	
_				1	4,563,750.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				-,000,700.
		20	127,579.		
a			127,373.		
b	, , , , , , , , , , , , , , , , , , , ,				
C			152,658.		
d	, , , , , , , , , , , , , , , , , , , ,			0-	280 237
e	9			2e	280,237. 4,283,513.
3	Subtract line 2e from line 1			3	4,203,313.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
a	, , , , , , , , , , , , , , , , , , , ,				
b				4-	0.
c				4c	4,283,513.
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information.			5	4,203,313.
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV lines 1h ar	d 2h: Part V line 4	· Part X lin	ne 2: Part XI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, 1 (11), 111	10 Z, 1 art /11,
	, a.a. ,, a.a. , a.a. , , , , a a.a. , a.a. , a.a. , p. a.a. a.a. , p. a.a. a.a				
PAR	T X, LINE 2:				
	FOUNDATION IS TAX EXEMPT UNDER SECTION 501 (C)(3) OF THE I	ΙΨΕΡΝΙΔΙ.			
THE		VI DIGITID			
	THUS GODE (TOG) AND MUSE ADDITIONAL MIGGOURT GENEVINGS. IN U.A.				
	ENUE CODE (IRC) AND THE APPLICABLE MISSOURI STATUTES. IT HAS				
REV.		S BEEN			
REV.	ENUE CODE (IRC) AND THE APPLICABLE MISSOURI STATUTES. IT HAS	S BEEN			
CLA	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION	S BEEN			
CLA		S BEEN			
CLA AND	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE	S BEEN			
CLA AND	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION	S BEEN			
CLA AND	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE	S BEEN			
CLA AND	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE	S BEEN			
CLA AND	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE	S BEEN OF THE IRC			
CLA AND	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS.	S BEEN OF THE IRC			
CLA AND CONT	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS.	S BEEN OF THE IRC			
CLA AND CONT	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS. FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT	S BEEN OF THE IRC			
CLA AND CONT	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS. FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT	S BEEN OF THE IRC			
CLA AND CONT	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS. FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022.	S BEEN OF THE IRC			
CLA AND CONT THE	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS. FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT	S BEEN OF THE IRC			
CLA AND CON THE	SSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION CONTRIBUTIONS TO THE FOUNDATION QUALIFY FOR THE CHARITABLE TRIBUTION DEDUCTION FOR DONORS. FOUNDATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022.	S BEEN OF THE IRC			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **Employer identification number** THE LITTLE BIT FOUNDATION 20-0126713 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) AMALFI CONSULTING, LLC - 473 Yes No DORAL DRIVE, SAINT LOUIS, MO Х GRANT WRITING 0 15,775 0. 15,775 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

			BIT FOUNDATION			0126713 Page 2
Pa	rt I					
		of fundraising event contributions and gro		· ·		s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			JOIN THE JOURNEY	LAURA'S RUN	2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	869,038.	82,799.	126,496.	1,078,333.
	2	Less: Contributions	794,978.	68,609.	93,821.	957,408.
	3	Gross income (line 1 minus line 2)	74,060.	14,190.	32,675.	120,925.
	4	Cash prizes				
	5	Noncash prizes		10,061.		10,061.
penses	6	Rent/facility costs	69,218.	21,590.	13,325.	104,133.
Direct Expenses	7	Food and beverages	7,494.	265.	456.	8,215.
ā	0	Entortoinment	58,039.	8,019.	6,850.	72,908.
	8 9	Entertainment Other direct expenses			9,089.	69,490.
	10	Direct expense summary. Add lines 4 through		,	,	264,807.
	11					-143,882.
Pa				990 Part IV line 19 or		
		\$15,000 on Form 990-EZ, line 6a.	answered res on rem	1000, 1 41117, 11110 10, 01	reported more than	
		Ψ10,000 0111 01111 000 EE, iii10 0α.				
- 1				(b) Pull tabs/instant		(d) Total gaming (add
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
venue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo			col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	col. (a) through col. (c))
	1 2	Gross revenue	(a) Bingo			col. (a) through col. (c))
	2		(a) Bingo			col. (a) through col. (c))
Direct Expenses Revenue	3	Cash prizes	(a) Bingo			col. (a) through col. (c))
ect Expenses	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo			col. (a) through col. (c))
ect Expenses	3	Cash prizes Noncash prizes		bingo/progressive bingo	62,664.	col. (a) through col. (c))
ect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo Yes % No			col. (a) through col. (c))
ect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes %	bingo/progressive bingo Yes%	62,664. X Yes 100 %	col. (a) through col. (c))
ect Expenses	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 15 in column (d)	bingo/progressive bingo Yes% No	82,664. X Yes 100 % No	col. (a) through col. (c)) 62,664.
ect Expenses	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 15 in column (d)	bingo/progressive bingo Yes% No	82,664. X Yes 100 % No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 1 5 in column (d)	bingo/progressive bingo Yes% No	82,664. X Yes 100 % No	col. (a) through col. (c)) 62,664.
o Direct Expenses	3 4 5 6 7 8 Entr	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 1 5 in column (d)	Yes% No	62,664. X Yes 100 % No	62,664.
a Direct Expenses	3 4 5 6 7 8 Entited to the state of the stat	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: Mactivities in each of these services.	Yes% No states?	82,664. X Yes 100 % No	62,664.
a Olirect Expenses	3 4 5 6 7 8 Entitle If " 3 3	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming act No," explain: LICENSING IS NOT REQUIRING, SECTION 39(F) PROVIDES THAT A CHARACTER.	Yes% No 15 in column (d) from line 1, column (d) ctivities in each of these sept. THE MISSOURI COLUMN COLUM	Yes% No No States? DISTITUTION, ARTICITION MAY SPONSOR	82,664. X Yes 100 % No	62,664.
a Olirect Expenses	3 4 5 6 7 8 Entitle If " 3 3	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducts the organization licensed to conduct gaming an No," explain: LICENSING IS NOT REQUIRE	Yes% No 15 in column (d) from line 1, column (d) ctivities in each of these sept. THE MISSOURI COLUMN COLUM	Yes% No No States? DISTITUTION, ARTICITION MAY SPONSOR	82,664. X Yes 100 % No	62,664.
d b G Direct Expenses	3 4 5 6 7 8 Entire is to its t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducts organization licensed to conduct gaming act the organization licensed to conduct gaming act No," explain: LICENSING IS NOT REQUIRED, SECTION 39(F) PROVIDES THAT A CHARFILES AND SWEEPSTAKES. CHAPTER 572 ere any of the organization's gaming licenses researched.	Yes % No 15 in column (d) from line 1, column (d) acts gaming activities: Month of these services in each of these services. The MISSOURI COLUMN ARITABLE ORGANIZATION OF THE MISSOURI FOR THE	Yes% No No States? DISTITUTION, ARTICION MAY SPONSOR REVISED STATUTES	X Yes 100 % No No	62,664. Yes X No
d b G Direct Expenses	3 4 5 6 7 8 Entire is to its t	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduct the organization licensed to conduct gaming act to condu	Yes % No 15 in column (d) from line 1, column (d) acts gaming activities: Month of these services in each of these services. The MISSOURI COLUMN ARITABLE ORGANIZATION OF THE MISSOURI FOR THE	Yes% No No States? DISTITUTION, ARTICION MAY SPONSOR REVISED STATUTES	X Yes 100 % No No	62,664. Yes X No

** SEE PART IV FOR COMPLETE EXPLANATIONS

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232082 10-27-22

Schedule G (Form 990) 2022

Sche	dule G (Form 990) 2022 THE LITTLE BIT FOUNDATION 2	0-0126713	Page 3
11 [Does the organization conduct gaming activities with nonmembers?	Yes	X No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
t	to administer charitable gaming?	Yes	X No
	Indicate the percentage of gaming activity conducted in:		
a ¯	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
1	Name		
-	Address		
15a [Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b l	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amoun	t	
(of gaming revenue retained by the third party \$		
c l	f "Yes," enter name and address of the third party:		
1	Name		
-	Address		
16 (Gaming manager information:		
1	Name		
(Gaming manager compensation \$		
[Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
r	retain the state gaming license?	Yes	X No
b E	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
	organization's own exempt activities during the tax year \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHE	DULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: AMALFI CONSULTING, LLC		
(I)	ADDRESS OF FUNDRAISER: 473 DORAL DRIVE, SAINT LOUIS, MO 63122		
SCHE	DULE G, PART III, LINE 9B, EXPLANATION:		
LICE	NSING IS NOT REQUIRED. THE MISSOURI CONSTITUTION, ARTICLE		
3, S	ECTION 39(F) PROVIDES THAT A CHARITABLE ORGANIZATION MAY SPONSOR		
	LES AND SWEEPSTAKES. CHAPTER 572 OF THE MISSOURI REVISED STATUTES		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Bublic

Open to Public Inspection

Employer identification number

	THE LITTLE BI	T FOUNDATION						20-0126713
Part I	General Information on Grants a	nd Assistance					·	
1 Doe	s the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	n
crite	eria used to award the grants or assis	stance?						Yes No
2 Des	cribe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.			
Part II	Grants and Other Assistance to recipient that received more than s					anization answered "Y	'es" on Form 990, Part I	V, line 21, for any
1 (a) i	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Ente	er total number of section 501(c)(3) a	s listed in the line	1 table	e line 1 table				
LHA Fo i	r Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 THE LITTLE BIT FOUNDATION 20-0126713 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance COATS, CLOTHING, SCHOOL SUPPLIES, OTHER PERSONAL 1,058,261. FAIR MARKET VALUE HYGIENE ITEMS, AND SERVICES COATS AND CLOTHING DONATED TO INNER CITY STUDENTS 5549 0. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: IN THE 2022-23 SCHOOL YEAR. THE LITTLE BIT FOUNDATION WORKED WITH PARTNER SCHOOLS IN ST. LOUIS CITY AND NORTH COUNTY POSITIVELY IMPACTING THE LIVES OF APPROXIMATELY 15 000 CHILDREN. TRAINED SCHOOL STAFF. LITTLE BIT STAFF AND VOLUNTEERS IDENTIFY STUDENT NEEDS AND PLACE ORDERS THROUGH OUR ONLINE ORDERING SYSTEM. LITTLE BIT STAFF AND VOLUNTEERS AT OUR DISTRIBUTION CENTER FILL THE ORDERS WITH CARE. ALL ORDERS ARE THEN QUALITY CONTROL CHECKED. WEEKLY SCHOOL REP VOLUNTEERS DELIVER ITEMS TO THE SCHOOLS AND WORK

ON-ON-ONE WITH EACH CHILD SERVED TO ENSURE THAT ALL ITEMS FIT PROPERLY

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number THE LITTLE BIT FOUNDATION 20-0126713 arding Componention

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ROSEMARY HANLEY	(i)	136,250.	0.	0.	0.	0.	136,250.	0.
FORMER CEO/CO-FOUNDER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

OMB No. 1545-0047

2022 Open To Public

Department of the Treasury
Internal Revenue Service

Name of the organization

THE LITTLE BIT FOUNDATION

Employer identification number

Inspection

20-0126713

Complete if the	organization	n ansv	vered "Yes" on F	orm 9	990, Pa	ırt IV, liı	ne 25a or 25b	o, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Name of disqualified	nercon	(b) F	(b) Relationship between disqualified person and organization				1,	c) Da	escription of trans	cactio	n		(d) Correcte		
(a) Name of disqualmed	person		person and or	ganiza	ation		,,	6) De	escription of trans	Sactio			Ye	s	No
2 Enter the amount of tax	incurred by	the o	rganization mana	agers	or disq	ualified	d persons dur	ing t	he year under						
section 4958											. \$				
3 Enter the amount of tax	, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganizati	on				\$				
Part II Loans to an	d/or Fron	n Inte	erested Pers	ons.											
Complete if the	organization	n ansv	vered "Yes" on F	orm 9	990-EZ,	, Part V	, line 38a or F	orm	990, Part IV, line	e 26; c	r if the	e orga	nizatio	n	
reported an amo															
(a) Name of	(b) Relatio		(c) Purpose	(d) Lo	an to or	(е) Original	(f) Balance due	(g)	In	(h) Approve by board o		(i) W	ritten
interested person	with organ	ization	on of loan from the organization?		princ	incipal amount			default?		committee?		agreement?		
				То	From					Yes	No	Yes	No	Yes	No
Γotal Part III │ Grants or As	ecietance	Ren	efiting Inter	aeta:	d Dar	eone	\$								
			•												
Complete if the									–						
(a) Name of interested	person	((b) Relationship interested pers				assistance		(d) Type assistan) Purp assista		
			the organiza		u		assistance		23331211			,	2001010	iiioc	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 THE LITTI	E BIT FOUNDATION		20-012671	.3	Page 2
Part IV Business Transactions Involve	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
LUCY ENGLAND	FAMILY MEMBER OF MI	57,447.	EMPLOYMENT		Х
ROSEMARY HANLEY	RETIRED OFFICER/DIR	136,250.	POST-RETIRE		Х
Part V Supplemental Information.			<u> </u>		
	onses to questions on Schedule L (see ir	nstructions).			
SCH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS:				
· · · · · · · · · · · · · · · · · · ·					
(A) NAME OF PERSON: LUCY ENGLAND					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
FAMILY MEMBER OF MICHAEL ENGLAND, DIREC	CTOR				
(A) NAME OF PERSON: ROSEMARY HANLEY					
(B) RELATIONSHIP BETWEEN INTERESTED PER	RSON AND ORGANIZATION:				
RETIRED OFFICER/DIRECTOR					
,_,					
(D) DESCRIPTION OF TRANSACTION: POST-RI	ETIREMENT 12/31/21, MS. HANLEY	WAS			
RETAINED ON A CONTRACT BASIS TO ASSIST	WITH TRANSITION TO THE NEW CE	iO.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection **Employer identification number**

THE LITTLE BIT FOUNDATION 20-0126713 Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Х 92,813. COMPARABLE SALES 4 Х 111,029. COMPARABLE SALES Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 149,814. PUBLICLY TRADED EXCHANGE Х 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 (FOOD KITS Х 92 332 891. COMPARABLE SALES 25 Other MIXED GOODS: PE 112,002. Х 1,301 COMPARABLE SALES Other 26 Х 1 441 82 049. SCHOOL SUPPLIES OMPARABLE SALES 27 Other INCENTIVE GOODS 1,740. COMPARABLE SALES Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

232141 09-09-22

LHA

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Schedule M (Form 990) 2022

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS WHO DONATED		
SECURITIES AND THE ESTIMATED NUMBER OF SEPARATE DONATIONS FOR OTHER		
TYPES OF DONATED PROPERTY.		

232142 09-09-22

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

THE LITTLE BIT FOUNDATION	20-0126713	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
WHILE LEAVING AN IMPRINT OF LOVE AND HOPE ON YOUNG LIVES FOR WHOM A		
LITTLE BIT MEANS A LOT.		
FORM 990, PART VI, SECTION B, LINE 11B:		
FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTING FIRM AND PROVIDED TO THE CEO	_	
AND COO FOR REVIEW. CHANGES, IF ANY, ARE COMMUNICATED AND INCORPORATED INTO		
THE RETURN PRIOR TO FILING WITH THE IRS.		
FORM 990, PART VI, SECTION B, LINE 12C:		
BOARD MEMBERS ARE PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY AND INSTRUCTED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE.	_	
INSTRUCTED TO DISCHOOL ANT POTENTIAL CONFLICTS OF INTEREST AS THEY ARTSE.		
FORM 990, PART VI, SECTION B, LINE 15A:		
THE PROCESS FOR DETERMINING COMPENSATION FOR THE CEO INCLUDES REVIEW BY		
INDEPENDENT BOARD MEMBERS. THE DATA FOR THIS REVIEW INCLUDES INFORMATION		
FROM FORM 990 FOR OTHER ORGANIZATIONS AS WELL AS DATA FROM COMPENSATION		
SURVEYS AND STUDIES. THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO		
RECEIVE COMPENSATION.		
FORM 990, PART VI, SECTION C, LINE 19:		
UPON REQUEST, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF		
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.		

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization THE LITTLE BIT FOUNDATION	Employer identification number 20-0126713
FORM 990, PART VIII, LINE 7D:	
DURING THE YEAR-ENDED JUNE 30, 2023, THE FOUNDATION SUFFERED PROPERTY	
DAMAGE AND BUSINESS INTERRUPTION DUE TO TWO SEPARATE CASUALTY EVENTS OF	
A FLOOD AND A FIRE. WHILE THE FOUNDATION WAS AWARDED INSURANCE PROCEEDS	
FOR THE PROPERTY DAMAGE INCURRED AS A RESULT OF THESE SIGNIFICANT	
EVENTS, THE CURRENT LOSS SUSTAINED AS A RESULT OF THE CASUALTY IS	
CALCULATED AT \$962,168 AND IS REPORTED AS A SEPARATE LINE ITEM ON THE	
STATEMENT OF REVENUE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT -151,199.	