

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)
Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

Α	For the	e 2009 calend	lar year,	or tax year beginning , and ending			
В	Check if	f applicable	Please	C Name of organization		D Em	ployer identification number
	Address	s change	use IRS label or				
	Name c	hange	20	0-5581665			
	Initial re	turn	E Te	lephone number			
	Termina	ation	See	PO BOX 715		20	08-788-9595
П	Amende	ed return	Specific	City or town, state or country, and ZIP + 4		F Gr	oup Exemption
	Applicat	tion pending	tions	KETCHUM ID 83340		Nu	mber •
	• Sec	tion 501(c)(3) organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach	G Accountin	g method	X Cash Accrual
			a cor	npleted Schedule A (Form 990 or 990-EZ).	Other (specify)	>	
ı	Websit	te: 🕨 WW	W.LI	TTLESISTERSFUND.COM	H Check ▶	ıf ti	ne organization is not
J	Tax-exe	empt status (ch	eck only one) – X 501(c) (3) 4 (insert no) 4947(a)(1) or 527	required to 990-EZ, o	o áttach So r 990-PF)	chedule B (Form 990,
K	Check	•	if the org	panization is not a section 509(a)(3) supporting organization and its gross re			
	Form 9	990-EZ or Forn	n 990 ret	urn is not required, but if the organization chooses to file a return, be sure to	file a complete i	return	
	Add line	s 5b, 6b, and 7b	o, to line 9	to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		•	\$ 409,441
_	art i			penses, and Changes in Net Assets or Fund Balances		uctions	
	1			is, and similar amounts received		1	291,855
~	2	Program ser	vice reve	nue including government fees and contracts		2	
M3A	3	-		d assessments		3	
6	4	Investment is				4	12,586
Č	4			ale of assets other than inventory 5a	105,00	00	
	1 .			sis and sales expenses 5b	142,84		
<u></u>	c			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	STMT 1	5c	-37,840
9	6	• •		ties (complete applicable parts of Schedule G) If any amount is from gaming, check h		- 50	SEE STMT 2
<u>_</u>	a	•		cluding \$ of contributions			
	"	reported on	•	Grading \$ Grading Gradin Grading Grading Grading Grading Grading Grading Grading Grading			
2	b	•	•	other than fundraising expenses 6b		\dashv	
3	"		•	rom special events and activities (Subtract line 6b from line 6a)			
SCANNE Bue III	, c		•	(- 60	<u> </u>
6	7a	Less cost of			•	-	
00	~		•	<u></u>		⊢ ,,	
	l °	Other revenu		from sales of inventory (Subtract line 7b from line 7a)) 7c	
	8) <u> </u>	266,601
	9		-	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8	STMT 3		178,000
	10			ounts paid (attach schedule)	JIMI J	10	170,000
	11	Benefits paid				11	
9	12		-	nsation, and employee benefits		12	89,935
penses	13			other payments to independent contractors		13	623
Š	14			ies, and maintenance		14	611
	15			postage, and shipping	15	7,873	
	16) 16			
	17			Tines to through 16	•	17	277,042
ន	18			the year (Subtract lines) from line 9)		18	-10,441
se	19			Arcels a beginning Opear (from line 27, column (A)) (must agree with			E46 02E
Net Assets				orted on prior year's (Aurn)	evenue e	19	546,935
Š	20	Other change	es in net	assets of fund belances (attach explanation) SEE STAT	EMENT 5	20	122,754
	21			ances at end of year. Combine lines 18 through 20		21	659,248
	art II	Balanc	ce Sne	ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form			
				,	Beginning of year		(B) End of year
		savings, and ir	nvestmer	is	545,81		657,540
		nd buildings				23	4 500
		assets (describ	pe ► .	SEE STATEMENT 6	4,61		1,708
	Total a		_		550,43		659,248
		iabilities (des		SEE STATEMENT 7	3,49		0
<u>27</u>	Net as:			(line 27 of column (B) must agree with line 21)	546,93	35 27	659,248
	D-1	Ask and Day	aanuark	Reduction Act Notice, see the senarate instructions			Farm 990-F7 (2000)

	SISTERS FUND, INC		0-5581665			Page 2
Part III Statement of Pro	gram Service Accomplishments	(See the instruct	ions for Part III	.)	Ex	penses
What is the organization's primary exer	npt purpose?			i	(Required	for section
NEPALI GIRLS EDUCATION					501(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying	g out the organization's exempt purposes. In	a clear and concise			organizatio	ons and section
manner, describe the services provided		4947(a)(1)	trusts, optional			
each program title.					for others)
28 PROVIDE AND PROMOTE EDUC	ATION, ALLEVIATE POVERTY, PROVIDE	E				
SCHOOL TUITION, BASIC NE	EDS ASSISTANCE AND MENTORING TO					
POOR NEPALI ELEMENTARY A	ND SECONDARY STUDENTS.			ŀ		
(Grants \$ 178,00	0) If this amount includes foreign grants, of	check here		X 28	3a	220,251
29						
(Grants \$) If this amount includes foreign grants, of	check here		29	a	
30						_
				- 1		
				İ		
(Grants \$) If this amount includes foreign grants, o	check here		30	ia	
31 Other program services (attach sch	nedule)					
(Grants \$) If this amount includes foreign grants, o	check here	>	31	a	
32 Total program service expenses	(add lines 28a through 31a)			▶ 32	2	220,251
Part IV List of Officers, Direct	ctors, Trustees, and Key Employees. List e	each one even if not co	mpensated (See th	ne instru	ctions for P	art IV)
(a) N		(b) Title and average hours per week	(c) Compensation (If not paid,		ntnbutions to penefit plans &	(e) Expense
(a) N	lame and address	devoted to position	enter -0)		compensation	account and other allowances
QUENTIN KOFFEY	PALO ALTO	PRESIDENT				
307-A EMERSON ST	CA 94301		0		0	0
TREVOR PATZER	LOS ANGELES	SECRETARY				
122 N. CLARK DR APT 402	CA 90048	40.00	75,973		o	0
DANA IRWIN	KETCHUM	TREASURER				
122 CANYON DRIVE	ID 83340		0		o	0
SAUDAMINI SIEGRIST	JAMICA	DIRECTOR				
85-36 151ST STREET	NY 11432		i o		o	0
						1
			İ			
						ı <u>-</u>
						· -
						· · · · · · ·
					į	
			i			
			l			
						<u>.</u>
						<u></u>
			j			
						
					Ì	

Pa	ort V Other Information (Note the statement requirements in the instructions for	or Part V.)			
	•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			1	1
	description of each activity		33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy	of			
	the changes		34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but it	not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	•			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			ĺ	Ī
	6033(e) notice, reporting, and proxy tax requirements?		35a		x
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				\Box
	during the year? If "Yes," complete applicable parts of Schedule N		36		x
37a		17a			
b	Did the organization file Form 1120-POL for this year?	· · · · · · · · · · · · · · · · · · ·	37b	<u></u>	x
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	ere			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a]	х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	18b			
39	Section 501(c)(7) organizations Enter		7		
а		9a			
b	hand the second of the second	9b	1		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		7		
	section 4911 ▶, section 4912 ▶, section 4955 ▶				
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess be	nefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			l	ĺ
	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		40b		X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on				
	organization managers or disqualified persons during the year under sections 4912,				
	4955, and 4958	-			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c				
	reimbursed by the organization	-			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed ID				
42a	The organization's books are in care of ► BECKER, CHAMBERS & CO. PO BOX 909	Telephone no ▶ 208	3-78	8-9	595
	Located at HAILEY, ID	ZIP+4 ▶ 83	333		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authori				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,		Yes	No
	account)?		42b	111	X
	If "Yes," enter the name of the foreign country.				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban	k			
	and Financial Accounts.				
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	1	X
	If "Yes," enter the name of the foreign country			·	
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			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of				
	Form 990-EZ		44	†	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	lf			
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		X
		F	om 99	0-EZ	

May the IRS discuss this return with the preparer shown above? See instructions

Form	990-EZ (2009) LITTLE SISTERS FUND, INC	2	<u>0-5581665</u>			1	Page 4
Pa	rt VI Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable trus	sts only. All se	ection	1	
	501(c)(3) organizations and section 4947(a)(1) none	xempt charitabl	e trusts must a	ınswer questioi	ns 46	-49b)
	and complete the tables for lines 50 and 51.						
46	Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	sition to			Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I				46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule	C, Part II			47		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						X
49a	Did the organization make any transfers to an exempt non-charitable related or	ganızatıon?			49a		X
b	If "Yes," was the related organization a section 527 organization?				49b		
50	Complete this table for the organization's five highest compensated employees	(other than officers,	directors, trustees	and key			
	employees) who each received more than \$100,000 of compensation from the	organization If there	is none, enter "No	ne."			
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans &		Exper count a	
	than \$100,000	devoted to position		deferred compensation		allowa	
NONE	1				ł		
			<u></u>				
			1				
		1					
					ļ		
			ļ.	<u> </u>			
f	Total number of other employees paid over \$100,000	.		_			
F4	Complete the table for the assessment all five book assessment of advantage			1b			
51	Complete this table for the organization's five highest compensated independent		ach received more	ınan			
	\$100,000 of compensation from the organization. If there is none, enter "None"						
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) (Compens	ation	
NO	· · · · · · · · · · · · · · · · · · ·	(5)	Type or service	(6)	Ompens	ation	
NO	NE.						
			-				
							
				j			
	Total number of other independent contractors each receiving over \$100,000	•					
-				· · · · · · · · · · · · · · · · · · ·			
	Under penalties of penjury, I declare that I have examined this return, including a	accompanying schedule	s and statements, and	I to the best of my kno	wledae		
	and belief it is true, porrect, and complete Declaration of preparer (other than o						
Sign	1 1 - KT		1/kg 3	0165			
Here	Signature of officer		Date				
	Trevor Patzer Board Member						
	Type or print name and title						
	Preparer's Preparer's	Date	Check if	Preparer's Iden	ufying Nur	nber (Se	ee instr)
Paid		2 04/29	9/10 self- employed ▶	P0015	7522	>	
	parer's Firm's name (or yours BECKER, CHAMBERS & CO		, — or employed		2-0		743
	Only (f self-employed). PO BOX 909	-,		Phone			
	address, and ZIP + 4 HAILEY, ID 83333-090	9		_	-78	8-9	595

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Employer identification number LITTLE SISTERS FUND, INC 20-5581665 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 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) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I c Type III–Functionally integrated Type II Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization in col organization (described on lines 1-9) in col (i) listed in your support col (t) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Part It 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.)

<u>Sec</u>	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			592,781	110,706	291,855	995,342
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			592,781	110,706	291,855	995,342
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)						424,753
6	Public support. Subtract line 5 from line 4						570,589
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			592,781	110,706	291,855	995,342
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			10,558	14,237	12,586	37,381
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L					1,032,723
12	Gross receipts from related activities, etc (•				12	
13	First five years. If the Form 990 is for the o		second, third, four	th, or fifth tax year as	a section 501(c)(3)	. —
Sec	organization, check this box and stop here tion C. Computation of Public Su		nge	 			
14	Public support percentage for 2009 (line 6,	1.1.		/n)	••	14	
15	Public support percentage from 2008 Sche		•	(1))		15	55.25 % %
16a	33 1/3 % support test—2009. If the organi			3 and line 14 is 33 1/	3 % or more, chec		
	and stop here. The organization qualifies a			o, a	5 75 Cl 111010, Gride	. uno box	► X
b	33 1/3 % support test—2008. If the organi			or 16a, and line 15 is	33 1/3 % or more.	check this	السا
	box and stop here. The organization qualif				,		▶ □
17a	10%-facts-and-circumstances test—2009		· · · · ·		16b, and line 14 is	s 10% or	. [_]
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumst			•	•		▶ []
b	10%-facts-and-circumstances test—2008		- · ·		•	: 15 is 10% or	نسبا
	more, and if the organization meets the "fac	_					
	organization meets the "facts-and-circumst			•	•		▶ [*]
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check th	is box and see ins	tructions	>

Section A. Public Support

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, 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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	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		n					
	amount on line 13 for the year							
С 8	Add lines 7a and 7b Public support (Subtract line 7c from							
٠	line 6)							
Sec	tion B. Total Support	F	<u> </u>			·		
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in 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 IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourth	, or fifth tax year a	s a section 501(c)(3)		
	organization, check this box and stop here						▶	
	tion C. Computation of Public Su							
15	Public support percentage for 2009 (line 8,			f))		15	%%	
16 Coo	Public support percentage from 2008 Sche			<i>,</i>	<u> </u>	16	%	
	tion D. Computation of Investmen							
17 10	Investment income percentage for 2009 (Im		•	olumn (t))		17	<u> </u>	
18 10a	Investment income percentage from 2008 S			4 and line 15 is	ore then 32 1/2 0/	18	%	
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo						▶ [
ь		•	= -		•		- [
~	33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization did		_				>	

Schedule A (Form 990 or 990-EZ) 2009 LITTLE SISTERS FUND, INC

20-5581665

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SUPPORT SCHEDULE - UNUSUAL GRANTS

FUNDS TRANSFERRED FROM PREVIOUS ORGANIZATION

\$

0

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions.

Attach to your tax return.

OMB No 1545-0172 Attachment Sequence No

Name	s(s) shown on return	E SISTERS FU	ND. INC						fying n -558	umber 81665
	ess or activity to which this form relates NDIRECT DEPRECIAT		,	-						
-	ert I Election To Expe		erty Under Sec	ction 1	79	-			•	
	Note: If you have		_			con	plete Pa	ırt I.		
1	Maximum amount. See the instru								1	250,000
2	Total cost of section 179 property	placed in service (see	instructions)						2	
3	Threshold cost of section 179 pro	perty before reduction	in limitation (see in:	struction	ns)				3	800,000
4	Reduction in limitation Subtract li	ine 3 from line 2 If zero	or less, enter -0-						4	
_5	Dollar limitation for tax year Subtract	line 4 from line 1 If zero or	less, enter -0- If mar	ried filing	separately, se	e instri	ictions		5	
6	(a) Descript	ion of property		(b) Cos	t (business use	only)	(c) I	Elected cos	t	
				<u> </u>			<u> </u>			
7	Listed property Enter the amount	t from line 29				7	<u> </u>		,	
8	Total elected cost of section 179	property Add amounts	ın column (c), lines	s 6 and 7	7				8	
9	Tentative deduction. Enter the sn								9	
10	Carryover of disallowed deduction								10	
11	Business income limitation. Enter		,		,	see ins	structions)		11	
12	Section 179 expense deduction	•			11				12	
13	Carryover of disallowed deduction					13				<u> </u>
•	: Do not use Part II or Part III below	- in in i		:-4:-	/D	:	المامال ماميا	. al		(O = = i==+=)
	Special Deprecia						iude iiste	a prope	ily.)	(See instr.)
14	Special depreciation allowance for		ier than listed propi	erty) pia	cea in servic	е				
45	during the tax year (see instruction	•							14	
15 16	Property subject to section 168(f) Other depreciation (including ACF	• •							15 16	291
16 D:	art III MACRS Deprecia		ide listed prope	erty) /	See instr	ıctior	ne 1		1 10	291
	MACKS Deprecia	tion (Do not more		ion A	oee mand	ictioi	15./			
17	MACRS deductions for assets pla	aced in service in tax ve							17	332
18	If you are electing to group any assets	•				ounts i	check here			
<u></u>		-Assets Placed in Se							/stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	eciation ent use	(d) Recovery penod		Convention	(f) Met		(g) Depreciation deduction
<u>19a</u>	3-year property									
b	5-year property									
c	7-year property					ļ				
d	10-year property	_								
<u> e </u>	15-year property	_								
f	20-year property	_								
g	25-year property				25 yrs	ļ		S/L		
h	Residential rental				27 5 yrs		MM	S/L		
	property				27 5 yrs	ļ	MM	S/L		
i	Nonresidential real		· · ·		39 yrs		MM	S/L		
	property	Access Bloods 0			<u> </u>	<u> </u>	MM	S/L		
		Assets Placed in Serv	rice During 2009 T	ax Yeai	r Using the A	Altern	ative Depr	eciation S	system	<u> </u>
<u>20a</u>	Class life	_			<u> </u>		-	S/L		
<u>b</u>	12-year	-			12 yrs	ļ		S/L		
	40-year	-4			40 yrs		MM	S/L		
	ort IV Summary (See in									
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12, and on the appropriate lines of yo					Enter	here	·	22	623
23	For assets shown above and place	ced in service during the	e current year, ente	er the						
	portion of the basis attributable to	section 263A costs				23	1			

4363 Little Sisters Fund, Inc

20-5581665 FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Gain / Loss	\$ -8,165	-10,834	-3,863	-10,708	-4,270	\$ -37,840
	Depreciation	v					\$
	Cost & Expense	23,165	45,834	13,863	45,708	14,270	142,840
	Sale Price	15,000 \$	35,000	10,000	32,000	10,000	105,000 \$
	Date Sold	5/18/09 \$	5/18/09	5/18/09	5/18/09	5/18/09	ا _ل پہ
	Date Acquired	VARIOUS	VARIOUS	VARIOUS	VARIOUS	VARIOUS	
Description	Whom Sold	:035	:015	INCOME		GNOW I II	
	How Received	FIDELITY FREEDOM 2035 DONATION	FIDELITY FREEDOM 2015 DONATION	FIDELITY CAPITAL & INCOME DONATION FIDELITY EPFEDOM 2010	FIDELIII FREEDOM ZOIO DONATION FIDELITAY PLUE CHID CROMMU	DONATION	TOTAL

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

	Gain / Loss		0
	Depreciation	တ	\$ 0
	Cost & Expense	W	\$ 0
	Sale Price	\$	\$ 0 \$
	Date Sold	•	••
	Date Acquired		
Description	Whom Sold		
	How Received		TOTAL

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

<u>ჯ</u>

4/29/2010 1:45 PM FMV Explanation က Book Value Explanation Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations (continued) Book Value Noncash Contribution **Federal Statements** 178,000 Cash Contribution Class of Activity Description of Property Date of Gift 4363 Little Sisters Fund, Inc Name and Address P.O. BOX 20636 FYE: 12/31/2009 KATHMANDU, NP 20-5581665 TOTAL

20-5581665

Federal Statements

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
OFFICE	248
PRINTING	1,060
TRAVEL	2,315
INSURANCE	837
BANK CHARGES	415
SUPPLIES	206
TELEPHONE	1,394
MISCELLANEOUS	30
MEALS & ENTERTAINMENT	464
GIFTS	904
TOTAL	\$ 7,873

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	 Amount
CHANGE IN MARKET VALUE BOOK / TAX DEPREC DIFFERENCE	\$ 123,286 -532
TOTAL	\$ 122,754

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year	
RECEIVABLE ON SOFTWARE EQUIPMENT LESS ACCUMULATED DEPRECIATION	\$ 1,748 3,469 606	\$	3,469 1,761	
	 4,611		1,708	

Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 3,495	\$	
	3,495		

4/29/2010 1:45 PM