Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

GOVERNMENT COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

LITTLE SAINT NICK FOUNDATION 131 MAIN ST. EAST ROCKAWAY, NY 11518

PREPARED BY:

CERINI & ASSOCIATES, LLP 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023.

_ 8	879-TE		IRS e	e-file Signatu for a Tax Ex	ure Authoriz	zation	-	OMB No. 1545-0047
Form 🛰		For calendar ver		ear beginning	• •	•	20	0000
		FUI Calendar yea		o not send to the IRS			, 20	2022
	ent of the Treasury Revenue Service			ww.irs.gov/Form8879				
Name o							EIN or SSN	
	LITTLE	SAINT I	NICK FO	UNDATION			20-36	77766
Name a	nd title of officer or pe			OND MOHLER				
				IDENT				
Part	I Type of	Return and	Return Inf	ormation				
Form & or 10a whiche	5330 filers may enter below, and the amo ever is applicable, bl ne line in Part I.	r dollars and co ount on that lin ank (do not en	ents. For all ot le for the retur lter -0-). But, if	n being filed with this you entered -0- on the	e dollars only. If you of form was blank, then return, then enter -0	check the bo n leave line 1 I- on the appl	x on line 1a, 2a, 3 lb, 2b, 3b, 4b, 5b, 0 licable line below.	a, 4a, 5a, 6a, 7a, 8a, 9a, ôb, 7b, 8b, 9b, or 10b, Do not complete more
1 a	Form 990 check h							1b <u>885,014.</u>
2a	Form 990-EZ che	ck here		al revenue, if any (For				2b
3a	Form 1120-POL of			al tax (Form 1120-POI				3b
4a	Form 990-PF che			based on investmen				4b
5a	Form 8868 check			ance due (Form 8868				5b
6a	Form 990-T checl			al tax (Form 990-T, Pa				6b
7a	Form 4720 check			al tax (Form 4720, Pa				7b
8a	Form 5227 check		b FM'	V of assets at end of	tax year (Form 5227	', Item D)	:	8b
9a	Form 5330 check			a due (Form 5330, Parl	, ,			9b
10a	Form 8038-CP ch			ount of credit payme				10b
Part				thorization of Off		-		
				officer of the above er				
of enti				nd statements, and, to				examined a copy of the
financi later th payme persor	al institution to debi nan 2 business days ent of taxes to receiv	t the entry to t prior to the pa e confidential	his account. T ayment (settler information ne	e tax preparation soft o revoke a payment, I ment) date. I also auth ccessary to answer inc or the electronic return	must contact the U. orize the financial ins juiries and resolve iss	S. Treasury F stitutions invo sues related 1	Financial Agent at 1 plved in the process to the payment. I h	-888-353-4537 no sing of the electronic ave selected a
	X I authorize CE	RINI & 2	ASSOCIA	TES, LLP			to enter my PI	12345
				ERO firm name				Enter five numbers, but
								do not enter all zeros
_		ncy(ies) regulat	ting charities a	onically filed return. If I as part of the IRS Fed/			• •	-
L	return. If I have i	ndicated within	n this return th	spect to the entity, I what a copy of the return n the return's disclosu	n is being filed with a		y(ies) regulating ch	•
Signatur Part	e of officer or person subject	t to tax tion and Au	uthenticati	on			Date	
	EFIN/PIN. Enter yo er (EFIN) followed by	0	C C			371175 o not enter all :		
submi Busine				is my signature on the ents of Pub. 4163, Me		-) Information		
		ų.	ERO M	ust Retain This F	orm - See Instru	uctions		
		Do No	ot Submit T	his Form to the I	RS Unless Requ	uested To	Do So	
LHA	For Privacy Act and			t Notice, see instruct				Form 8879-TE (2022)
202521	12-16-22							

LITTLE SAINT NICK FOUNDATION 131 MAIN ST. EAST ROCKAWAY, NY 11518

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

HalalahdhHamilthallandhhaddhal

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru		Taxpayer	identification n	umber (TIN)		
print	LITTLE SAINT NICK FOUNDATION				20-3677766		
File by the due date filing your	Number, street, and room or suite no. If a P.O. box, s		ions.				
return. See instructions. EAST ROCKAWAY, NY 11518							
Enter t	ne Return Code for the return that this application is for (file	e a separat	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) RAYMOND MOHLER	07					
 If th If th box 1 1 t t 2 	request an automatic 6-month extension of time until	Group Exe and atta NOVE1 anization's , an heck rease	mption Number (GEN) <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	If this is fo all memb	r the whole grou ers the extension npt organization	n is for.	
	ⁱ this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
b li	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.	
сE	Balance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by			_	
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 8	453-TE and	d Form 8879-TE	for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 886	8 (Rev. 1-2022)	

223841 04-01-22

Form 9	90
---------------	----

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Intern Do not enter s

Department of the Treasury Internal Revenue Service Go to www.

7, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	
social security numbers on this form as it may be made public.	Oper
irs.gov/Form990 for instructions and the latest information.	Ins
ning and ending	

OMB No. 1545-0047
2022
ZUZZ
Open to Public
Inspection

Α	For the	e 2022 calendar year, or tax year beginning and er	ending					
B	Check if applicabl	e: C Name of organization		D Employer identified	cation number			
	Addre	LITTLE SAINT NICK FOUNDATION						
	Name chang			20-3677766				
	Initial return Final	131 MATN 9	Room/suite	E Telephone number (516) 83				
	lreturn. termir ated			G Gross receipts \$	1,005,620.			
	Amen	ded FACT DOCKAWAY MY 11519		H(a) Is this a group re				
				for subordinates				
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in				
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 🗌 527		list. See instructions			
	Websi			H(c) Group exemptio				
ĸ	Form of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other	L Year	of formation: 2004	A State of legal domicile: NY			
Pa	art I	Summary						
đ	1	Briefly describe the organization's mission or most significant activities: TO TRA	ANSFO	RM A HOSPITZ	AL			
Governance		EXPERIENCE INTO A MORE KID FRIENDLY ONE BY	CHAN	IGING THE WA	Y A CHILD			
erne	2	Check this box if the organization discontinued its operations or disposed	ed of more					
Ň	3				12			
ي م		Number of independent voting members of the governing body (Part VI, line 1b) \dots			9			
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4			
Activities	6	Total number of volunteers (estimate if necessary)			55000			
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		958,878.	864,764.			
ne	9			0.	0.			
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	18,000.			
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,317.	2,250.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		970,195.	885,014.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ú	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		56,846.	161,465.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		336,652.	330,921.			
Del	. b	Total fundraising expenses (Part IX, column (D), line 25) 395, 440	0.					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		467,553.	426,757.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		861,051.	919,143.			
		Revenue less expenses. Subtract line 18 from line 12		109,144.	-34,129.			
Net Assets or			Be	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		607,607.	474,537.			
et As	21	Total liabilities (Part X, line 26)		273,620.	174,679.			
		Net assets or fund balances. Subtract line 21 from line 20		333,987.	299,858.			
	art II	Signature Block	and statem	anta and to the best of m	knowledge and halisf it is			
		lities of perjury, I declare that I have examined this return, including accompanying schedules a st, and complete. Declaration of preparer (other than officer) is based on all information of whic			Knowledge and beller, it is			
liue	, correc		ch preparer	lias ally kilowieuge.	11/06/2023			
Sig		Signature of officer		Date	11/00/2023			
He		RAYMOND MOHLER, PRESIDENT						
TIC	e	Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	TANIA QUIGLEY	1	.1/06/23 self-employ	ed P01549343			
Pre	parer	Firm's name CERINI & ASSOCIATES, LLP			1-3066459			
Use	Only	Firm's address 3340 VETERANS MEMORIAL HWY						
		BOHEMIA, NY 11716		Phone no.63	1-582-1600			
Ma	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No			
2320	01 12-1				Form 990 (2022)			
	ິ	EE SCHEDULE O FOR ORGANIZATION MISSION STA	лт смег	AT CONTINUAL	TON			

Form	990 (2022) LITTLE SAINT NICK FOUNDATION	20-3677766 Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO MAKE A DIFFERENCE IN THE LIVES OF OTHER CHILDREN IN A	
	HOSPITALS THROUGH RELIEVING THE FEAR, ANXIETY AND ISOLAT	
	A HOSPITAL VISIT, AS WELL AS GRANTING WISHES TO CHILDREN	I IN CRISIS.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	P Yes Ⅹ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 436,622. including grants of \$) (Reve	,
	THE ORGANIZATION GIFTS TOYS, COMPUTERS, BOOKS ETC. TO AF	
	AND THE CHILDREN THEY ARE SERVING. DURING 2022, LITTLE S	
	BENEFITED APPROXIMATELY 243,725 CHILDREN IN AREA HOSPITA	ALS.
4b	(Code:) (Expenses \$ including grants of \$) (Reverse)	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve)
40	(Code:) (Expenses \$ including grants of \$) (Reve)))))))))))))))))))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 436,622.	,
		Form 990 (2022)
232002	2 12-13-22	()
	1	

<u>Form 990 (</u>				NICK	FOUNDATION
Part IV	Checklist of F	Required Sc	hedules		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		- 23
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		21
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
D.	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	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		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
32003	3 12-13-22	⊢orm	39U ((2022)

5

232003 12-13-22

Form	990	(2022)
	330	

	· (onindo)		V.	
00	Did the exercitation report more than \$5,000 of grants or other excitance to ar for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
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		<u> </u>
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		<u> </u>
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		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	37	X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	──
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38	· · · · · · · · · · · · · · · · · · ·	20	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	L
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
232004	12-13-22	Form	990	(2022)
	6			,

10491113 130600 LITTL01

Form	990 (2022) LITTLE SAINT NICK FOUNDATION	20-3677	766	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	I	2b	Х	
			3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				<u> </u>
та	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
h	If "Yes," enter the name of the foreign country				
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	Poolunto (ERAR)			
Fo			E o		x
			5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
_	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the ensurement of the sector bushes distributions under eaching 40000		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		11b			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		120		
		12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		120		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	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	13b	-		
	Enter the amount of reserves on hand	13c			77
			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)

7

10491113 130600 LITTL01

Form 990	(2022)
----------	--------

LITTLE SAINT NICK FOUNDATION

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

Section A. Governing Body and Management

20-3677766 Page 6

X

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.

		. —)	/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	12			
	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 1b	9			
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?	1	2	X	
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		ŀ		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	上	5		Х
6	Did the organization have members or stockholders?	🕒	5		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	7	a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	-	b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	···	0		
			_	v	
	The governing body?			X X	
	Each committee with authority to act on behalf of the governing body?	8	b	^	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				77
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	•		Х
Sect	tion 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?	10)a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 1	a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	2a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	12	2c	x	
	Did the organization have a written whistleblower policy?		3	X	
14	Did the organization have a written document retention and destruction policy?	1	4	X	
	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official	15	ia 🛛	x	
	Other officers or key employees of the organization				Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	···			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16	ia 🗌		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16	6b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_\mathrm{NY}$, FL				
	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 on	ly) av	/ailab	le
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain on Schedule O)				
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and fin	ancia	al	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and records RAYMOND MOHLER – (516) 837–3335				
	131 MAIN ST, EAST ROCKAWAY, NY 11816				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

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

(A) Name and title	(B) Average			(C Pos	(C) Position			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)				than o s both	an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RAY MOHLER JR PRESIDENT	10.00	x		x				75 000	0.	0
(2) RAY MOHLER SR	3.00	^	-					75,000.	0.	0.
VICE PRESIDENT	5.00	x		x				0.	0.	0.
(3) FERDINA MOHLER	3.00	^						0.	0.	0.
TREASURER	5.00	х		x				0.	0.	0.
(4) BRIAN PRITCHARD	3.00									
SECRETARY		х		x				0.	0.	0.
(5) ROBERT DINOTO	3.00									
BOARD MEMBER		Х						0.	Ο.	0.
(6) MARK DOUENIAS	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) RUSSELL SPIELMAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) FRANK ORZO	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LORI BIZZOCO	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ELAINE YOUNG	3.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) JESSE YOUNG BOARD MEMBER	3.00	x						0.	0.	0.
(12) JOHN CASLIONE	3.00	23								
BOARD MEMBER	5.00	x						0.	0.	0.
000007 10 10 00	1									Eorm 990 (2022)

232007 12-13-22

Form 990 (2022)

10491113 130600 LITTL01

	990 (2022) LITTLE SA									20-36	57776	6	Page 8
Par			oloy	ees,			ghes	t C		, , ,			
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than c s both	an	(D) (E) Reportable Reportable compensation compensatio from from relate		n amount of		ted t of	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	.C/	ompens from t organiza and rela organiza	he ation ated
	Subtotal								75,000.		0.		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.75,000.		0.		0.
2	Total number of individuals (including but n compensation from the organization								eceived more than \$100	000 of reportable		Yes	0 ; No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											1	x
	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," corr											5	X
Sect 1	ion B. Independent Contractors Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	s th	hat received more than §	3100,000 of comp	ensatior	ı from	
	the organization. Report compensation for (A)	the calendar ye	ear e	endir	ig w	ith c	or wit	hin: T	n the organization's tax y (B)	ear.		(C)	
GIV	Name and business		,	SU	IT	E			Description of s	services	Com	ipensati	on
<u>235</u>	2350, CHICAGO, IL 60661							_	FUNDRAISER		5	570,554.	
2	Total number of independent contractors (ii	•	ot lin	nitec	to t	thos 1	se list	ted	above) who received m	ore than			
	\$100,000 of compensation from the organized	zation				1	L						

	n 990 (AINT	NICK FOUL	NDATION		20-3677	766 Page 9
Pa	rt VII	Statement of Revenue						_
		Check if Schedule O contains a	response	or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b	62 142				
ts, An	c	•	1c	62,142.				
Gif	a	Related organizations	1d					
Sin's	e	5 ()	1e					
utic	I	All other contributions, gifts, grants, and similar amounts not included above		802,622.				
trib Ott		Noncash contributions included in lines 1a-1f	1g \$	97,369.				
no'. Ind	y b	Total. Add lines 1a-1f			864,764.			
0 0		Total. Add lines fa-11		Business Code	001,701.			
•	2 a			Dubineed Odde				
vice	b							
Ser	c							
me	d							
Program Service Revenue	e							
Prc	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including divider						
	4	Income from investment of tax-exem						
	5	Royalties						
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) S	ecurities	(ii) Other				
		assets other than inventory 7a		30,000.				
	b	Less: cost or other basis		10 000				
venue		and sales expenses 7b		12,000.				
		Gain or (loss) 7c		18,000.	10 000			10 000
Other Re		Net gain or (loss)		1	18,000.			18,000.
the	8 a	Gross income from fundraising events (r						
0		including \$ 62,142.	-					
		contributions reported on line 1c). So		108,606.				
	h	Part IV, line 18 Less: direct expenses		108,606.				
		Net income or (loss) from fundraising			0.			
		Gross income from gaming activities			5.			
	5 a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming ac						
		Gross sales of inventory, less returns						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of inv						
"				Business Code				
sno	11 a	OTHER INCOME		900999	2,250.	2,250.		
ane	b							
Selle	с							
Miscellaneous Revenue	d	All other revenue			÷			
~	е	Total. Add lines 11a-11d			2,250.		-	
	12	Total revenue. See instructions			885,014.	2,250.	0.	18,000.
23200	9 12-13-	-22						Form 990 (2022)

11

LITTLE SAINT NICK FOUNDATION Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b	s a response or note to any line in (A)	(B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	, Total expenses	expenses	Management and general expenses	expenses
1 Grants and other assistance to domestic org	anizations			
and domestic governments. See Part IV, line				
2 Grants and other assistance to domest	ic			
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, an				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, direc		30 000	22 500	22 500
trustees, and key employees		30,000.	22,500.	22,500
6 Compensation not included above to disqua				
persons (as defined under section 4958(f)(1				
persons described in section 4958(c)(3)(B)		29,528.	22,146.	22,146
7 Other salaries and wages		29,520.	22,140.	22,140
8 Pension plan accruals and contributions (ind				
section 401(k) and 403(b) employer contrib9 Other employee benefits				
		5,058.	3,794.	3,793
 Payroll taxes Fees for services (nonemployees): 	12,045.	5,050.	5,754.	5,755
a Management				
b Legal c Accounting				
d Lobbying				
e Professional fundraising services. See Part	000 001			330,921
f Investment management fees	· · · · · · · · · · · · · · · · · · ·			,
g Other. (If line 11g amount exceeds 10% of				
column (A), amount, list line 11g expenses	0 - 0 0 0 0	243,983.	8,069.	337
12 Advertising and promotion		14,116.	2,017.	337 <u>4</u> ,032
3 Office expenses		12,721.	3,635.	1,817
4 Information technology				•
I5 Royalties				
6 Occupancy	E1 1 CO	36,028.	10,294.	5,147
7 Travel	20 712	16,570.	2,071.	2,071
8 Payments of travel or entertainment ex				
for any federal, state, or local public of	icials			
19 Conferences, conventions, and meeting	gs			
20 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortizati	on			
3 Insurance	4,681.		4,681.	
4 Other expenses. Itemize expenses not cover				
above. (List miscellaneous expenses on line line 24e amount exceeds 10% of line 25, col	246. II umn (A).			
amount, list line 24e expenses on Schedule	0.)			-
a GIFT BAG AND SUPPLIE		43,906.	0.	0
b MISCELLANEOUS	8,369.	4,712.	981.	2,676
c SUBSCRIPTIONS AND FI	SES 6,893.	0.	6,893.	0
d				
e All other expenses		126 600		
5 Total functional expenses. Add lines 1 thro		436,622.	87,081.	395,440
6 Joint costs. Complete this line only if the or	•			
reported in column (B) joint costs from a co				
educational campaign and fundraising solici		000 000		220 001
Check here X if following SOP 98-2 (ASC 958	³⁻⁷²⁰ 570,554.	239,633.	0.	330,921 Form 990 (202

12

10491113 130600 LITTL01

32

33

Assets

Liabilities

Net Assets or Fund Balances

333,987.

607,607.

32

33

Form 990 ((2022)	LITTLE	SAINT	NICK	FOUNDATION
Part X	Balance Sheet	t			

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) Beginning of year (B) End of year 331,139. 193,698. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 2,050. 5,000. Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 62,689. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 12,000. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 259,468. 216,100. Other assets. See Part IV, line 11 15 15 474,537. 607,607. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 72,814. 8,854. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other 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 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 200,806. 25 165,825. of Schedule D 273,620. 174,679. 26 26 **Total liabilities.** Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 333,987. 299,858. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

20-3677766 Page 11

474,537. Form 990 (2022)

299,858.

232011 12-13-22

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 2 919,143. 2 919,143. 3 34,129. 4 333,987. 5 Net unrealized gains (losses) on investments 6 6 -7 7 -7 8 Pior period adjustments 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 299,858. - - Part XII Financial Statements and Reporting - Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. - 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		1990 (2022) LITTLE SAINT NICK FOUNDATION	20-367	7766	Pag	_{ge} 12	
1 Total revenue (must equal Part VII, column (A), line 12) 1 885,014. 2 Total expenses (must equal Part IX, column (A), line 25) 2 919,143. 3 Revenue less expenses. Subtract line 2 from line 1 3 -34,129. 4 Wet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333,987. 5 Storesponses 6	Pa	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (A), line 25) 2 919, 143. 3 Revenue less expenses. Subtract line 2 from line 1 3 -34, 129. 4 4 333, 987. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333, 987. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 0. 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)) 2 2 299, 858. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountart? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization of its financial statements and selection of an independent accountart? If "Yes," to hick a box below t		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 2 919, 143. 3 Revenue less expenses. Subtract line 2 from line 1 3 -34, 129. 4 4 333, 987. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333, 987. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 0. 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)) 2 2 299, 858. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountart? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization of its financial statements and selection of an independent accountart? If "Yes," to hick a box below t							
3 Revenue less expenses. Subtract line 2 from line 1 3 -34,129. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333,987. 5 Bonated services and use of facilities 5 6 7 8 Frior 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)) 10 299, 858. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the form 990	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
4 333,987. 5 Net unrealized gains (losses) on investments 6 0 bonated services and use of facilities 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 299, 858. Part XII Financial Statements and Reporting X Xes Check if Schedule O contains a response or note to any line in this Part XII X Yes 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," the organization's financial statements audited by an independent accountant? 2b X If "Yes," to kee a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to hex a bo	2	Total expenses (must equal Part IX, column (A), line 25)	2				
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 2a X 1 1 Accounting financial statements compiled or reviewed by an independent accountant? 1 1 1 2a 2a X 1 1 2a 2a 2a X 1 1 1 2a 2a 2a 2b 2c 2c 3c	3	Revenue less expenses. Subtract line 2 from line 1	3				
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E)) 10 299,858. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a Were the organization changed its method of accounting from a prior year or checkef Other, "explain on Schedule O. 2a X 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements and selection of an independent accountant? ft "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 b Were the organization's financial statements and selection or consolidated and separate basis, consolidated basis, or both: X Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X ft "Yes," check a	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	333	<u>3,98</u>	87.	
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting 10 Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2 Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Yes No 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis consolidated basis, or both: Separate basis Consolidated basis B Were the organization is financial statements and selection of an independent accountant? 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 C If "Yes," to line 2a or 2b, does the organization hav	5	Net unrealized gains (losses) on investments	5				
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)) 10 299 , 858 . Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X <td>6</td> <td>Donated services and use of facilities</td> <td>6</td> <td></td> <td></td> <td></td>	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 299,858. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other, "explain on Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Consolidated basis Doth consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth consolidated basis Doth consolidated basis Consolidated basis, or both: X If "Yes," to line 2 a 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a X If the organization changed either its oversight process or selection process	7		7				
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 299, 858. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X 1 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X 2a X Separate basis Consolidated basis, or both: 2a X 3 Separate basis Consolidated basis Both consolidated and separate basis 2b X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 2b X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 2b X 1 Mere the organization's financial statements audited by an independent accountant? 2b X 2b X <td>8</td> <td>Prior period adjustments</td> <td>8</td> <td></td> <td></td> <td></td>	8	Prior period adjustments	8				
column (B) 10 299,858. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both: 2a X Image: Consolidated basis. 2b X Image: Consolidated basis. 2c X Image: Consolidated basis. 2c X Image: Consolidated basis. 2c X Image: Consolidated basis.<	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other I 1 Accounting method used to prepare the Form 990: Cash X Accrual Other I I 2a X I It he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 Beparate basis Consolidated basis, or both: 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1f "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 or oan independent accountant? 2c X 1f the organiz	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 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: 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: 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: 2b X If "Yes," check a box below to indicate whether the financial statement and sependent accountant? 2c X If "Yes," check a basis Consolidated basis Both consolidated and separate basis <td< th=""><td></td><td>column (B))</td><td>10</td><td>299</td><td>),8</td><td>58.</td></td<>		column (B))	10	299),8	58.	
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting					
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 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: 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: 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: 2b X 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		Check if Schedule O contains a response or note to any line in this Part XII				X	
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 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: 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: X Separate basis C 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? B If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O					Yes	No	
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 reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b 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: 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: 2b X 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, exp	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
separate basis, consolidated basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
b 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: X Image: Consolidated basis		separate basis, consolidated basis, or both:					
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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis					
consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis c 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? Image: Consolidated basis Image:	b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х		
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Both consolidated and separate basis c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consolidated basis Image: Consolidate		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:					
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		X Separate basis Consolidated basis Both consolidated and separate basis					
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		L	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(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.

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

	OMB No. 1545-0047				
	2022				
	Open to Public Inspection				
Employer identification number					

Name of the organization

. ten		LITT	LE SAINT N	ICK FOUNDATIO	ON				0-3677766	
Pa	nrt I	Reason for Public C				nis part.) S	ee instructions.			
The 1 2 3 4 5 6 7 8		 rganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 								
9 10		An agricultural research org or university or a non-land-g university: An organization that norma activities related to its exem income and unrelated busin	Ily receives (1) more the functions, subject	ulture (see instructions). than 33 1/3% of its supp t to certain exceptions; a	Enter the r ort from co and (2) no r	name, city ontributior more than	, and state of the ns, membership f 33 1/3% of its si	fees, and	or d gross receipts from om gross investment	
11 12 a		 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 								
t		 the supported organization organization. You must of Type II. A supporting org control or management or organization(s). You mus 	complete Part IV, Se anization supervised f the supporting orga t complete Part IV,	ections A and B. or controlled in connect anization vested in the sa Sections A and C.	ion with its ame perso	s supporte	ed organization(s) ntrol or manage 1), by hav the supp	ing ported	
c		 Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 								
f	Ente	Check this box if the orga functionally integrated, or er the number of supported c vide the following informatior	Type III non-functior	nally integrated supportin						
	, 110	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of mo support (see instru		(vi) Amount of other support (see instructions)	
 Tota	al									

LITTLE SAINT NICK FOUNDATION

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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	259,251.	290,507.	157,672.	958,878.	864,764.	2531072.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	259,251.	290,507.	157,672.	958,878.	864,764.	2531072.			
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.						2531072.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	259,251.	290,507.	157,672.	958,878.	864,764.	2531072.			
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.)		170.		11,317.	20,250.	31,737. 2562809.			
11	Total support. Add lines 7 through 10						2562809.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	1,250.			
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 50	D1(c)(3)				
	organization, check this box and stop		-							
	tion C. Computation of Publi									
	Public support percentage for 2022 (I			olumn (f))		14	98.76 %			
	Public support percentage from 2021					15	99.41 %			
16a	33 1/3% support test - 2022. If the c									
	stop here. The organization qualifies		-							
D	33 1/3% support test - 2021. If the c									
47-	and stop here. The organization qual		•••••		10 160 or 166 o					
1/a	10% -facts-and-circumstances test									
	and if the organization meets the fact			-		-				
F	meets the facts-and-circumstances te	-		• • • •		7a and line 15 is 1				
a	10% -facts-and-circumstances test						1070 01			
	more, and if the organization meets the									
19	organization meets the facts-and-circu Private foundation If the organization		•							
10	Private foundation. If the organization	IT UIU HUL CHECK A L		a, 100, 178, 01 170	, CHECK THIS DOX A					

Schedule A (Form 990) 2022

232022 12-09-22

			or Organiza ⁻	tions Des	cribed i	n Section 509(a)(2	Ŋ
Schedule A	(Form 990)	2022	LITTLE	SAINT	NICK	FOUNDATION	

LITTLE SAINT NICK FOUNDATION

(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	ction A. Public Support	i	ł.				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
~	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
6	the organization without charge						
	Total. Add lines 1 through 5						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
	check this box and stop here						<u></u>
	ction C. Computation of Public					T .= T	
	Public support percentage for 2022 (15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	Investment income percentage for 20		•	no 12 oclumn (f))		17	04
	Investment income percentage from					17	<u>%</u> %
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
23202	23 12-09-22		17			Sche	edule A (Form 990) 2022

LITTLE SAINT NICK FOUNDATION

1

2

3a

Yes No

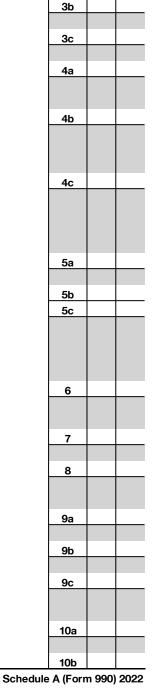
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

18

Schedule A (Form 990) 2022 LITTLE SAINT NICK FOUNDATION

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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	ion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			
	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	l. or controlled the supporting organization.	
Section C. Ty	vpe II Supporting Organizations	

 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
 Image: Control organization control organization control organization control or managed
 Image: Control organization control organizatic control organization control organizatio

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
	 5 11 5 ,	Beeche in the four you cappented a geven mental entity (eee metaletion	

- 2 Activities Test. Answer lines 2a and 2b below.
- 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

10491113 130600 LITTL01

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

19

1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

10491113 130600 LITTL01

	(Form 990) 2022
Part V	Type III Non-Functio

Form 990) 2022 LITTLE SAINT NICK FOUNDATION
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022 LITTLE SAINT NICK FOUNDATION

DATION		20-3677766	Page 7
na Organizationa	,	 	

Fai	i v Type in Non-Functionally integrated 509	allo Supporting Orga	(continued)
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		:	2
3	Administrative expenses paid to accomplish exempt purpose	s :	3	
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.		-	7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	-	8	3
9	Distributable amount for 2022 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		1(0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
i				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	LITTLE	SAINT N	ICK FOUN	NDATION	20-3677766 Pa	age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, lines 2 and 3; F	4c, 5a, 6, 9a, 9 Part IV, Section	b, 9c, 11a, 11b E, lines 1c, 2a,	o, and 11c; Part IV 2b, 3a, and 3b; F	; Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.	
	(
232028 12-09-2	2					Schedule A (Form 990)	2022
				22			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

0-3677	766	
--------	-----	--

L	ITTLE SAINT NICK FOUNDATION	20-36777
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Schedule	В (Form	990)	(2022)
----------	-----	------	------	--------

Name of organization

Page 2

Employer identification number

(d)

(d)

(d)

(d)

(d)

(d)

X

20-3677766

LITTLE SAINT NICK FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 JOSEPH F. UMOSELLA FAMILY FOUNDATION Person Payroll 582 S EGG HARBOR ROAD 30,000. Noncash \$ (Complete Part II for HAMMONTON, NJ 08037 noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll

noncash contributions.) Schedule B (Form 990) (2022)

Noncash (Complete Part II for

10491113 130600 LITTL01

223452 11-15-22

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

24

LITTLE	E SAINT NICK FOUNDATION		20-3677766
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

10491113 130600 LITTL01

Schedule B (Form 990) (2022) Name of organization

> 25 2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

Employer identification number

20-3677766

Schedule	B (Form 990) (2022)			Page 4
Name of o	organization			Employer identification number
LITTL	E SAINT NICK FOUNDATION			20-3677766
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this in	fo. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
			· · ·	
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
Part I				
		(e) Transfer of g	 ift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
		[
(a) No.			() 5	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(-) Tronofou of a		
		(e) Transfer of g	π	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
(a) No.		1		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, a	nd 7 IP + 4	Belationshin of	transferor to transferee
	·			
223454 11-16	5.22	I.		Schedule B (Form 990) (2022)

Schedule B (Form 990)

10491113 130600 LITTL01

SCHEDU	JLE D
--------	-------

Department of the Treasury

Internal Revenue Service

(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.

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



Employer identification number

20-3677766

Name of the organization

LITTLE SAINT NICK FOUNDATION

		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised fund	ls	
	are the organization's property, subject to the organization's e	xclusive legal control?			Yes N
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can b	be used or	nly	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferri	ng	
D = -					Yes N
	rt II Conservation Easements. Complete if the orga		0, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreation	<i>'</i>			tant land area
	Protection of natural habitat	Preservation	of a certi	fied historic :	structure
~	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.	ed conservation contribution in the for	m of a cor		asement on the last at the End of the Tax Yea
_					
				2a 2b	
b	Total acreage restricted by conservation easements	atura included in (a)		20 2c	
с А				20	
d	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, relea			· · · · ·	the tax
5	year	ased, extinguished, or terminated by t	ne organiz	zation during	
4	Number of states where property subject to conservation ease	ment is located			
5	Does the organization have a written policy regarding the period		 of		
•	violations, and enforcement of the conservation easements it h				Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conser	vation eas	sements duri	ng the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	70(h)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?				Yes N
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	ments that	at describes	the
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of A	Art, Historical Treasures, or (Other S	imilar Ass	ets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statemen	t and bala	ince sheet w	orks
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in	furtheran	ice of public	
	service, provide in Part XIII the text of the footnote to its finance	ial statements that describes these ite	ems.		
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement an	d balance	sheet works	of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	irtherance	of public se	rvice,
	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				
			cial gain, p	orovide	
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financ	•		
2	If the organization received or held works of art, historical treas the following amounts required to be reported under FASB AS		0		
	-	C 958 relating to these items:		\$	
а	the following amounts required to be reported under FASB AS	C 958 relating to these items:			

Sche		SAINT NICK						20-36			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checł	k any of the	following that	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 L	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang					"Yes" on I	- orm 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not in	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount		
с	Beginning balance						1c				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						· · · · ·		Yes		No
	If "Yes," explain the arrangement in Part XIII.						,	······ —			1
Par).				
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	years	back
1a	Beginning of year balance									-	
h	Contributions										
r c	Net investment earnings, gains, and losses										
о Ь	Grants or scholarships										
u	Other expenditures for facilities										
e											
4	and programs										
1	Administrative expenses										
y A	End of year balance			a oolumn (o							
2	Provide the estimated percentage of the curr			g, column (a)) heid as.						
a	Board designated or quasi-endowment		_%								
a	Permanent endowment	%									
С		%									
•	The percentages on lines 2a, 2b, and 2c sho										
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are neid ar	na administer	ed for the	;		Г	Yes	No
	organization by:									103	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment	funds.							
1 41	Complete if the organization answere) Dart IV	/ line 112 S	See Form 000	Dart V li	ino 10				
				ŕ					(-1) D1		
	Description of property	(a) Cost or c		. ,	t or other	. ,	cumulate	d	(d) Bool	valu	э
	Land	basis (investr	nenty	Dasis	(other)	uep	reciation				
-	Land										
b	Buildings										
-	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	<u>nn (B), line 1</u>	0c.)						0.
								Schedule	D (Form	990)	2022

Schedule D (Form 990) 2022 LITTLE SAINT NICK FOUNDATION

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value		
(1) OTHER ASSETS	58,712.		
(2) OPERATING LEASE RIGHT OF USE ASSETS	157,388.		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	216,100.		
Part X Other Liabilities.			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	165,825.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	165,825.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 LITTLE SAINT NICK FOUNDATION			20-3	677766	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re			
	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	915	,014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	30,000.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	885	,014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,014.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0.4.0	1.4.2
1	Total expenses and losses per audited financial statements			1	949	,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		~~ ~~~			
а	Donated services and use of facilities		30,000.	-		
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
	Other (Describe in Part XIII.)	·				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	919	,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	919	,143.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

LSN EVALUATED ITS ACTIVITIES FOR UNCERTAIN TAX POSITIONS AND HAS

DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN DURING THE

YEAR ENDED DECEMBER 31, 2022.

232054 09-01-22

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047	
(Form 990)	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.						or if the	2022	
Department of the Treasury	Attach to Form 990 or Form 990-EZ, line 6a.							Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for instruc	ctions	and tl	ne latest information	ı.		Inspection	
Name of the organization								entification number	
LITTLE SAINT NICK FOUNDATION 20-367776 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ file									
	complete this par		rea r	es or	r Form 990, Part IV, II	nei	7. FOIII 990-E	Z mers are not	
		sed funds through any of the followin							
a Mail solicitat	email solicitations				overnment grants nment grants				
c Phone solici		g Special							
d X In-person so		3							
		or oral agreement with any individual	(includ	ling of	ficers, directors, trust	ees,			
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		X Ye	s No	
	e .	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	e fur	ndraiser is to b	0e	
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres	o of individual		(iii) fundr	Did	(iv) Gross receipts		Amount paid	(vi) Amount paid	
or entity (fund		(ii) Activity	have c or con	ustody	from activity		or retained by) fundraiser	to (or retained by)	
	•		contrib	utions?		lis	ted in col. (i)	organization	
GIVEBRIDGE - 525 W.			Yes	No					
STREET, SUITE 2350	, CHICAGO,	FUNDRAISING COUNSEL	X		509,912.		570,554	60,642.	
Tatal					509,912.		570,554	60,642.	
Total 3 List all states in whi	ich the organizatio	on is registered or licensed to solicit o	ontrib	utions		it is e	,		
or licensing.							skempt nom i	ogiotiation	
NY,FL									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

LITTLE SAINT NICK FOUNDATION

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
۵			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	150,357.	20,391.		170,748.
	2	Less: Contributions	43,499.	18,643.		62,142
	3	Gross income (line 1 minus line 2)	106,858.	1,748.		108,606.
	4	Cash prizes				
	5	Noncash prizes	813.	15,322.		16,135
Denses	6	Rent/facility costs	70,674.			70,674.
Ulrect Expenses	7	Food and beverages				
5	~	Entertainment	800.	600.		1,400
	8	Entortainmont				
	9	Other direct expenses	7,719.	12,678.		20,397
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug	7,719. h 9 in column (d)	12,678.		1,400 20,397 108,606
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	7,719. h 9 in column (d) line 3, column (d)	12,678.		108,606
	9 10	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	7,719. h 9 in column (d) line 3, column (d)	12,678.		108,606
Pa	9 10 11	Other direct expenses	7,719. h 9 in column (d) line 3, column (d)	12,678.		20,397 108,606 0 (d) Total gaming (add col. (a) through col. (c
	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	7,719. h 9 in column (d) line 3, column (d) answered "Yes" on Form	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	108,606 0 (d) Total gaming (add
Panevenue	9 10 <u>11</u> rt I	Other direct expenses	7,719. h 9 in column (d) answered "Yes" on Form (a) Bingo	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	108,606 0 (d) Total gaming (add
Panevenue	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	7,719. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	108,606 0 (d) Total gaming (add
Panene	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	7,719. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	108,606 0 (d) Total gaming (add
)ai	9 10 11 rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	7,719. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	108,606 0 (d) Total gaming (add
	9 10 11 rt I 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	7,719. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	108,606 0
	9 10 11 rt I 2 3 4 5	Other direct expenses	7,719. h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo	12,678. 990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	108,606 0

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

232082 10-27-22

Schedule G (Form 990) 2022

No

No

Schedule G (Form 990) 2022	LITTLE SAI	NT NICK FOU	NDATION	20-3	677766	Page 3
11 Does the organization conduct					Yes	No
12 Is the organization a grantor, be						
to administer charitable gaming	?				Yes	No No
13 Indicate the percentage of game					1 1	
a The organization's facility					13a	%
b An outside facility					13b	%
14 Enter the name and address of	the person who prepare	s the organization's g	aming/special events be	ooks and records:		
Name						
Address						
15a Does the organization have a co	ontract with a third party	from whom the orga	nization receives gamin	g revenue?	Yes	No No
b If "Yes," enter the amount of ga	ming revenue received b	by the organization	\$	and the amount		
of gaming revenue retained by t				—		
c If "Yes," enter name and addres	ss of the third party:					
Name						
Address						
16 Gaming manager information:						
Name						
Gaming manager compensatior	ר \$					
Description of services provided	ł					
Director/officer	Employee		dent contractor			
17 Mandatory distributions:						
a Is the organization required und	ler state law to make cha	aritable distributions f	rom the gaming procee	ds to		
retain the state gaming license?					Yes	🗌 No
b Enter the amount of distribution	is required under state la	aw to be distributed to	o other exempt organiza	ations or spent in the		
organization's own exempt activ						
	ormation. Provide the as applicable. Also provi			umns (iii) and (v); and Par ns.	t III, lines 9, 9	9b, 10b,
, , , , , ,		, ,				
SCHEDULE G, PART I	<u>, LINE 2B, LI</u>	IST OF TEN	HIGHEST PAID) FUNDRAISERS	:	
(I) NAME OF FUNDRA	ISER: GIVEBRI	IDGE				
(I) ADDRESS OF FUNI	ORATSER:					
525 W. MONROE STREE	ET, SUITE 235	50, CHICAGO	, IL 60661			
						<u> </u>
232083 10-27-22				Schedu	ule G (Form	990) 2022

Part IV	Supplemental Information (continued)
	Schedule G (Form 990)
	Schedule & (Form 390)

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

20-3677766

2

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

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

Name of the organization

LITTLE SAINT NICK FOUNDATION

Pai	τι	Types 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	(d) Method of de noncash contribu	etermini	•	3
1	Art - W	orks of art							
2		storical treasures							
3		actional interests							
4		and publications							
5		ng and household goods	X		97,369.				
6		nd other vehicles			,				
7		and planes							
8		ctual property							
9		ties - Publicly traded							
10		ties - Closely held stock							
11		ties - Partnership, LLC, or							
		iterests							
12		ties - Miscellaneous							
13		ed conservation contribution -							
	Histori	c structures							
14	Qualifie	ed conservation contribution - Other							
15	Real es	state - Residential							
16	Real es	state - Commercial							
17		state - Other							
18		tibles							
19		nventory							
20		and medical supplies							
21		rmy							
22		cal artifacts							
23		fic specimens							
24		ological artifacts							
25	Other	()							
26	Other	()							
27	Other	()							
28	Other								
29	Numbe	er of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for whi	ch the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
								Yes	No
30a	During	the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must h	old for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exemp	t purposes for the entire holding period?	?				30a		X
b	If "Yes	," describe the arrangement in Part II.							
31	Does t	he organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribut	ions?	31		X
32a	Does t	he organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				1
	contrib	outions?					32a		X
b		," describe in Part II.							
33	If the o	organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,			
	describ	be in Part II.							
1 1 1 4			Ale - 1		•	Calcaduda N	. /		0000

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

Schedule M (Form 990) 2022

232141 09-09-22

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.
232142 09-09-	22 Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 LITTLE SAINT NICK FOUNDATION

10491113 130600 LITTL01

20-3677766

Page 2

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



20-3677766

LITTLE SAINT NICK FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIEWS IT. WE PROVIDE PATIENTS WITH AN ESCAPE FROM DOCTORS, NURSES AND

TREATMENT BY OFFERING SOMETHING FUN TO KEEP THEIR MINDS OFF THEIR

ILLNESS. OUR GOAL IS TO TRANSFORM CHILDREN'S HOSPITALS AROUND THE

COUNTRY WITH THE SPIRIT OF GIVING AND JOY.

FORM 990, PART VI, SECTION A, LINE 2:

RAY MOHLER SR. IS THE FATHER OF RAY MOHLER JR., LITTLE SAINT NICK'S

PRESIDENT. FERDINA MOHLER IS THE MOTHER OF RAY MOHLER JR, LITTLE SAINT

NICK'S PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE OFFICERS AND

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

APPROVAL BY THE BOARD OF DIRECTORS IS REQUIRED TO ESTABLISH ANY

COMPENSATION OF THE ORGANIZATION'S OFFICERS

FORM 990, PART VI, SECTION C, LINE 19:

SUCH DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

37

Schedule O (Form 990) 2022 Name of the organization LITTLE SAINT NICK FOUNDATION	Employer identification number 20-3677766
	20-3077700
OTHER FEES:	0.4.2, 0.0.2
PROGRAM SERVICE EXPENSES	243,983.
MANAGEMENT AND GENERAL EXPENSES	8,069.
FUNDRAISING EXPENSES	337.
TOTAL EXPENSES	252,389.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	252,389.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

LITTLE SAINT NICK FOUNDATION 131 MAIN ST. EAST ROCKAWAY, NY 11518

> NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

> > FORM CHAR500

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

LITTLE SAINT NICK FOUNDATION 131 MAIN ST. EAST ROCKAWAY, NY 11518

PREPARED BY:

CERINI & ASSOCIATES, LLP 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716

AMOUNT OF TAX:

BALANCE DUE OF \$125

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2023

SPECIAL INSTRUCTIONS:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1. General Information					
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2022 and Ending (mm/dd/yyyy) 12/31/2022					
				Employer Identification Number (EIN): 20-3677766	
Name Change	Name Change Mailing Address:			NY Registration Number: $40 - 30 - 52$	
Final Filing	City / State / ZIP: EAST ROCKAWAY,	NY 11518		Telephone: 516 837-3335	
Reg ID Pending	Website: WWW.LITTLESTNI	CK.ORG		Email: CONTACTUS@LITTLESTN	
Check your organization's registration category:	s	only X DUAL (7A 8		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .	
2. Certification					
See instructions for certif two signatories.	ication requirements. Improper	r certification is a violation	of law that may be subject t	o penalties. The certification requires	
	penalties of perjury that we revi e true, correct and complete in			best of our knowledge and belief, plicable to this report.	
President or Authorized	Officer:		RAYMOND MOH PRESIDENT	ILER	
	Signature		Print Name	and Title Date	
Chief Financial Officer o	· ·		FERDINA MOH TREASURER	ILER	
	Signature		Print Name	and Title Date	
3. Annual Reporting	gExemption				
categories (DUAL filers) th additional attachments ar	nat apply to your registration, o	complete only parts 1, 2, a	nd 3, and submit the certifie	ory (7A or EPTL only filers) or both d Char500. No fee, schedules, or exemption, you must file applicable	
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
4. Schedules and Attachments					
See the following page for a checklist of schedules and attachments to					
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
5. Fee					
See the checklist on the 7A filing fee: EPTL filing fee: Total fee: Make a single check or money order					
next page to calculate your fee(s). Indicate fee(s) you are submitting here: \$ 25. \$ 100. \$ 125.			-		
are submitting here:					
-	r Charitable Organizations (Up efers to an organization's NYS	•	not refer to its IRS tax desig	jnation.	

268451 01-24-23 1019

Page 1

2

LITTLE SAINT NICK FOUNDATION

CHAR500	
Annual Filing Checklist	

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described	in Part 4:
X If you answered "yes" in Part 4a, submit Schedule 4a: Professional	Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Governmen	t Grants
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
	edule of Contributors). Schedule B of public charities is exempt from
disclosure and will not be available for public review.	equie of Contributors). Schedule B of public chanties is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard filing year. We have included an IRS Form 990-EZ for state purpose	. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the es only.
If you are a 7A only or DUAL filer, submit the applicable independent Cer	tified Public Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater th	an \$250,000 and up to \$1,000,000
X Audit Report if you received total revenue and support greater than	n \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is require	d if total revenue and support is greater than \$750,000
No Review Report or Audit Report is required because total revenu	ie and support is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Au	lit Report is required
Calculate Your Fee	
	Is my Registration Category 7A. EPTL. DUAL or EXEMPT?
	Organizations are assigned a Registration Category upon
For 7A and DUAL filers, calculate the 7A fee:	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a	·
\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
	EPTL filers are registered under the Estates, Powers & Trusts

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov **EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

268461 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

10491113 130600 LITTL01

3

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

Open to Public Inspection

2022

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

Name of Organization:	NY Registration Number:
LITTLE SAINT NICK FOUNDATION	40-30-52

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
	GIVEBRIDGE, INC.	
X Professional Fund Raiser	GIVEBRIDGE, INC.	
	Mailing Address:	Telephone:
Fund Raising Counsel		
	525 W. MONROE STREET, SUITE 2350	1-855-654-4438
Commercial Co-Venturer	City / State / ZIP:	
	CHICAGO, IL 60661	

3. Contract Information

Contract Start Date:	Contract End Date:
02/01/2022	02/01/2023

4. Description of Services

Services provided by FRP:

FACILITATE A FACE-TO-FACE CHARITABLE SOLICITATION PROGRAM THROUGH THE USE OF INDEPENDENT SALES ORGANIZATIONS.

5. Description of Compensation

Compensation arrangement with FRP: SEE STATEMENT 1 Amount Paid to FRP:

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

4

268471 01-24-23

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2022) Page 1

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

CHAR500 PG3

MANAGEMENT FEE OF \$35 PER DAY PER FUNDRAISER, COST PER ACQUISITION OF MONTHLY DONORS THAT IS BASED ON DONATION LEVEL, AND ONE-TIME DONATIONS EQUAL TO HALF THE ONE TIME DONATION VALUE RAISED.

Form 990)
-----------------	---

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2022 Open to Public Inspection

		of the Treasury nue Service	Inspection			
A For the 2022 calendar year, or tax year beginning and ending						
	heck if pplicabl		organization		D Employer identificat	ion number
	Addre chang	ss LITT	LE SAINT NICK FOUNDATION			
	Name chang		usiness as		20-3677766	
	Initial			Room/suite		
	Final	131	MAIN ST.	nio oni, ouno	(516) 837-	3335
L	⊥return, termin ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,005,620.
	Amen		ROCKAWAY, NY 11518		H(a) Is this a group retur	
			nd address of principal officer: RAYMOND MOHLER			
L	pendir		AS C ABOVE		H(b) Are all subordinates include	
1 1	ax-ex	empt status:		or 527		
	Vebsi		LITTLESTNICK.ORG		H(c) Group exemption n	
			X Corporation Trust Association Other	I Year	of formation: 2004 M S	
	art I	Summary				ato of logal dofficito, = -
	1	Briefly describ	e the organization's mission or most significant activities: ${{ m TO}}$ T	RANSFO	RM A HOSPITAL	
ce			NCE INTO A MORE KID FRIENDLY ONE B			
Governance	2	Check this bo				
ver	3				1 1	
ĝ	4		of voting members of the governing body (Part VI, line 1a) 3 of independent voting members of the governing body (Part VI, line 1b) 4			9
			of individuals employed in calendar year 2022 (Part V, line 2a)			4
Activities &						55000
ţ			of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
	0	Net unrelated	business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
		Contributions	and grants (Dart)/III line 1h)		958,878.	864,764.
ne			and grants (Part VIII, line 1h)		0.	0.
Revenue		•	ce revenue (Part VIII, line 2g)		0.	18,000.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		11,317.	2,250.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		970,195.	885,014.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			o or for members (Part IX, column (A), line 4)		56,846.	161,465.
es	15	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)	······	336,652.	330,921.
ens	16a	Professional f	compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>395, 44</u>	10	550,052.	550,921.
Expenses	с с.	Total fundrais	ng expenses (Part IX, column (D), line 25) <u>333, 44</u>	±0.	167 552	126 757
	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		467,553.	426,757.
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		861,051.	919,143.
		Revenue less	expenses. Subtract line 18 from line 12		109,144.	-34,129.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sset	20	Total assets (F			607,607.	474,537.
it As	21		(Part X, line 26)		273,620.	174,679.
2	22		fund balances. Subtract line 21 from line 20		333,987.	299,858.
Pa	art II	Signature	BIOCK			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
-							
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	TANIA QUIGLEY		11/06	/23 self-employed	P01549343		
Preparer	Firm's name CERINI & ASSOCIAT			Firm's EIN 11-	3066459		
Use Only	Use Only Firm's address 3340 VETERANS MEMORIAL HWY						
	BOHEMIA, NY 11716		Phone no.631-	582-1600			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-13	LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2022) LITTLE SAINT NICK FOUNDATION	20-3677766 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: <u>TO MAKE A DIFFERENCE IN THE LIVES OF OTHER CHILDREN IN</u>	
	HOSPITALS THROUGH RELIEVING THE FEAR, ANXIETY AND ISOL	
	A HOSPITAL VISIT, AS WELL AS GRANTING WISHES TO CHILDR	EN IN CRISIS.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	es? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services,	, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.	others, the total expenses, and
4a		Revenue \$)
	THE ORGANIZATION GIFTS TOYS, COMPUTERS, BOOKS ETC. TO	
	AND THE CHILDREN THEY ARE SERVING. DURING 2022, LITTLE	
	BENEFITED APPROXIMATELY 243,725 CHILDREN IN AREA HOSPI	TALS.
4b	(Code:) (Expenses \$ including grants of \$) (R	
		,
4c	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$)
10		/ / / / / / / / / / / / / / / / / / /
4d	Other program services (Describe on Schedule O.)	,
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 436,622.)
<u>4e</u>	Total program service expenses 436,622.	Form 990 (2022)
232002	2 12-13-22	r onn ood (2022)

<u>Form 990 (</u>				NICK	FOUNDATION
Part IV	Checklist of F	Required Sc	hedules		

			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	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- 23
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	_ <u>_</u>	
IZa		12a	х	
h	Schedule D, Parts XI and XII	120	- 11	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	X (2022)
232003	3 12-13-22	⊦orm	330 ((2022)

Form	990	(2022)
	330	

 Form 990 (2022)
 LITTLE
 SAINT
 NICK
 FOUNDATION

 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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	07		x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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?			
. 2	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 0/		
55	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concours C contains a response of hote to any line in this Fart V		V	
.			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v
	(gambling) winnings to prize winners?	<u>1c</u>	000	
232004	4 12-13-22	⊢orm	390	(2022)

	990 (2022) LITTLE SAINT NICK FOUNDATION 20-3677	766	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6h		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
'a	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	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		x
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a 14b		
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

^{232005 12-13-22}

Form 990	(2022)
----------	--------

LITTLE SAINT NICK FOUNDATION

20-3677766 Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a	12			
	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 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockho				
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by th				
а	The governing body?	-	8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue				
		0000		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters				
		· · ·	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ū			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to con		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." a				
	on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by in				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, i			
а	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15b		Х
	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 w	vith a			
	taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its p				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	•			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $_\mathrm{NY}$, FL				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990)-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		.,		
	Own website X Another's website X Upon request Other (explain on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	,	l financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books an	d records			
	RAYMOND MOHLER - (516) 837-3335				
	131 MAIN ST, EAST ROCKAWAY, NY 11816				
232006) 12-13-22		Form	990	(2022)
					,

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle: cer ar	ss pei	more rson i	than o s both	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) RAY MOHLER JR PRESIDENT	10.00	x		x				75,000.	0.	0.
(2) RAY MOHLER SR	3.00							, , , , , , , , , , , , , , , , , , , ,		
VICE PRESIDENT		х		x				0.	0.	0.
(3) FERDINA MOHLER	3.00									
TREASURER		x		x				0.	0.	0.
(4) BRIAN PRITCHARD	3.00									
SECRETARY		х		x				0.	0.	0.
(5) ROBERT DINOTO	3.00									
BOARD MEMBER		х						0.	0.	0.
(6) MARK DOUENIAS	3.00									
BOARD MEMBER		Х						0.	Ο.	0.
(7) RUSSELL SPIELMAN	3.00									
BOARD MEMBER		Х						0.	0.	0.
(8) FRANK ORZO	3.00									
BOARD MEMBER		Х						0.	0.	0.
(9) LORI BIZZOCO	3.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ELAINE YOUNG	3.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JESSE YOUNG BOARD MEMBER	3.00	x						0.	0.	0.
(12) JOHN CASLIONE	3.00								0.	
BOARD MEMBER	5.00	x						0.	0.	0.

232007 12-13-22

Form 990 (2022)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) Average hours per veek (C) (D) (E) (F) Name and title Average hours per veek Average hours per veek Average hours per veek (Iist any hours for related organizations below Image: personal difference (list any hours for related Image: personal hours for related Image: pers	rm 990 (2022) LITTL
	(A)
1b Subtotal 75,000. 0. 0 c Total from continuation sheets to Part VII, Section A 0. 0. 0	
d Total (add lines 1b and 1c) 75,000. 0. 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0	d Total (add lines 1b and 1c) Total number of individuals (includin
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 3 X	Did the organization list any former
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	For any individual listed on line 1a, is and related organizations greater that
rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i>	rendered to the organization? If "Ye
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	the organization. Report compensat
Name and business address Description of services Compensation GIVEBRIDGE, 525 W. MONROE STREET, SUITE PROFESSIONAL Compensation	Name and bu IVEBRIDGE, 525 W. MO
2350, CHICAGO, IL 60661 FUNDRAISER 570,554	50, CHICAGO, IL 606
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form 990 (2022	·

					AINT I	NICK FOU	INDATION		20-3677	766 Page 9
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	contains a r	esponse (or note to any li	ne in this Part VIII (A)	(B)	(C)	[] (D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	
										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		<u>1a</u>		-			
Gra					<u>1b</u>	60 140	-			
An S			Fundraising events		1c	62,142.	4			
ilar İlar			Related organizations		1d		-			
Sin's,			Government grants (contri		<u>1e</u>		-			
erio		т	All other contributions, gifts, g			802,622.				
ē₽		-	similar amounts not included		1f 1g \$	97,369				
Lo Lo		-	Noncash contributions included in I	-			864,764.			
0 0		n	Total. Add lines 1a-1f			Business Code				
		_				Dusiness Code				
/ice	2	a b								
Ser		c								
E S La		d								
gra Re		u 2								
Program Service Revenue		f	All other program service r	revenue						
_			Total. Add lines 2a-2f							
	3		Investment income (includ							
	-									
	4									
	5		Royalties	-						
			,	(i)	Real	(ii) Personal				
	6	а	Gross rents	6a			-			
		b	Less: rental expenses	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of		curities	(ii) Other				
			assets other than inventory	7a		30,000.	•			
		b	Less: cost or other basis							
ne			and sales expenses	7b		12,000.				
venue		с	Gain or (loss)	7c		18,000.				
		d	Net gain or (loss)		·····		18,000.			18,000.
Other Re	8	а	Gross income from fundraisin							
đ			including \$ 62	<u>,142.</u>	of					
			contributions reported on	line 1c). Se						
			Part IV, line 18			108,606.				
			Less: direct expenses		·····	108,606.				
			Net income or (loss) from f				0.			
	9	а	Gross income from gaming							
			Part IV, line 19				-			
			Less: direct expenses							
			Net income or (loss) from g		ivities					
	10	а	Gross sales of inventory, le							
		Ŀ	and allowances							
			Less: cost of goods sold							
		C	Net income or (loss) from s	sales of INV	entory	Business Code				
sn	44	~	OTHER INCOME			900999	2,250.	2,250.		
oer ue		a b					2,230.	2,250.		
ella. Ven		с С					1			
Miscellaneous Revenue			All other revenue				1			
Σ			Total. Add lines 11a-11d			<u>L</u>	2,250.			
	12		Total revenue. See instructio				885,014.	2,250.	0.	18,000.
23200							· ·		·	Form 990 (2022)

LITTLE SAINT NICK FOUNDATION Part IX Statement of Functional Expenses

Do not include am	eck if Schedule O contains a respons ounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10			expenses	general expenses	expenses
	er assistance to domestic organizations				
	povernments. See Part IV, line 21				
	ther assistance to domestic				
	ee Part IV, line 22				
	ther assistance to foreign				
-	, foreign governments, and foreign				
	ee Part IV, lines 15 and 16				
	to or for members				
	n of current officers, directors,	75 000	20 000	22 500	22 500
	key employees	75,000.	30,000.	22,500.	22,500
-	not included above to disqualified				
	fined under section $4958(f)(1)$) and				
	bed in section 4958(c)(3)(B)		00 500	22.146	00 140
	s and wages	73,820.	29,528.	22,146.	22,146
	ccruals and contributions (include				
	and 403(b) employer contributions)				
	vee benefits	10 645		2 504	~ = ^ ~
		12,645.	5,058.	3,794.	3,793
	ices (nonemployees):				
a Management					
b Legal					
c Accounting .					
d Lobbying					
e Professional fu	ndraising services. See Part IV, line 17	330,921.			330,921
f Investment m	anagement fees				
g Other. (If line	11g amount exceeds 10% of line 25,				
column (A), an	nount, list line 11g expenses on Sch O.)	252,389.	243,983.	8,069.	<u> </u>
2 Advertising a	nd promotion	20,165.	14,116.	2,017.	
3 Office expense	ses	18,173.	12,721.	3,635.	1,817
	echnology				
		51,469.	36,028.	10,294.	5,147
7 Traval		20,712.	16,570.	2,071.	<u>5,147</u> 2,071
	travel or entertainment expenses				
	al, state, or local public officials				
-	conventions, and meetings				
	affiliates				
	depletion, and amortization				
		4,681.		4,681.	
•	s. Itemize expenses not covered				
above. (List mi	scellaneous expenses on line 24e. If				
	nt exceeds 10% of line 25, column (A), e 24e expenses on Schedule 0.)				
	AG AND SUPPLIES	43,906.	43,906.	0.	0
b MISCELI		8,369.	4,712.	981.	2,676
	PTIONS AND FEES	6,893.	<u> </u>	6,893.	2,070
		0,055.	•	0,055.	
e All other expe					
		919,143.	436,622.	87,081.	395,440
	Il expenses. Add lines 1 through 24e	JIJ,14J.	±J0,044.	07,001.	JJJ,440
	omplete this line only if the organization				
-	umn (B) joint costs from a combined				
	npaign and fundraising solicitation.		000 000	<u>^</u>	220 001
Uneck here	if following SOP 98-2 (ASC 958-720)	570,554.	239,633.	0.	<u>330,921</u> Form 990 (20)

Form 990 (2022)

LITTLE SAINT NICK FOUNDATION Part X Balance Sheet

20-3677766 Page 11

		Check if Schedule O contains a response or note	to any line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		331,139.	1	193,698.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	• • • • • •		5,000.	4	2,050.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these			5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	62,689.
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation		12,000.	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		259,468.	15	216,100.
	16	Total assets. Add lines 1 through 15 (must equa		607,607.	16	474,537.
	17	Accounts payable and accrued expenses		72,814.	17	8,854.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
abi		controlled entity or family member of any of these	e persons		22	
	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		200,806.	25	165,825.
	26	Total liabilities. Add lines 17 through 25		273,620.	26	174,679.
		Organizations that follow FASB ASC 958, chec	ck here X			
ces		and complete lines 27, 28, 32, and 33.		222 225		000.050
Ilan	27			333,987.	27	299,858.
l Be	28	Net assets with donor restrictions			28	
oun		Organizations that do not follow FASB ASC 95	58, check here			
г		and complete lines 29 through 33.				
Net Assets or Fund Balances	29				29	
sse	30	Paid-in or capital surplus, or land, building, or equ			30	
t A:	31	Retained earnings, endowment, accumulated inc			31	
Ne	32	Total net assets or fund balances		333,987.	32	299,858.
	33	Total liabilities and net assets/fund balances		607,607.	33	474,537.

Form 990 (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 885, 014. 2 Total expenses (must equal Part VII, column (A), line 25) 2 919, 143. 3 34, 129. 3 34, 129. 4 Hassets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333, 987. 5 Net unrealized gains (losses) on investments 6		1990 (2022) LITTLE SAINT NICK FOUNDATION	20-367	7766	Pag	_{ge} 12			
1 Total revenue (must equal Part VII, column (A), line 12) 1 885, 014. 2 Total expenses (must equal Part IX, column (A), line 25) 2 919, 143. 3 Revenue less expenses. Subtract line 2 from line 1 3 -34, 129. 4 Wet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333, 987. 5 Net unrealized gains (losses) on investments 6 - 6 7 - - 7 8 - - 8 0 0 - - 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 11 Accounting	Pa	rt XI Reconciliation of Net Assets							
2 Total expenses (must equal Part IX, column (A), line 25) 2 919, 143. 3 Revenue less expenses. Subtract line 2 from line 1 3 -34, 129. 4 4 333, 987. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333, 987. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 0. 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)) 2 2 299, 858. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountart? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization of its financial statements and selection of an independent accountart? If "Yes," to hick a box below t		Check if Schedule O contains a response or note to any line in this Part XI							
2 Total expenses (must equal Part IX, column (A), line 25) 2 919, 143. 3 Revenue less expenses. Subtract line 2 from line 1 3 -34, 129. 4 4 333, 987. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333, 987. 6 Donated services and use of facilities 6 7 Investment expenses 6 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 0. 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)) 2 2 299, 858. Part XII Financial Statements and Reporting Check if Schedule 0 contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 2 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis b Were the organization's financial statements and selection of an independent accountart? If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis b Were the organization of its financial statements and selection of an independent accountart? If "Yes," to hick a box below t									
3 Revenue less expenses. Subtract line 2 from line 1 3 -34,129. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 333,987. 5 Bonated services and use of facilities 5 6 7 8 Frior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 L299, 858. 7 8 Part XIII Financial Statements and Reporting X 10 299, 858. Part XIII Financial Statements and Reporting X Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Acccounting m	1	Total revenue (must equal Part VIII, column (A), line 12)	1						
4 333,987. 5 Net unrealized gains (losses) on investments 6 0 7 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 299, 858. Part XII Financial Statements and Reporting X Xes Check if Schedule O contains a response or note to any line in this Part XII X Yes 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 ft "he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 16 Separate basis, consolidated basis, or both: Separate basis, or both: 2a X 16 Trees, 'netck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 11 Separate basis, or both: X Zb X 11 Trese	2	Total expenses (must equal Part IX, column (A), line 25)	2		-				
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 7 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 1 2a X 1 1 Accounting financial statements compiled or reviewed by an independent accountant? 1 1 1 2a 2a X 1 1 1 2a 2a 2a 2b X 1 1 1 2a 2a 2a 2b 2c 2c 2c 2c 2c 3c 3c 3c 3c	3		3		<u> </u>				
6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other 9 Other 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual 1 Accounting method used to prepare the Form 990: 1 Accounting method used to prepare the Form 990: 2a X 1 Yes 1 Accounting method used to prepare the Form 990: 2a X 1 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1 F'res,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1 f'res,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1 f'res,'' check a box below to i	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	333	, 98	<u>37.</u>			
7 investment expenses 7 8 Prior period adjustments 9 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)) 10 299 , 858 . Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a 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: 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or co	5	Net unrealized gains (losses) on investments	5						
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash 1 Accounting method used to prepare the Form 990: Cash 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 16 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited by an independent accountant? 16 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements and lependent accountant? 17 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: 17 If separate basis 18 Separate basis 19 Consolidated basis 20 X	6	Donated services and use of facilities	6						
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)) 10 299,858. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain on Schedule O. 2a X 16 Yes in ancial statements compiled or reviewed by an independent accountant? 2a X Image: Consolidated basis, or both: 2a X Image: Consolidated basis, or both: 2b X Image: Consolidated basis Both consolidated and sepa	7	Investment expenses	7						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 299, 858. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	8	Prior period adjustments	8						
column (B) 10 299,858. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X Yes No 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both: 2a X Image: Consolidated basis. 2b X Image: Consolidated basis. 2c X Image: Consolidated basis. 2c X Image: Consolidated basis. 2c X Image: Consolidated basis.<	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other I 1 Accounting method used to prepare the Form 990: Cash X Accrual Other I I 2a X I It he organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 1 Beparate basis Consolidated basis, or both: 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1f "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 or oan independent accountant? 2c X 1f the organiz	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Check is a construction of the organization of the organization of the organization is financial statements compiled or reviewed by an independent accountant? 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 3a Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization of its 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 2b X b 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: 2b X 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 X If the organization changed either its oversight process or selection process during		column (B))							
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting							
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				X			
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: 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: 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: X Separate basis C 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? B b If "Yes," did the organization undergo the required audit or audits? If the organization					Yes	No			
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 reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b 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: 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: 2b X 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, exp	1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
separate basis, consolidated basis, or both: Separate basis Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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: X Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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 		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
b 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: X Image: Consolidated basis		separate basis, consolidated basis, or both:							
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: Image: Consolidated basis Image:		Separate basis Consolidated basis Both consolidated and separate basis							
consolidated basis, or both: X X Separate basis Consolidated basis Both consolidated and separate basis c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Comparize the comparized to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Both consolidated and separate basis c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Consolidated basis Image: Consolidate		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
c 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 X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:							
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 2c X 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		X Separate basis Consolidated basis Both consolidated and separate basis							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b 3b		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(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.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

. ten		LITT	LE SAINT N	ICK FOUNDATIO	ON				0-3677766		
Pa	nrt I	Reason for Public C				nis part.) S	ee instructions.				
The 1 2 3 4 5 6 7 8		ization is not a private found A church, convention of chu A school described in sect A hospital or a cooperative A medical research organiz city, and state: An organization operated for section 170(b)(1)(A)(iv). (C A federal, state, or local gov An organization that norma section 170(b)(1)(A)(vi). (C A community trust describe	ation because it is: (F urches, or associatio ion 170(b)(1)(A)(ii). (<i>i</i> hospital service orga ation operated in cor or the benefit of a col complete Part II.) vernment or governm Ily receives a substar omplete Part II.) ed in section 170(b)(For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in se njunction with a hospital lege or university owned nental unit described in ntial part of its support fr	heck only of in section 1990).) ection 170 described l or operato section 17 rom a gove	one box.) n 170(b)(1 (b)(1)(A)(ii in sectio ed by a go 70(b)(1)(A) ernmental	I)(A)(i). In 170(b)(1)(A)(iii overnmental unit overnmental unit (v). unit or from the g	describe general p	ed in bublic described in		
9 10		 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. 									
11 12 a		 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (c) the power to regularly appoint or elect a majority of the directors or trustees of the supporting. 									
t	 the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. 										
	 c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 										
f	Ente	Check this box if the orga functionally integrated, or er the number of supported c vide the following informatior	Type III non-functior	nally integrated supportin							
	, 110	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of mo support (see instru		(vi) Amount of other support (see instructions)		
 Tota	al										

Part II

LITTLE SAINT NICK FOUNDATION

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	ction A. Public Support	•										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not											
	include any "unusual grants.")	259,251.	290,507.	157,672.	958,878.	864,764.	2531072.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
2	or expended on its behalf The value of services or facilities											
3	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	259,251.	290,507.	157,672.	958,878.	864,764.	2531072.					
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.						2531072.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4	259,251.	290,507.	157,672.	958,878.	864,764.	2531072.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources \dots											
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		4 - 0		44.045							
	assets (Explain in Part VI.)		170.		11,317.	20,250.	31,737.					
	Total support. Add lines 7 through 10						2562809.					
	Gross receipts from related activities,	•	,			12	1,250.					
13	First 5 years. If the Form 990 is for th											
Sor	organization, check this box and stor ction C. Computation of Publi											
			-	(f)		14	98.76 %					
	Public support percentage for 2022 (I					15	<u>98.76 %</u> 99.41 %					
	Public support percentage from 2021 33 1/3% support test - 2022. If the o											
100	stop here. The organization qualifies						V					
h	33 1/3% support test - 2021. If the o		U U									
~	and stop here. The organization gual			1								
17a	10% -facts-and-circumstances test											
	and if the organization meets the fact											
	meets the facts-and-circumstances te			-	-							
b	10% -facts-and-circumstances test	-		• • • •	-							
	more, and if the organization meets th	-										
	organization meets the facts-and-circu											
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions						
_						Schedule A	(Form 990) 2022					

232022 12-09-22

		Г	al			Ju	Ρ	P		Ľ	0
--	--	---	----	--	--	----	---	---	--	---	---

Schedule A (Form 990) 2022 LITTLE SAINT NICK FOUNDATION 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.) Section A. Public Support

Sec	Stion A. Fublic Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support		1	1	1				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3	8) organizatio	n,	
_								L	
	ction C. Computation of Publi		•						
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13, o	column (f))		15			%
	Public support percentage from 2021					16			%
Sec	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17			%
	Investment income percentage from					18			%
19a	33 1/3% support tests - 2022. If the						6, and line 17	' is not	
	more than 33 1/3%, check this box a	-	•					L	
b	33 1/3% support tests - 2021. If the	-						nd _	
	line 18 is not more than 33 1/3%, che			-			-	L	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structio	ns		
23202	23 12-09-22						Schedule A	(Form 990) 2	022

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

LITTLE SAINT NICK FOUNDATION

1

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 LITTLE SAINT NICK FOUNDATION

1

2

No

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	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	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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,

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

 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

 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 managed

 1
 Were a majority of the organization (s).

Section D.	All Type III	Supporting	Organizations
------------	--------------	------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entit	y (see instruction <u>s).</u>
-----	--	-------------------------	------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

232025 12-09-22

2022.05000 LITTLE SAINT NICK FOUNDAT LITTL011

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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	[,] integra	ted Type III supporting orga	inization (see
	instructions).			
			S	Schedule A (Form 990) 2022

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

LITTLE SAINT NICK FOUNDATION Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

20-3677766 Page 6

(B) Current Year

(optional)

(A) Prior Year

232026 12-09-22

1

Section A - Adjusted Net Income

Schedule A (Form 990) 2022

LITTLE SAINT NICK FOUNDATION

20-3677766 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continue	<u>d)</u>	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	E From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
-					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	LITTLE	SAINT NI	CK FOUN	IDATION		20-3677766	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, 4b, - , lines 2 and 3; F	4c, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, 11b , lines 1c, 2a,	, and 11c; Part IV, 2b, 3a, and 3b; Pa	Section B, lines 1 a art V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Par	C, t V,

Schedule A (Form 990) 2022

232028 12-09-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

0-3677	766	
--------	-----	--

L	ITTLE SAINT NICK FOUNDATION	20-36777
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

(a)

No.

(c)

Total contributions

\$

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOSEPH F. UMOSELLA FAMILY FOUNDATION 582 S EGG HARBOR ROAD HAMMONTON, NJ 08037	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(b)

Name, address, and ZIP + 4

Schedule B (Form 990) (2022)

LITTLE SAINT NICK FOUNDATION

Name of organization

Employer identification number

(d)

Type of contribution

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

20-3677766

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

LITTLE SAINT NICK FOUNDATION

Name of organization

Employer identification number

20-3677766

223453 11-15-22

Schedule B (Form 990) (2022)

10491113 130600 LITTL01

	B (Form 990) (2022)				Page 4			
Name of o	organization		Employer identification number					
τ.τ	E SAINT NICK FOUNDATION				20-3677766			
Part III								
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,0	000 or less for the	e year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from	(b) Purpose of gift	(c) Use of gif		(d) Description of how gift is held				
Part I		ose of gift (c) Use of gift						
				-				
	(a) Transfer of sift							
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
(a) No.		1	1					
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Des	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			elationship of tra	ansferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gif	t l	(d) Des	cription of how gift is held			
Part I								
				-				
	(e) Transfer of gift							
	Transferee's name, address, a	na ∠IP + 4	Relationship of transferor to transferee					
	·	.						

Schedule B (Form 990) (2022)

SCHEDU	JLE D
--------	-------

Department of the Treasury

Internal Revenue Service

(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.

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



Employer identification number

20-3677766

Name of the organization

LITTLE SAINT NICK FOUNDATION

Pa			er Similar Funds	or Accou	nts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor ad	lvised funds	(b) Fur	nds and other account	S
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	riting that the asse	s held in donor advise	ed funds		
	are the organization's property, subject to the organization's ex	clusive legal contr	ol?		Yes	No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing tha	t grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or fo	or any other purpose o	conferring		
_	impermissible private benefit?				Yes	No
Pa	t II Conservation Easements. Complete if the orga	nization answered	"Yes" on Form 990, F	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization	n (check all that ap	oly).			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	a historically	important land area	
	Protection of natural habitat		Preservation of	a certified hi	storic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation co	ntribution in the form o	of a conserva		
	day of the tax year.				Held at the End of the	Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
с	Number of conservation easements on a certified historic struct	ture included in (a		2c		
d	Number of conservation easements included in (c) acquired aft	ter July 25,2006, a	nd not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished	or terminated by the	organization	during the tax	
	year					
4	Number of states where property subject to conservation ease	ment is located				
5	Does the organization have a written policy regarding the period	dic monitoring, ins	pection, handling of			
	violations, and enforcement of the conservation easements it h	olds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violation	s, and enforcing cons	ervation ease	ements during the yea	r
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, an	d enforcing conservat	ion easemen	ts during the year	
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation		-			
	balance sheet, and include, if applicable, the text of the footno	te to the organizat	on's financial stateme	ents that des	cribes the	
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	Art Historiaal	Trageurae or Ot	hor Simila	r Accoto	
Fai	Complete if the organization answered "Yes" on Form 9				1 A33613.	
1a	If the organization elected, as permitted under FASB ASC 958,	•				
	of art, historical treasures, or other similar assets held for publi	-			public	
	service, provide in Part XIII the text of the footnote to its finance					
D	If the organization elected, as permitted under FASB ASC 958,	-				
	art, historical treasures, or other similar assets held for public e	exhibition, education	n, or research in furth	erance of pu	DIIC Service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				ዋ	
~			ar agata far financial		\$	
2	If the organization received or held works of art, historical treas			gain, provid	5	
_	the following amounts required to be reported under FASB AS				¢	
a h	Revenue included on Form 990, Part VIII, line 1				\$	
	Assets included in Form 990, Part X				<u>\$</u> Sebadula D (Earm 9	00) 0000
	For Paperwork Reduction Act Notice, see the Instructions 1	01 20111 330.			Schedule D (Form 9	əuj 2022
20200	09-01-22					

Sche		SAINT NICK						20-36	77766	5 Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Other S	Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the t	following that	: make sign	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ne organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or othe	er similar as	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran					'Yes" on Fo	orm 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other ass	sets not inc	luded				
	on Form 990, Part X?		2						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		·	0						Amount	:	
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-			_		Ī
	t V Endowment Funds. Complete										
	· ·	(a) Current year		Prior year	(c) Two year			ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
U											
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr	i cont year and balanc	1 0 (lino 1	a column (a)) hold as:						
-	Board designated or quasi-endowment	•	e (iine i %	g, column (a	<i>))</i> Helu as.						
a b		%									
U O		⁷⁰									
С	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse	•	otion the	t are hold ar	ad administor	od for the					
Ja		SSION OF THE OFGATILZ		at are nelu al	iu aurimister				Г	Yes	No
	organization by:									100	110
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations								3a(ii)		
D A									3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment	iunus.							
1 41	Complete if the organization answere) Part I	/ line 11a S	See Form 990	Part X lin	e 10				
				Í .	1				(-1) D1		
	Description of property	(a) Cost or o basis (investr		. ,	t or other	• •	umulate eciation	d	(d) Bool	< valu	е
	Land		nenty	Dasis	(other)	depre					
-	Land										
b	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	<u>mn (B), line 1</u>	0c.)						0.
							:	Schedule	D (Form	ı 990)	2022

Schedule D (Form 990) 2022 LITTLE SAINT NICK FOUNDATION

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	58,712.
(2) OPERATING LEASE RIGHT OF USE ASSETS	157,388.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	216,100.
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	165,825.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<u>Total. (</u>	Column (b) must equal Form 990, Part X, col. (B) line 25.)	165,825.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 LITTLE SAINT NICK FOUNDATIO	N		20-3	677766	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With F	Revenue per Re			
	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	915	,014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	30,000.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	885	,014.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,014.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Return	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0.4.0	1.1.2
1	Total expenses and losses per audited financial statements			1	949	,143.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		~~ ~~~			
а	Donated services and use of facilities		30,000.	-		
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
	Other (Describe in Part XIII.)	·				
е	Add lines 2a through 2d			2e		,000.
3	Subtract line 2e from line 1			3	919	,143.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	919	,143.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

LSN EVALUATED ITS ACTIVITIES FOR UNCERTAIN TAX POSITIONS AND HAS

DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN DURING THE

YEAR ENDED DECEMBER 31, 2022.

232054 09-01-22

Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2022
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990				_	Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for instruction	cuons		le latest information		r identification number
-	LITTLE	SAINT NICK FOUNDAT	ION			20-36	77766
	complete this par	Complete if the organization answer	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 99	0-EZ filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solicitat d X In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	sed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi ant to	non-g gover aising of onal fu agree	overnment grants nment grants events ficers, directors, trus undraising services?	tees, or	to be
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (or retained fundraiser listed in col. (by) to (or retained by)
GIVEBRIDGE - 525 W.	-		Yes	No			
STREET, SUITE 2350	, CHICAGO,	FUNDRAISING COUNSEL	X		509,912.	570,5	5460,642.
Total					509,912.	570,5	5460,642.
	ich the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from	m registration
or licensing.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

LITTLE SAINT NICK FOUNDATION

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.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1 GOLF OUTING	(b) Event #2 GALA	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	150,357.	20,391.		170,748.
	2	Less: Contributions	43,499.	18,643.		62,142.
	3	Gross income (line 1 minus line 2)	106,858.	1,748.		108,606.
	4	Cash prizes				
S	5	Noncash prizes	813.	15,322.		16,135.
Direct Expenses	6	Rent/facility costs	70,674.			70,674.
rect Ex	7	Food and beverages				
ā		Entertainment		600. 12,678.		1,400. 20,397.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through		12,070.		108,606.
		Net income summary. Subtract line 10 from I				0.
Pa	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
SS	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	_	Direct expense summary. Add lines 2 throug				

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states?

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

b If "No," explain:

232082 10-27-22

Schedule G (Form 990) 2022

No

Schedule G (Form 990) 2022	LITTLE SAINT	NICK FOUNDATION	20-3677766 Page 3
		embers? , or a member of a partnership or other entity	
		, or a member of a partnership of other entity	
13 Indicate the percentage of gaming	activity conducted in:		1 1
		organization's gaming/special events books	·····
Name			
Address			
15a Does the organization have a cont	ract with a third party fror	n whom the organization receives gaming rev	renue? Yes No
b If "Yes," enter the amount of gami	ng revenue received by th	e organization \$	and the amount
of gaming revenue retained by the			
c If "Yes," enter name and address	or the third party.		
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation	\$		
Description of services provided			
Director/officer	Employee	Independent contractor	
17 Mandatory distributions:			
		ble distributions from the gaming proceeds to	
		be distributed to other exempt organization	
organization's own exempt activiti		\$	
		lanations required by Part I, line 2b, columns any additional information. See instructions.	(iii) and (v); and Part III, lines 9, 9b, 10b,
SCHEDULE G, PART I,	LINE 2B, LIS	F OF TEN HIGHEST PAID F	UNDRAISERS:
(I) NAME OF FUNDRAIS	SER: GIVEBRID	÷E	
(I) ADDRESS OF FUNDE	AISER:		
525 W. MONROE STREET	. SUITE 2350	CHICAGO, IL 60661	

Schedule G (Form 990) 2022

Part IV Su	oplemental Information	n (continued)		
				Schedule G (Form 990)

232084 04-01-22

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public

Inspection

Employer identification number

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

Department of the Treasury Internal Revenue Service

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

Name of the organization TTOUT & CATNO NTOV FOINDAWTON

	LITTLE SAINT	NICK I	FOUNDATION	N	20-3677766
Pa	t I Types 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	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	Х		97,369.	
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				
29	Number of Forms 8283 received by the organization		•		
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	
					Yes No
30a	During the year, did the organization receive by				
	must hold for at least 3 years from the date of the	ne initial co	ntribution, and whi	ch isn't required to be used fo	yr i land i l

exempt purposes for the entire holding period? 30a	X
h If IV/as II describe the supersent in Dart II	
b If "Yes," describe the arrangement in Part II.	
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
contributions? 32a	X
b If "Yes," describe in Part II.	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	

LHA For Paperwork Reduction Act Notice, see the Instruction

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	(Form 990) 2022	LITTLE	SAINT	NICK	FOUNDATION	20-3677766	Page 2
Part II	Supplemental is reporting in Par	I Information t I, column (b),	on. Provide the number	the inform	nation required by Part I. line	es 30b, 32b, and 33, and whether the organiza s received, or a combination of both. Also com	tion
	this part for any a	doitional inforr	nation.				
232142 09-09-2	2					Schedule M (Form	990) 2022

SCHEDULE O (Form 990)

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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.



LITTLE SAINT NICK FOUNDATION

Employer identification number 20-3677766

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VIEWS IT. WE PROVIDE PATIENTS WITH AN ESCAPE FROM DOCTORS, NURSES AND

TREATMENT BY OFFERING SOMETHING FUN TO KEEP THEIR MINDS OFF THEIR

ILLNESS. OUR GOAL IS TO TRANSFORM CHILDREN'S HOSPITALS AROUND THE

COUNTRY WITH THE SPIRIT OF GIVING AND JOY.

FORM 990, PART VI, SECTION A, LINE 2:

RAY MOHLER SR. IS THE FATHER OF RAY MOHLER JR., LITTLE SAINT NICK'S

PRESIDENT. FERDINA MOHLER IS THE MOTHER OF RAY MOHLER JR, LITTLE SAINT

NICK'S PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS SIGNED ANNUALLY BY THE OFFICERS AND

DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

APPROVAL BY THE BOARD OF DIRECTORS IS REQUIRED TO ESTABLISH ANY

COMPENSATION OF THE ORGANIZATION'S OFFICERS

FORM 990, PART VI, SECTION C, LINE 19:

SUCH DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.23221110-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Name of the organization LITTLE SAINT NICK FOUNDATION	Page Employer identification numbe 20-3677766
OTHER FEES:	20 3077700
PROGRAM SERVICE EXPENSES	243,983.
MANAGEMENT AND GENERAL EXPENSES	8,069.
FUNDRAISING EXPENSES	337.
TOTAL EXPENSES	252,389.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	252,389.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Schedule O (Form 990) 2022

232212 10-28-22