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2007

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

B Check if applicable. C Name of organization THE LITTLEHANDS GROUP. D Employer identification number 20 4524955. E Telephone number (408) 482-2377. F Group Exemption Number none.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Accrual.

I Website: H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 37,077

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes a 'RECEIVED' stamp from OGDEN, UT dated OCT 27 2010.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets, showing (A) Beginning of year and (B) End of year for assets and liabilities.

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)	
What is the organization's primary exempt purpose? provides relief to poors and charitables purposes			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28 Continued providing fund to Man Coi's hospital and convent to complete their water filtration and sanitary systems in addition to purchasing new medical equipment for the facility			
(Grants \$ 59,722) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	28a		59,722
29 None			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		-0-
30 None			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		-0-
31 Other program services (attach schedule)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a		-0-
32 Total program service expenses. Add lines 28a through 31a		32	59,722

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Thu Huynh 2586 Green Rock Road, Milpitas, CA 95035	President, 3 hrs	-0-	-0-	-0-
Trina PhanVu 5936 Foliigno Way, San Jose, CA 95138	Secretary, 5 hrs	-0-	-0-	-0-
Theresa Nguyen 2261 Bentley Ridge, San Jose, CA 95138	Treasurer, 5 hrs	-0-	-0-	-0-

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a -0-			
b Did the organization file Form 1120-POL for this year?	37b		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		-0-
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		-0-
b Gross receipts, included on line 9, for public use of club facilities	39b		-0-

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ -0-
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ -0-
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

	Yes	No
40b		✓
40e		✓

41 List the states with which a copy of this return is filed. ▶ California

42a The books are in care of ▶ Minh-Tam Nguyen Telephone no. ▶ (408) 833-8374
 Located at ▶ 2130 Shadow Ridge Way, San Jose, CA ZIP + 4 ▶ 95138

- b** 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)? none
 If "Yes," enter the name of the foreign country: ▶ _____
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? none
 If "Yes," enter the name of the foreign country: ▶ _____

	Yes	No
42b		✓
42c		✓

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

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.

Please Sign Here

▶ Theresa Nguyen Signature of officer Date Oct. 20 / 2010
 ▶ **Theresa Nguyen, Treasurer** Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____ Date _____ Check if self-employed ▶ Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no ▶ () _____