

CERTIFIED PUBLIC ACCOUNTANTS

Little Lambs Foundation for Kids, Inc.

2023 FORM 990 (PUBLIC INSPECTION COPY)



Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For t	he 2023	calen	dar	year, or tax	х уеа	r begi	inning			, 2	023, a	nd endir	ng			,	20		
В	Check	if applicab	ole:	С											D En	nploye	r identi	fication num	ber	
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	-	application		F	Name and add	tress o	of princin	nal officer:						H(a) Is th	nis a group				Yes	X No
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_	Tav	-exempt st	tatue:		501(c)(3))1(c) ()	(insert no	2.)	4947(a)(1) or	527	If "N	No," attach	a list.	See inst	ructions.		ш
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Activities & Governance	6							f necessar									6		2	,143
¥								Part VIII,									7a			0.
	b	Net un	related	bus	siness taxa	ible i	ncome	e from Forr	n 990-T,	Part	I, line 11						7b			0.
		0 1 1						11.							Prior Y				nt Yea	
e	8		Contributions and grants (Part VIII, line 1h)														<u>057.</u>			
en	9															1	4 1			251
Revenue	10							(A), lines 3									41.			351.
_	11 12							lines 5, 6d, 1 (must eq								2,02		2		833.
	13							t IX, colum							2,232	2,04	19.	۷,	647,	<u> </u>
	14							IX, column												
	15							ee benefits							11/	· -	20		171	267
es	15														110	5,50	18.		1/4,	<u> 267.</u>
Expenses	16a							column (A												
ă	b	Total fu	undrais	sing	expenses	(Parl	t IX, c	olumn (D),	line 25)	_		21	L,007.							
ш	17	Other 6	expens	es (Part IX, co	lumr	n (A),	lines 11a-1	1d, 11f-2	24e).					1,913	3,92	16.	2,	282,	421.
	18	Total e	expense	es. A	Add lines 1	3-17	(mus	t equal Par	t IX, coli	umn	(A), line 2	5)			2,030	0,42	24.	2,	456,	688.
	19	Revenu	ue less	exp	enses. Su	btrac	t line	18 from lin	ie 12						202	2,22	25.		190,	553.
o or														Begin	ning of Cu	ırrent	Year	End	of Yea	r
Net Assets or Fund Balances	20			•		•										4,14		1,	156,	
t As	21	Total li	iabilitie	s (P	art X, line	26) .									2	2,22	21.		4,	334.
		Net ass	sets or	fun	d balances	s. Su	btract	line 21 from	m line 20	O					961	1,92	26.	1,	152,	479.
Pa	ırt II	Sig	natur	e B	lock															
Unde	er pena	Ities of per	rjury, I de	eclare	that I have ex	amine	d this re	eturn, including	accompan	ying so	chedules and	stateme	ents, and to	the best o	f my knowle	edge a	nd belie	ef, it is true,	correct, a	and
com	piete. L	Declaration	of prepa	rer (c	ther than offic	er) is	based o	n all information	on of which	prepar	rer nas any kr	nowleag	je.							
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_					LOGAN,	UT	8432	1							Phone	no.	435-7	50-5566		
Mar	v the	IRS disc	cuss th	is re	turn with t	he n	renare	er shown al	nove? Se	ee in	structions				•			X Yes		No

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,411,806.

			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	Χ	
	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? <i>If "Yes," complete Schedule C, Part II.</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		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		Χ
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		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		Х
	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</i> . See instructions.	17		X
18		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
20a	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		Χ

Form 990 (2023) LITTLE LAMBS FOUNDATION FOR KIDS INC. 47-1339945 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 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? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
	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? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Χ	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	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	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.		
ВΛΛ	(gambling) winnings to prize winners?	1c	990 (

Form 990 (2023) LITTLE LAMBS FOUNDATION FOR KIDS INC.

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			Λ
h	as required?	7g		
8	Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	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.			
	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			
	Enter the amount of reserves on hand	1.4-		Х
		14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
13	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х
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		
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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 No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ... SEE SCHEDULE 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Did the organization have members or stockholders?..... Χ 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 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..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ 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?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 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 12b Χ to conflicts?..... **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*SEE .SCHEDULE . O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X 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 X 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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request Own website Another's website 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 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records. LEONA GAY MOSS 2293 CLEAR CREEK RD NIBLEY UT 84321 (435) 213-5800

Form 990 (2023)	I.TTTI.E	T.AMRS	FOUNDATION	FOR	KTDS	TNC

47-1339945

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

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.
- 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.

О	heck this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	ed any	/ cu	rrent officer, direct	or, or trustee.	
	(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	heck ss pe	ition more rson lirecto	than o is both or/trusted Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)	EDWARD M. CHALFANT	36_									
	PRES./EXEC. DIR	0	Х		X				62,400.	0.	9,431.
(2)	STEFANEE E. CHALFANT PROGRAM DIR.	<u>36</u>	Х		Х				62,400.	0.	0.
(3)	JULIE COOK DIRECTOR	$-\frac{28}{0}$	Х						28,081.	0.	0.
(4)	LEONA GAY MOSS TREASURER	3 0	Х						0.	0.	0.
(5)	SHAUNA THORPE DIRECTOR/EVENTS	<u>5</u> 0	Х						0.	0.	0.
(6)	TIFFANY CHALFANT DIRECTOR	<u> 5</u>	Х		Х				0.	0.	0.
(7)	RONNETTE ANDERSON DIRECTOR	3	Х						0.	0.	0.
(8)	SHELLY NAZERFUNDRAISING DIR	3	Х						0.	0.	0.
<u>(9)</u>											
(10)											
(11)											
(12)											
(13)											
(14)											

i ai	VII Section A. Officers, Directors, Tru	13(003, 1	\Cy			C)	cs, c	anc	Trigilest Coll	ipensated Empi	Oyees	(continueu)
	(A) Name and title	(B)	(do i	not ch	Posi neck i	more	than o	ne an	(D) Reportable	(E) Reportable		(F) ed amount
	Tano ara uto	Average hours per week	offic	er an	dád	irecto	r/truste	ee)	compensation from the organization (W-2/1099-	compensation from related organizations (W-2/1099-	of compens	other sation from
		(list any hours for related	ndivid r dire	nstitut	Officer	Key employee	lighes mploy	Former	(W-2/1099- MISC/1099-NEC)	MISC/1099-NEC)	and	janization related iizations
		organiza- tions below	ual tr	ional	ľ	nploy	t com /ee	٦.				
		dotted line)	Individual trustee or director	truste		ee	Highest compensated employee					
				й			ated					
<u>(15)</u>			=									
(16)												
(17)												
(18)												
(19)												
(20)			-									
(21)												
(22)												
(23)			-									
(24)			-									
(25)												
1b	Subtotal								152,881.	0.		9,431.
	Total from continuation sheets to Part VII, Section								0.	0.		0.
2	Total (add lines 1b and 1c) Total number of individuals (including but not limited from the organization ρ								152,881. more than \$100,00	0. 0 of reportable comp	ensation	9,431.
	U U											Yes No
3	Did the organization list any former officer, direction line 1a? <i>If "Yes,"complete Schedule J for suci</i>	tor, truste h <i>individu</i>	e, ke al	ey ei	mpl	oyee	e, or I	high	nest compensated	employee	. 3	Х
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpe	ensa	ation	and	oth	er compensation	from		
	such individual										. 4	X
	for services rendered to the organization? If "Yes ion B. Independent Contractors	s," comple	ete S	che	dule	J fo	or suc	ch p	person		. 5	X
	Complete this table for your five highest compension from the organization. Report compensions	sated inde	epen	dent	t cor	ntra	ctors	tha	t received more th	nan \$100,000 of		
	(A) Name and business addr		uie c	alcii	uai .	yeai	enun	ig v	(B) Description of		. (C) Compen) Isation
									'		<u> </u>	
	Total number of independent contractors (including b \$100,000 of compensation from the organization	out not limi O	ited to	o tho	se I	listed	d abov	ve)	who received more	than		
	,	U										00 (2022)

Form 990 (2023) LITTLE LAMBS FOUNDATION FOR KIDS INC. 47-1339945 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or exempt function revenue (D) Revenue excluded from tax under sections 512-514 (C) Unrelated business (A) Total revenue revenue ស្ន**់ ស្ទា 1a** Federated campaigns......

£ £	ıa L	Membership dues	1b					
2 G	D	Membership dues						
S, S	C	Fundraising events	1c	50,414.				
<u> </u>	a	Related organizations	1d	0.4.055				
Sin'S	e f	Government grants (contributions) All other contributions, gifts, grants, and	1e	84,357.				
Contributions, Gifts, Grants and Other Similar Amounts	' ~	similar amounts not included above Noncash contributions included in	1f	2,509,286.				
<u> </u>	g	lines 1a-1f	1g	2,340,360.				
် က	h	Total. Add lines 1a-1f			2,644,057.			
e				Business Code				
Yen	2a							
Be	b							
iç.	С							
Program Service Revenue	d							
Ē	е							
gre	f	All other program service revenu	ıe					
Ğ	g	Total. Add lines 2a-2f						
	3	Investment income (including divid other similar amounts)	ends,	interest, and	351.	351.		
	4	Income from investment of tax-e	xemp	t bond proceeds	551.	331.		
	5	Royalties						
		(i) R		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7a	Gross amount from (i) Sect	ırities	(ii) Other				
		sales of assets						
	b	other than inventory Less: cost or other basis						
		and sales expenses 7b						
		Gain or (loss) 7c						
	d	Net gain or (loss)	· · · · <u>·</u>					
ā	8a	Gross income from fundraising events						
Other Revenue		(not including \$ 50,414	<u>1.</u>					
é		of contributions reported on line 1c).						
<u>.</u>		See Part IV, line 18	_	a				
the		Less: direct expenses Net income or (loss) from fundra		b 2,008.	0.000			
0			lisirig	T events	-2,008.			
	9a	Gross income from gaming activities. See Part IV, line 19	q	a				
	h	Less: direct expenses	-	ь				
		Net income or (loss) from gamin						
		Gross sales of inventory, less						
	IUd	returns and allowances	10)a				
	b	Less: cost of goods sold	10)b				
	С	Net income or (loss) from sales	of inv	entory				
<u>N</u>				Business Code				
Miscellaneous Revenue	11a b c d	OTHER INCOME		624100	4,841.			4,841.
E K	b							
₩ ₩ ₩	С							
is a								
Σ		Total. Add lines 11a-11d			4,841.			
_	12	Total revenue. See instructions.			2,647,241.	351.	0.	4,841.
BAA				TEEA	A0109L 08/23/23			Form 990 (2023)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	sponse or note to any			
Do i 6b, 1	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	152,881.	123,279.	12,597.	17,005.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	Ţ.	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , ,	<u> </u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	9,691.	7,280.	964.	1,447.
10	Payroll taxes	11,695.	9,286.	964.	1,445.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25.		25.	
С	Accounting	3,494.		3,494.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	4,006.	4,000.	6.	
12	Advertising and promotion	824.	,		824.
13	Office expenses	1,746.	562.	1,184.	
14	Information technology	1,721.	1,435.	, -	286.
15	Royalties	,	,		
16	Occupancy	32,714.	29,464.	3,250.	
17	Travel	3,939.	3,939.	,	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	·		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	14,378.	14,378.		
23	Insurance	656.		656.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	DONATION OF PROGRAM SUPPLIES	2,139,136.	2,139,136.		
b	PROGRAM SUPPLIES	74,953.	74,953.		
С	FUEL AND EQUIPMENT EXPENSES	4,448.	4,094.	354.	
d	I KINI INO IND I ODDICITI I OND	314.		314.	
	All other expenses	67.	_	67.	
25	Total functional expenses. Add lines 1 through 24e	2,456,688.	2,411,806.	23,875.	21,007.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			368,202.	1	404,559.
	2	Savings and temporary cash investments			2.	2	2.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er office I contribi rsons	er, director, utor, or 35%		5	
	6	Loans and other receivables from other disqualified p		<u> </u>			
		section 4958(f)(1)), and persons described in section	•	·		6	
	7	Notes and loans receivable, net				7	
ts	8	Inventories for sale or use			546,191.	8	715,732.
Assets	9	Prepaid expenses and deferred charges			274.	9	1,420.
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	82,142.			
	b	Less: accumulated depreciation	10b	47,042.	49,478.	10c	35,100.
	11	Investments — publicly traded securities				11	
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		964,147.	16	1,156,813.
	17	Accounts payable and accrued expenses			2,221.	17	4,334.
	18	Grants payable				18	
	19	Deferred revenue		<u> </u>		19	
۰,	20	Tax-exempt bond liabilities		<u> </u>		20	
Ĕ.	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 3	35%		22	
	23	Secured mortgages and notes payable to unrelated th	nird parti	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
	26	Total liabilities. Add lines 17 through 25			2,221.	26	4,334.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X			
aa	27	Net assets without donor restrictions			961,926.	27	1,152,479.
8	28	Net assets with donor restrictions				28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipment	nent fund	d		30	
(SS	31	Retained earnings, endowment, accumulated income,				31	
116	32	Total net assets or fund balances			961,926.	32	1,152,479.
ž	33	Total liabilities and net assets/fund balances			964,147.	33	1,156,813.
BA	Α		TEEA0111	L 08/23/23			Form 990 (2023)

BAA Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,6	47,2	241.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,4	56,6	588.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	90,5	553.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	61,9	926.
5	Net unrealized gains (losses) on investments.	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1 1	52,4	170
Pai	rt XII Financial Statements and Reporting			JZ, 5	177.
ı u	<u> </u>				
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting weather describe grown the Fermi 200.			Yes	No
ı	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ed on a			
Ł	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ite			
_					
(If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Jniform 	. 3a		Х
k	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
BAA				990 ((2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2023

Open to Public Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number

LIT	TLE LAME	SS FOUNDATION	FOR KIDS INC	•			47-133994	5				
Par	t I Reaso	on for Public Cha	arity Status. (All o	organizations must	comple	ete this	s part.) See instruc	ctions.				
The c	organization	is not a private foun	dation because it is: ((For lines 1 through 12,	check o	nly one	box.)					
1	A church	n, convention of church	hes, or association of c	hurches described in sec	tion 1 70 (b)(1)(A)(i).					
2	A school	I described in section	on 170(b)(1)(A)(ii). (At	tach Schedule E (Form	990).)							
3	A hospi	tal or a cooperative l	hospital service organ	nization described in sec	ction 17)(b)(1)(A	A)(iii).					
4	A medic	cal research organiza	ation operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's				
	name, c	city, and state:										
5	An orga	nization operated fo 170(b)(1)(A)(iv). (Co	r the benefit of a collection problem in the benefit of a collection problem in the collection in the benefit of a collection problem in the collection in the benefit of a collection in the collection in the benefit of a collection in the collect	ege or university owned	or oper	ated by	a governmental unit de	escribed in				
6 7				ental unit described in s								
,	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A comm	nunity trust described	d in section 170(b)(1)	(A)(vi). (Complete Part	l.)							
9	An agric	ultural research organ	ization described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant colle	ege				
	or unive	rsity or a non-land-gra	nt college of agriculture	e (see instructions). Enter	the nan	ne, city,	and state of the college of	or				
	universi	ty:										
10	from ac investm June 30	tivities related to its ent income and unre , 1975. See section	exempt functions, sulplated business taxabilisted business taxabilisted (Complete		ns; and 511 tax)	(2) no r from b	more than 33-1/3% of it usinesses acquired by	ts support from gross				
11	An orga	nization organized a	and operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).					
12	or more	publicly supported of	organizations describe	ely for the benefit of, to ed in section 509(a)(1) c supporting organization	or sectio	n 509(a)(2). See section 509(a	ut the purposes of one (3). Check the box on				
а	Type I. A	A supporting organizat	ion operated, supervise egularly appoint or elec	ed, or controlled by its sup t a majority of the directo	ported o	rganizat	ion(s), typically by giving	the supported on. You must				
b	Type II.	A supporting organiment of the supporting	zation supervised or o	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You				
c	Type III 1	omplete Part IV, Sectionally integrated	I. A supporting organiza	tion operated in connectio	n with, aı	nd functio	onally integrated with, its	supported				
d	organiza	ation(s) (see instruct non-functionally intec	ions). You must com Irated. A supporting ord	plete Part IV, Sections and particular of the plant of th	A, D, an nnection	d E. with its s	supported organization(s) that is not				
	function instructi	ally integrated. The ons). You must com	organization generally plete Part IV, Section	y must satisfy a distribuns A and D, and Part V.	tion req	uiremen	t and an attentiveness	requirement (see				
e	integrat	ed, or Type III non-fi	unctionally integrated	ten determination from supporting organization	١.			-				
f		• • • • • • • • • • • • • • • • • • • •	organizations									
g		orted organization	on about the supporte				(A) Amount of monotony					
,	(i) Name of Supp	orted organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
<u>\-,</u>												
(C)												
(D)												
(E)												
Total												

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. Add lines 7 through 10					_	
12	Gross receipts from related activ	vities, etc. (see ins	structions)				2
13	First 5 years. If the Form 990 is organization, check this box and						
	tion C. Computation of Pu						
	Public support percentage for 20	•			•		
15	Public support percentage from	2022 Schedule A,	Part II, line 14			15	%
16a	33-1/3% support test—2023. If t and stop here. The organization	he organization di qualifies as a pul	d not check the bolicly supported o	oox on line 13, and rganization	d line 14 is 33-1/3	3% or more, che	eck this box
b	33-1/3% support test—2022. If the and stop here. The organization	ne organization did qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a	a, and line 15 is 33	3-1/3% or more	, check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	. Explain in Pa	rt VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	. Explain in Pa	rt VI how the
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see	instructions

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

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

Sec	tion A. Public Support			·			
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1 065 985	2 230 859	1 832 555	2,234,537.	2 390 184	9,754,120.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	1,003,303.	2,230,033.	1,032,333.	2,234,337.	2,330,104.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	1,065,985.	2,230,859.	1,832,555.	2,234,537.	2,390,184.	9,754,120.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
		0.	0.	0.	0.	0.	0.
	Public support. (Subtract line 7c from line 6.)						9,754,120.
	tion B. Total Support	(-) 0010	(I-) 0000	(-) 0001	(-I) 0000	4-3 0000	/0 T-+-1
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	1,065,985.	2,230,859.	1,832,555.	2,234,537.	2,390,184.	9,754,120.
b	rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	45.	60.	79.	141.	351.	676.
С	Add lines 10a and 10b	45.	60.	79.	141.	351.	676.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	807.	758.	1,620.		4,841.	8,026.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1 066 937	2 221 677	1 934 254	2,234,678.	2 305 376	9,762,822.
14	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))	15	99.91 %
16	Public support percentage from 2	2022 Schedule A,	Part III, line 15.			16	99.90 %
	tion D. Computation of Inv					L L	
17	Investment income percentage f				umn (f))	17	0.01 %
18	Investment income percentage f	· ·	• • •	-	***		0.00 %
	33-1/3% support tests—2023. If t is not more than 33-1/3%, check	the organization o	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3%, an	d line 17
b	33-1/3% support tests—2022. If the line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization qu	ialifies as a public	ly supported organ	1/3%, and nization
~~	Private foundation. If the organizer				nook this how one	coo inctrilations	

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

			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
t	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.	3b		
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.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
t	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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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 .	9b		
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.	9с		
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)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ł	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
Sec	tion 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		
	Check here if the aurent year is the argenization's first as a pen functionally into	arotod	True III armonautina au	annization

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

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (contin	ued)	
Sec	tion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
_ 7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023

47-1339945

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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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2023	2022			2021	 2020		2019
OTHER INCOME TOTAL	\$ L \$	4,841. 4,841.	\$	0.	\$ \$	1,620. 1,620.	\$ 758. 758.	\$ \$	807. 807.

BAA TEEA0408L 08/14/23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

LITTLE LAMBS FOUNDATION FOR KIDS INC. 47-1339945 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1..... **b** Assets included in Form 990, Part X.....

Part III Organizations Maintainin	g Conectio	IIS OI AIL, IIIS	torical freasures, c	or Other Sillillar As	Sels (COITE	iriueu)
3 Using the organization's acquisition, acces items (check all that apply).	sion, and othe	r records, check ar	ny of the following that ma	ake significant use of its	collection	
a Public exhibition		d Loan o	r exchange program			
b Scholarly research		e Other				
c Preservation for future generations		<u> </u>				
4 Provide a description of the organization's Part XIII.	collections and	d explain how they	further the organization's	exempt purpose in		
5 During the year, did the organization so to be sold to raise funds rather than to	licit or receive se maintained	e donations of art d as part of the or	, historical treasures, or ganization's collection?	other similar assets	Yes	No
Part IV Escrow and Custodial Ar Complete if the organizati	rangement on answer	: s ed "Yes" on Fo	orm 990, Part IV, lir	ne 9, or reported a	n amount o	on
Form 990. Part X. line 21				•		
1a Is the organization an agent, trustee, cu on Form 990, Part X?	ıstodian, or ol	ther intermediary	for contributions or othe	er assets not included	Yes	No
b If "Yes," explain the arrangement in Part X				L		
					Amount	
c Beginning balance				1c		
d Additions during the year				1d		
e Distributions during the year						
f Ending balance						
2a Did the organization include an amount				- L		No
b If "Yes," explain the arrangement in Pa	rt XIII. Check	here if the explar	nation has been provide	d in Part XIII		
Part V Endowment Funds						
Part V Endowment Funds Complete if the organizati	on answer	ed "Yes" on Fo	orm 990 Part IV lie	ne 10		
	on answer	tu res onre	51111 550, 1 art 1v, 111	10.	1	
	Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the	current year	end balance (line	e 1g, column (a)) held a	is:	,-I	
a Board designated or quasi-endowment		%				
b Permanent endowment	%					
c Term endowment	06					
The percentages on lines 2a, 2b, and 2c sl	nould equal 10	0%.				
3a Are there endowment funds not in the poss	ression of the	organization that a	re held and administered	for the		
organization by:	cosion of the	organization that a	re neia ana aammisterea	ioi tiic	Yes	No
(i) Unrelated organizations?					3a(i)	
(ii) Related organizations?					3a(ii)	
b If "Yes" on line 3a(ii), are the related or	ganizations li	sted as required	on Schedule R?		. 3b	
4 Describe in Part XIII the intended uses	of the organiz	ation's endowme	nt funds.			
Part VI Land, Buildings, and Equ	ipment					
Complete if the organization ans	wered "Yes" o	n Form 990, Part I	V, line 11a. See Form 99	0, Part X, line 10.		
Description of property	(a) Cos	st or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1a Land	,	Í				
b Buildings						
c Leasehold improvements						
d Equipment			82,142.	47,042.	35	5,100.
e Other	-		,	,		,
Total. Add lines 1a through 1e. (Column (d) r.	nust equal Fo	rm 990, Part X, Ii	ne 10c, column (B))		3.5	5,100.
BAA	1	, , , , .	. (7)		ule D (Form 99	

Part VII		Other Securities	Form 990 Part IV line	N/A 11b. See Form 990, Part X, line 12.	
(a) Descri		ry (including name of security)	(b) Book value	(c) Method of valuation: Cost or	
			(4) 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(O) memor or randament control	
• •					
(3) Other	4				
_					
(B)					
(A) (B) (C) (D) (E)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
_`	n (h) must equal Form 990), Part X, line 12, column (B))			
Part VIII				N/A	
T CIT VIII	Complete if the orga	anization answered "Yes" or	Form 990, Part IV, line	N/A 11c. See Form 990, Part X, line 13.	
	(a) Description of in	vestment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum	n (b) must equal Form 990), Part X, line 13, column (B))			
Part IX	Other Assets		N/A		
	Complete if the orga		<u>ı Form 990, Part IV, line</u> scription	11d. See Form 990, Part X, line 15.	(b) Book value
(1)		(a) De	scription		(b) book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		Form 990, Part X, line 15, c	column (B))		
Part X	Other Liabilitie	S anization answered "Ves" or	Form 990 Part IV line	11e or 11f. See Form 990, Part X, I	lino 25
1.	Complete if the orga		iption of liability	THE OF THE SECTORIN 550, FAIT A, I	(b) Book value
	al income taxes	(4) 50301	iption of hability		(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
		Part XIII, provide the text of the for		nancial statements that reports the organiza	tion's liability for uncertain

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 2e 3 Subtract line 2e from line 1. 3	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	
a Net unrealized gains (losses) on investments. b Donated services and use of facilities. c Recoveries of prior year grants. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 2a 2b 2c 2d 2d	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d. 2e	
e Add lines 2a through 2d	
ş	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b. 4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses. 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b. 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). 5	

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

BAA Schedule D (Form 990) 2023

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.

OIVIB 140. 1545-0047

Open to Public Inspection

Name of the organization	י מדע תסי	NC			Employer identific	
LITTLE LAMBS FOUNDATION F			orod "Vaa"	on Form 000 Dort IV 1:-	47-133994	10
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	quired to comp	lete this p	art.			
1 Indicate whether the organization	raised funds th	rough any	of the foll			
a X Mail solicitations			е	<u> </u>	-	
b Internet and email solicitations	5		f	Solicitation of gove	rnment grants	
c Phone solicitations			g	X Special fundraising	events	
d In-person solicitations						
2a Did the organization have a written o	r oral agreemen	t with any i	individual (i	including officers, directo	rs, trustees, or key	
employees listed in Form 990, Par			•	_		Yes X No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	nduals of entitles ne organization	s (iunuraise	ers) pursua	nt to agreements under v	vilicii the lundraiser is to) be
<u>-</u>	1				(v) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser dv or control	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (turidialser)		of contr	dy or control ibutions?	from activity	fundraiser listed in column (i)	organization
		Yes	No			
1						
2						
3						
4						
7						
5						
6						
_						
7						
		1				
8						
0						
9						
10						
Total				antributions as been be	notified it is assessed.	0.
3 List all states in which the organization or licensing.	on is registered	orlicensed	to solicit c	onundutions or has been	riouried it is exempt fror	n registration
UT						
					 -	
_	· — — —	-		_ _	-	-

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

e			(a) Event #1 TASTE OF SUMME (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) lotal events (add column (a) through column (c))				
Revenue	1	Gross receipts	50,414.			50,414.				
Ϋ́	2	Less: Contributions	50,414.			50,414.				
	3	Gross income (line 1 minus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
uses	6	Rent/facility costs	35.			35.				
Direct Expenses	7	Food and beverages	398.			398.				
rect	8	Entertainment								
Ճ	9	Other direct expenses	1,575.			1,575.				
	10	Direct expense summary. Add lines 4 thro	nmary. Add lines 4 through 9 in column (d)							
	11	-2,008.								
Par		Gaming. Complete if the organiza than \$15,000 on Form 990-EZ, line	tion answered "Ye: e 6a.	s" on Form 990, Pa	art IV, line 19, or re	eported more				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
~	1	Gross revenue								
ses	2	Cash prizes								
Exper	3	Noncash prizes								
Direct Expenses	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes% No	Yes% No	Yes%					
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d)							
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, colum	n (d)						
а	Is th	er the state(s) in which the organization cone organization licensed to conduct gaming lo," explain:	activities in each of th	ese states?						
		e any of the organization's gaming license 'es," explain:								

Schedule G (Form 990) 2023	LITTLE LAMBS	FOUNDATION FOR KIDS INC.	47-133994	45 Page 3
11 Does the organization condu		onmembers?		Yes No
		t, or a member of a partnership or other entity		Yes No
13 Indicate the percentage of gan	• ,		120	0,
				
		e organization's gaming/special events books a		6
Name				. – – – – – .
Address				
b If "Yes," enter the amount o of gaming revenue retained c If "Yes," enter name and address.	f gaming revenue received by the third party \$ess of the third party:	r from whom the organization receives gaming the organization \$	and the amount	
Address				
16 Gaming manager informatio				
Name				
Gaming manager compensa				
Description of services provi	ded			
Director/officer	Employee	Independent contractor		
17 Mandatory distributions:				
		ble distributions from the gaming proceeds to r		
3 3	ns required under state law to	b be distributed to other exempt organizations of \$		Yes No
Part IV Supplemental Information See	9, 9b, 10b, 15b, 15c, 1	explanations required by Part I, lind 16, and 17b, as applicable. Also pro	e 2b, columns (iii) ovide any addition) and (v); nal

information. See instructions.

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.

OMB No. 1545-0047 2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(3) (4) (5) (6) (7) (8) (9) (10)

LITTLE LAMBS FOUNDATION FOR KIDS INC.

Employer identification number 47-1339945

1	(a) Nama of diagram	lified percen	(b) Relationship between disqualified person and					(d) (rected					
1	(a) Name of disqua	imeu person		or	ganization			(6)	203011Ptil011	or trails	action			Yes	No	
(1)																
(2)															<u> </u>	
(3)																
(4)																
(5)															—	
(6)															L	
se	nter the amount of ection 4958										•					
art I	Loans to	and/or From	Interested	Perso	ns	7 0 .	V I: 00	F 000	D 1 11/	1: 0						
	Complete if t	he organization reported an am	answered "Yes	00 Fo	rm 990-E + V lino !	Z, Part	V, line 38a, 0	or Form 990,	Part IV,	line 2	b; or i	the				
(-) N	ie of interested person		(c) Purpose of		an to or			(A Dalama		L-> 1	-4112	/l-> ^		(2) \A/		
(a) Nam	le of interested person	(b) Relationship with organization	loan	fro	m the ization?	princ	e) Original cipal amount	(f) Balance	liance due (g)		(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From					Yes	No	Yes	No.	Yes	No	
(1)																
(2)																
(3)																
(4)																
(5)																
(6)																
(7)																
(8)																
(9)																
10)																
otal							\$									
Part I		Assistance the organization														
	(a) Name of intere	sted person	(b) Relations	ship betwe and the or	een intereste ganization	ed	(c) Amount of assistance (d) T		(d) Typ	(d) Type of assistance (e) Purpos			Purpose	e of assi	stanc	
(1)																
(2)									1							

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1) STEFANEE E. CHALFANT	DIRECTOR WIFE	62,400.	PAYROLL		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SUPPLEMENTAL INFORMATION

WIFE OF EXECUTIVE DIRECTOR IS ALSO A DIRECTOR AND OFFICER OF THE ORGANIZATION AND HAD PAYROLL EXPENSES.

TEEA4501L 10/20/23

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE LAMBS FOUNDATION FOR KIDS INC.

Employer identification number

47-1339945

Par	L I	тур	es of Property							
	-			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d od of c contrib	İetermin	ing mounts
1	Art -	– Woi	ks of art							
2	Art -	– Hist	torical treasures							
3			ctional interests.	_						
4			d publications			40,677.	FM7			
5			and household goods			2,267,883.				
6			other vehicles			2,207,003.	I I'I V			
7			I planes							
8			al property							
9			- Publicly traded							
10			- Closely held stock							
11			- Partnership, LLC, or trust interests .							
12			- Miscellaneous							
13			conservation contribution –							
14			conservation contribution – Other							
15			te – Residential							
16	Rea	I esta	te - Commercial							
17	Rea	l esta	te – Other							
18	Coll	ectible	es							
19	9 Food inventory									
20	Drug	gs and	d medical supplies							
21	Taxidermy									
22	Histo	orical	artifacts							
23	Scie	entific	specimens							
24	Arch	neolog	ical artifacts							
25	Othe		(OCCUPANCY COSTS)		1	31,800.	FMV			
26	Othe	er	()							
27	Othe	er	()							
28	Othe		()							
29			Forms 8283 received by the organization on completed Form 8283, Part V, Done				29		Ţ	
									Yes	No
30a	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									
			ot purposes for the entire holding period	?				30 a		X
			escribe the arrangement in Part II.				_			
31	Doe	s the	organization have a gift acceptance poli	icy that requi	res the review of any r	nonstandard contribution	ns?	31		X
32a			organization hire or use third parties or ons?					32 a		Х
			describe in Part II.							
33			anization didn't report an amount in colu n Part II.	ımn (c) for a	type of property for wh	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2023

Part II 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.

BAA TEEA4602L 07/25/23 **Schedule M (Form 990) 2023**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE LAMBS FOUNDATION FOR KIDS INC.

Employer identification number 47–1339945

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

LITTLE LAMBS IS IMPACTING THE LIVES OF THOUSANDS OF UTAH CHILDREN BY PROVIDING BASIC ESSENTIALS THROUGH THE LITTLE LAMBS HEALTHY BABIES MONTHLY DIAPER ASSISTANCE PROGRAM. THE LITTLE LAMBS COMFORT KIT PROGRAM PROVIDES COMFORT KITS TO CHILDREN THROUGHOUT UTAH TRANSITIONING INTO FOSTER CARE AND EMERGENCY SITUATIONS. OUR PROGRAM GOALS ARE: DISTRIBUTE A BACKPACK OF NECESSITIES TO EVERY CHILD BEING PLACED INTO FOSTER CARE AND EMERGENCY SHELTERS IN OUR DISTRIBUTION LOCATIONS. (1) PROVIDE NEW BELONGINGS, COMFORT, AND HOPE TO CHILDREN WHO MUST BE RESCUED FROM ABUSE, NEGLECT, AND ABANDONMENT. (2) ADDRESS THE IMMEDIATE PHYSICAL AND EMOTIONAL NEEDS OF RESCUED CHILDREN AND HELP SUPPORT THE AGENCIES CARING FOR THEM. (3) PROVIDE A SENSE OF SELF-WORTH AND SELF-CONFIDENCE BY GIVING FOSTER CHILDREN A BACKPACK OF NEW ITEMS THAT NOW BELONG TO THEM AND THEM ALONE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

LITTLE LAMBS IS IMPACTING THE LIVES OF THOUSANDS OF UTAH CHILDREN BY PROVIDING BASIC ESSENTIALS THROUGH THE LITTLE LAMBS HEALTHY BABIES MONTHLY DIAPER ASSISTANCE PROGRAM. THE LITTLE LAMBS COMFORT KIT PROGRAM PROVIDES COMFORT KITS TO CHILDREN THROUGHOUT UTAH TRANSITIONING INTO FOSTER CARE AND EMERGENCY SITUATIONS. OUR PROGRAM GOALS ARE: DISTRIBUTE A BACKPACK OF NECESSITIES TO EVERY CHILD BEING PLACED INTO FOSTER CARE AND EMERGENCY SHELTERS IN OUR DISTRIBUTION LOCATIONS. (1) PROVIDE NEW BELONGINGS, COMFORT, AND HOPE TO CHILDREN WHO MUST BE RESCUED FROM ABUSE, NEGLECT, AND ABANDONMENT. (2) ADDRESS THE IMMEDIATE PHYSICAL AND EMOTIONAL NEEDS OF RESCUED CHILDREN AND HELP SUPPORT THE AGENCIES CARING FOR THEM. (3) PROVIDE A SENSE OF SELF-WORTH AND SELF-CONFIDENCE BY GIVING FOSTER CHILDREN A BACKPACK OF NEW ITEMS THAT NOW BELONG TO THEM AND THEM ALONE.

Schedule O (Form 990) 2023 Page 2

Name of the organization

LITTLE LAMBS FOUNDATION FOR KIDS INC.

Employer identification number

47-1339945

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

EXECUTIVE DIRECTOR, PROGRAM DIRECTOR, AND SECRETARY/TREASURER ARE MEMBERS OF THE SAME IMMEDIATE FAMILY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT COPY OF FORM IS PROVIDED TO MANAGEMENT AND THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST POLICY IS SIGNED OFF BY BOARD MEMBERS AND KEY EMPLOYEES WHEN

JOINING THE ORGANIZATION AND ANY POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED AND

ANY POTENTIAL FOLLOW-UP CONSIDERATIONS ARE NOTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE UPON REQUEST.

BAA TEEA4902L 07/24/23 **Schedule O (Form 990) 2023**



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