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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)

2010 Open to Public

Inter	rnal Revenue Servi	The organization may have to use a copy of this return to satisfy state reporting	requireme	ents	Inspection
Α	For the 2010 cal	endar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization	D	Emplo	oyer identification number
	Address change	Little Sisters Fund, Inc			
	Name change	Doing Business As		20-	-5581665
	•	Number and street (or P O box if mail is not delivered to street address) Room/suit	te E	Telepl	hone number
	Initial return	PO Box 715	İ		
	Terminated /	City or town, state or country, and ZIP + 4			
	Amended return	Ketchum ID 83340	G	Gross rece	eipts \$ 693,210
	Application pending	F Name and address of principal officer			
	Application penuing	TREVOR PATZER	this a group	return for	affiliates? Yes X No
		122 N. CLARK DR APT 402	re all affilia	ites inclu	ded? Yes No
		LOS ANGELES CA 90048	If "No," a	attach a l	ist (see instructions)
$\overline{}$	Tax-exempt status	(22)			
 .j		THE TARRED CARRED CARRE	roup exem	intion nu	mher •
<u></u> -	Form of organization	X Corporation Trust Association Other ► L Year of formation	100		M State of legal domicile II
7		ummary	,,,		W State of logal controller
	T	escribe the organization's mission or most significant activities			
	1	PROVIDE HARDWORKING, INTELLIGENT, AND FINANCIALLY DISADVAN	TAGED	SOUT	ч
ည	1	N GIRLS THE OPPORTUNITY TO OBTAIN AN EDUCATION IN THE FAC			
	1	ITIONS SUCH AS EXTREME POVERTY, DEPRIVATION OR SOCIAL PRE			
3	2 Check th				
~8	1	of voting members of the governing body (Part VI, line 1a)	200010	3	5
കൃ	1	of independent voting members of the governing body (Part VI, line 1b)		4	5
خ: ق:ا	l .	nber of individuals employed in calendar year 2010 (Part V, line 2a)		5	1
JUL 1 3 2011 Activities & Governance		nber of volunteers (estimate if necessary)		6	20
		elated business revenue from Part VIII, column (C), line 12		7a	
		ated business taxable income from Form 990-T, line 34		7b	0
7	2 Horamon		rior Year		Current Year
Z.	8 Contribut	ions and grants (Part VIII, line 1h)	291,	855	551,003
SCANNED Revenue	9 Program	service revenue (Part VIII, line 2g)			
ŏ å	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-25,	254	2,390
ĸ	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revo	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	266,		553,393
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	178,	000	234,774
	14 Benefits	paid to or for members (Part IX, column (A), line 4)			
Š	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			79,247
nses	16a Professio	onal fundraising fees (Part IX, column (A), line 11e)			
Exper	b Total fund	draising expenses (Part IX, column (D); line 25)			
ш	17 Other exp	penses (Part IX, column (R), Im (S) (14) (1) 241)		042	46,801
	18 Total exp	enses Add lines 3–1 7 (must equal Part IX, columb) (A), line 25)	277,		360,822
	19 Revenue	less expenses Subtract line 18 fram tine 1811 O	-10,		192,571
Net Assets or Fund Balances	<u> </u>		of Current	$\overline{}$	End of Year
\sse Rala	20 Total ass	by marking ways	659,	240	901,198
e c	21 Total liab	ulties (Part X, line 26) OGDEN, UT	659,	2/8	2,003 899,195
		ts or fund balances. Subtract line 21 from line 20 gnature Block	009,	270	099,193
		enury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes			
		enjory, i declare that i have examined this return, including accompanying scriedules and statements, and to the des mplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	I OI HIY KHO	wiedge a	and belief, it is
_					· · · · · · · · · · · · · · · · · · ·
Sig	an F	Signature of officer		L Date	
He	- 1 .	- Board Member Scretary	,	Daily.	Tune 28, 2011
	-	Type or print name and title			
_			ate	Check	ıf PTIN
Pai	`` ا س	1/= 15 / #1 //// /4 1 2/ 1/1/ ///// 1 1/5			pployed P00157522
Pre	parer Firm's n	Declara Charles F.C. D. 3		s EIN 🕨	82-0437743
Use	Only	PO Box 909	 		0-01130
	Firm's a	ddress	Phone	e no	208-788-9595
May		s this return with the preparer shown above? (see instructions)		2 1.0	Yes No
For	Paperwork Re	duction Act Notice, see the separate instructions.			Form 990 (2010)
DAA					= 1 3 2 2 (2310)

917-19

ld	Other program services (Describe in Schi (Expenses \$ 855	edule O.) including grants of \$	855) (Revenue \$	·····
le	Total program service expenses ▶	305,620			<u></u>
A					Form 990 (20

			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	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			•
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			3.5
_	election in effect 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		x
_	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		x
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,"			
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, 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,"		ĺ	
	complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	Ť		
_	endowments? If "Yes," complete Schedule D, Part V	10	х	
1	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>X</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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
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	X	
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		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			77
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		$\frac{\mathbf{x}}{\mathbf{x}}$
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\mathbf{x}}{\mathbf{x}}$
4a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	x	
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	^	
3	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
Ū	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
7	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	l	X
8	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
9	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
0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form 990 (2010) Little Sisters Fund, Inc
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		ļ	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	 	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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	Į.		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			- T
	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	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25	24a	-	X
	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	24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	+ -	
		240	1	
25a	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	250		
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	X
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,			77
	Part I	31	\vdash	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
22	complete Schedule N, Part II	32	-	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	55	t =	
J	IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	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	0		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

4363 06/23/2011 11 32 AM Form 990 (2010) Little Sisters Fund, Inc 20-5581665 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and X 1c reportable gaming (gambling) winnings to prize winners? 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 X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 X 4a account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11h against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

14a 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? If "No," provide an explanation in Schedule O

14a

14b

X

13b

13c

	1 990 (2010) LILLIE SISTERS Fund, Inc. 20-5561665			Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in Sch	edule	Э
	O. See instructions.			
	Check if Schedule O contains a response to any question 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 year			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	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			
	supervision of officers, directors or 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?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	<u> </u>		
	of the governing body?	7a	ļ	x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	-10		
•	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	80	-	
J				х
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	$\overline{}$	
Jec	cion b. Folicies (11) Section b requests information about policies not required by the internal Nevertue	Code		
10-	Does the experimentary have level shorters branches as offlicted?	40.	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b				
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a		١		37
	form?	11a		X
	, , , , , , , , , , , , , , , , , , , ,			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	_X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its		1	
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's 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 ▶ ID			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available			
	for public inspection. Indicate how you make these available. Check all that apply			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
-	and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization BECKER. CHAMBERS & CO. PO BOX 909			

HAILEY

ID 83333

Form 990 (2010) Little Sisters Fund, Inc Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

- 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 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 and/or Box 7 of Form 1099-MISC) 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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the orga	nization nor any	relate	ed or	ganı	zatic	ns co	ompe	ensated any current officer,	director, or trustee	· · · · · · · · · · · · · · · · · · ·
(A) Name and Title	(B) Average hours per	-			k all t	hat ap		(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALISA NEWMAN HOO										
DIRECTOR	2.00	X	<u>L</u>					0	0	0
(2) TREVOR PATZER									_	
SECRETARY	50.00	<u> </u>		X				73,494	0	0
(3) QUENTIN KOFFEY										
VICE PRESIDENT	2.00	_		X		1		0	0	0
(4) DANA REMUS				:						
PRESIDENT	5.00			X		\Box		0	0	0
(5) SAUDAMINI SIEGRI				l						•
TREASURER	2.00	₩	<u> </u>	Х		-		0	0	0
(6)										
(7)										
(8)		1								
(9)										
(10)										
(11)										
(12)			<u> </u>							
(13)									_	
(14)						-				
(15)					-				<u></u>	
(16)			-							
		<u> </u>		$oxed{oxed}$		<u>L 1</u>				

Pa	(A)	(B) Average			((C)			(D)	(E) Reportable		(F) Estimated		
	Name and Title	Average hours per week (describe hours for related organizations in Schedule O) Average hours per week (describe hours for related organizations in Schedule O) Position (check all that apply) Former Forme							Reportable compensation from the organization (W-2/1099-MISC)	amount of other compensation from the organization and related organizations				
(17)														
(18)							-							
(19)						<u>.</u>								
(20)	····		 				-							
(21)				_						<u> </u>			· ·	
(22)			 											
(23)		_	\vdash										-	
(24)		-					-				<u> </u>			
(25)			\vdash											
(26)			\vdash										 .	
(27)			-										<u>-</u>	
(28)														
1b	Sub-total	<u> </u>	<u> </u>		L .	l		>	73,494	: 				
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				>	73,494		 		·····	
2	Total number of individuals (in	cluding but not lin	nited	to th	ose	liste	d abo	ve)	·		1			
	reportable compensation from	the organization	<u> </u>	0										
3	Did the organization list any fo								e, or highest compensated		Γ	Ye		
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	a 1a, is the sum o	f repo	ortab	ole co	ompe	ensat	ion a		m the		3	X	
5	individual Did any person listed on line 1									dı∨ıdual		4	X	
	for services rendered to the or											5	X	
_ <u>Sec</u>	Complete this table for your five	e highest compe	nsate	ed inc	depe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of				
	compensation from the organiz	(A) business address			_				Description	(B) tion of services		(C	C)	
									,					
		•												
					_									
					_	-								
2	Total number of independent of		-						listed above) who					
DAA	received more than \$100,000 i	n compensation	irom	the c	organ	izat	on ▶	•		0		Form 9	90 (2010)	

Pa	ırt V	III Statement of Reve	nue					r age v
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इस	1a	Federated campaigns	1a					012, 010, 01014
Ta C	b	Membership dues	1b					
s, g	С	Fundraising events	1c					
gift	d	Related organizations	1d	١				
S.E	e	Government grants (contributions)	1e		:			
itioi er s	f	All other contributions, gifts, grants,						
şş		and similar amounts not included above	1f	551,003	:			
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1	ıf \$					
	h	Total. Add lines 1a-1f		▶	551,003		***************************************	
Program Service Revenue				Busn. Code				
eve	2a						<u> </u>	
9. R	b							··
Ž	°.							
S	d						 	
gra	e	All other program service reven						
Pro	1	Total. Add lines 2a–2f	ue	•				
	3	Investment income (including di	vidends			· · · · · · · · · · · · · · · · · · ·		
		and other similar amounts)	viacinac	, morest,	9,546			9,546
	4	Income from investment of tax-	exempt	+				3,340
	5	Royalties		>				
		(ı) Real		(II) Personal	······			
	6a	Gross Rents			İ			
	b	Less rental exps						
	С	Rental inc or (loss)					;	
	d	Net rental income or (loss)		>				
	/a	Gross amount from sales of assets (i) Securities		(II) Other				
		other than inventory 132,	661					
	b	Less cost or other			†			
		basis & sales exps 139,						
			156		7.156		-	
		Net gain or (loss)	., г	>		-7,156		
ne	oa	Gross income from fundraising even (not including \$	is		‡		1	
Ven		of contributions reported on line 1c)			1			
Re		See Part IV, line 18	а					
Other Revenu	b	Less direct expenses	ь		1	1		
õ		Net income or (loss) from fundra	aising e	vents	1			
	9a	Gross income from gaming activities						
		See Part IV, line 19	a		1	1		
		Less direct expenses	b_					
		Net income or (loss) from gamin	ıg actı <u>vı</u>	ties 🕨				
	10a	Gross sales of inventory, less		į	ļ			
		returns and allowances	a		1			
		Less cost of goods sold	b		Ī			
	С	Net income or (loss) from sales Miscellaneous Revenue	of inver					
	11a	wiscellarieous Revenue		Busn Code	F	į	1	
	n a							
	C							
	d	All other revenue					<u> </u>	
		Total. Add lines 11a–11d		•				
	12	Total revenue. See instructions			553,393	-7,156	0	9,546
					•			Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations mus	t complete column (A) but ar	re not required to complete	columns (B), (C), and (D)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		ON POLICOCO	gonoral expenses	- OKPOTIOGO
•	organizations in the U.S. See Part IV, line 21	855	855	Į	
2	Grants and other assistance to individuals in				·····
-	the U.S See Part IV, line 22			!	
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16	233,919	233,919	į	
4	Benefits paid to or for members	•			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			ŀ	
7	Other salaries and wages	72,000	36,000	18,000	18,000
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	1,494	747	373	374
10	Payroll taxes	5,753	2,877	1,438	1,438
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9,913		9,913	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				···
g	Other	20,000	20,000		······································
12	Advertising and promotion	584			584
13	Office expenses	869		696	173
14	Information technology				
15	Royalties	,			
16	Occupancy				
17	Travel	9,870	9,870		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	-			
19	Conferences, conventions, and meetings				· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates	600		100	44.0
22	Depreciation, depletion, and amortization	603		187	416
23	Insurance	840		840	
24	Other expenses Itemize expenses not covered	-		-	
	above (List miscellaneous expenses in line 24f If	1		1	
	line 24f amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24f expenses on Schedule O) SUPPLIES	1,190	872		210
a	TELEPHONE	1,190	435	435	318 218
b	BANK CHARGES	980	433	980	218
۲ C	GIFTS	551		960	551
d	MEALS & ENTERTAINMENT	268			268
e	All other expenses	45	45		
f 25	Total functional expenses. Add lines 1 through 24f	360,822	305,620	32,862	22,340
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational	300,022	303,020	32,002	22,540
DAA	campaign and fundraising solicitation				Form 990 (2010)

P	art X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			86,717	1	197,023
	2	Savings and temporary cash investments		[201,853	2	300,786
	3	Pledges and grants receivable, net		T T		3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tr	ustees, key				
		employees, and highest compensated employees Compl	ete Part II of				•
		Schedule L		[5	
	6	Receivables from other disqualified persons (as defined u	inder section	F			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a		ŀ			<u> </u>
		employers and sponsoring organizations of section 501(c)(9) voluntary				‡
		employees' beneficiary organizations (see instructions)				6	ĺ
Assets	7	Notes and loans receivable, net			. ,	7	
SS	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	3,469			
	b	Less: accumulated depreciation	10b	2,918	1,708	10c	551
	11	Investments—publicly traded securities			368,970	11	402,838
	12	Investments—other securities See Part IV, line 11		<u> </u>		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			659,248	16	901,198
	17	Accounts payable and accrued expenses				_17	
	18	Grants payable		L		_18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV of	Schedule D	_		21	
Liabilities	22	Payables to current and former officers, directors, trustees	s, key				
abi		employees, highest compensated employees, and disqua	lified persons				
Ë		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third p	parties			23	
	24	Unsecured notes and loans payable to unrelated third par	ties	_		24	
	25	Other liabilities Complete Part X of Schedule D		_		25	2,003
	26	Total liabilities. Add lines 17 through 25	¬ · · · · · · · · · · · · · · · · · · ·		0	26	2,003
Balances		Organizations that follow SFAS 117, check here ▶	and complete			1	
ũ		lines 27 through 29, and lines 33 and 34.					
a	27	Unrestricted net assets		-		_27	
8	28	Temporarily restricted net assets		-		28	· · · · · · · · · · · · · · · · · · ·
Fund	29	Permanently restricted net assets	. 📆 .	ļ.		29	······································
Ĭ		Organizations that do not follow SFAS 117, check her	e ► X and				
Assets or		complete lines 30 through 34.					
)ts	30	Capital stock or trust principal, or current funds	-		30		
556	31	Paid-in or capital surplus, or land, building, or equipment f		-	6EO 040	31	000 105
ä	32	Retained earnings, endowment, accumulated income, or o	otner funds	-	659,248	32	899,195
Net	33	Total help the and and appear (fined belowers		-	659,248	33	899,195
_	34	Total liabilities and net assets/fund balances			659,248	34	901,198

Form **990** (2010)

orm	1 990 (2010) Little Sisters Fund, Inc 20-55	81665		_ Pa	ıge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part	XI			_ X _
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	53,	393
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	60,	822
3	Revenue less expenses Subtract line 2 from line 1	3	1	92,	<u>571</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	59,	248
5	Other changes in net assets or fund balances (explain in Schedule O)	5		47,	376
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	1 1			
	column (B))	6	8	99,	<u> 195</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part	XII			
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
b	Were the organization's financial statements audited by an independent accountant?		2b_	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight			
	of the audit, review, or compilation of its financial statements and selection of an independent accour-	itant?	2c_	X	
	If the organization changed either its oversight process or selection process during the tax year, explain	ain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year w	ere			
	issued on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ıın		ł	
	the Single Audit Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits	3b		
			Form	n 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Little Sisters Fund, Inc

Employer identification number 20-5581665

			TICCIE SISCE	is rund, inc					20	330	1003		
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	struction	ons.		
The	orgai	nization is not a	a private foundation because	it is. (For lines 1 through 11, che	eck only or	ne box)							
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2	П	A school desc	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E)									
3	П			e organization described in secti	ion 170(b)	(1)(A)(iii)							
4	П	•	·	in conjunction with a hospital de)(A)(iii).	Enter th	ne hospi	ıtal's name,		
·		city, and state	-					, , , , , , , , , , , , , , , , , , ,					
5		-		a college or university owned or	r operated	hy a nove	ernmenta	al unit de	scribed	l ın			
•		-	b)(1)(A)(iv). (Complete Part I		ороганов	o, a gov	,,,,,,	ar arm ac					
		•		•	stion 170/	h\/4\/A\/ _\							
7	X			vernmental unit described in sec				n tha aa	noral ni	ublio			
7	A	_	•	ubstantial part of its support from	i a govern	mentai un	it of Itol	n ale ge	ileiai pu	IDIIC			
_	Г		section 170(b)(1)(A)(vi). (Co										
8	H			70(b)(1)(A)(vi). (Complete Part II		. 4							
9	Ш	=		more than 33 1/3% of its suppo									
		•	·	ot functions—subject to certain e	•					its			
		• •	~	d unrelated business taxable inco	_	_	1 tax) fr	om busi	nesses				
			•	, 1975 See section 509(a)(2). (-							
10		•	•	xclusively to test for public safety		•							
11		-	- ·	xclusively for the benefit of, to pe									
				d organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization			11e thr	ough 11	h				
		a Type	the state of the s	c Type III–Functiona	, ,		d		e III–Ot				
е			•	inization is not controlled directly					-				
		other than for	indation managers and other	than one or more publicly support	orted organ	nizations	describe	d in sect	ion 509	(a)(1)			
		or section 509	9(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	ion from ai	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly coi	ntrols, either alone or together wi	ith persons	s describe	d in (ii) a	and				Yes	No
		(III) belov	v, the governing body of the	supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(m)		
h		Provide the f	ollowing information about th	e supported organization(s)									
(1)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	ls the	(vii) Am	ount of	
	org	janization		(described on lines 1–9	1 ''	sted in your		nization in of your	organizat	ion in col zed in the	supp	ort	
				above or IRC section (see instructions))	governing	document?		ort?		5?			
				(000,)	Yes	No	Yes	No	Yes	No			
(A)											_		
								1					
(B)													
(C)							i						
	_				ļ				ļ				
(D)						,							
(E)					<u> </u>								
		<u> </u>			ļ				ļ				
_				<u> </u>	1								
Tota	a!		I	‡	I	1		ł	t :	1 1			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		592,781	110,706	291,855	551,003	1,546,345
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	551,003	1,546,345
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)					100	502,567
6	Public support. Subtract line 5 from line 4						1,043,778
$\overline{}$	tion B. Total Support	· - <u>-</u>	<u> </u>		l		1,043,778
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4		592,781	110,706	291,855	551,003	1,546,345
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		10,558	14,237	12,586	9,546	46,927
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 IV)	:					
11	Total support. Add lines 7 through 10						1,593,272
12	Gross receipts from related activities, etc. (s	see instructions)			-	12	
13	First five years. If the Form 990 is for the o	rganization's first,	second, third, fourth,	or fifth tax year as	a section 501(c)(3)	· · · · · · · · · · · · · · · · · · ·
	organization, check this box and stop here						•
<u>Sec</u>	tion C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2010 (line 6,	column (f) divided t	by line 11, column (f))		14	65.51%
15	Public support percentage from 2009 Scheo					15	55.25%
16a	33 1/3% support test—2010. If the organiz	ation did not check	the box on line 13, a	and line 14 is 33 1/3	3% or more, check	this	
	box and stop here. The organization qualifi						► X
b	33 1/3% support test—2009. If the organize	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organiza	ation qualifies as a	publicly supported or	ganızatıon			▶ [_]
17a	10%-facts-and-circumstances test—2010						
	10% or more, and if the organization meets				•		
	Part IV how the organization meets the "fac	ts-and-circumstanc	es" test. The organiz	ration qualifies as a	publicly supported	1	. —
	organization						•
b	10%-facts-and-circumstances test—2009	ŭ			, ,	•	
	15 is 10% or more, and if the organization in				•		
	Explain in Part IV how the organization mee	its the "facts-and-ci	rcumstances" test T	he organization qu	alifies as a publicly	,	
40	supported organization						▶ [_]
18	Private foundation If the organization did	not check a box on	line 13, 16a, 16b, 17	a, or 17b, check th	nis box and see		. —
	instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	y quality artaor	the teete hete	Dolow, please	complete r al		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)		1				
	tion B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 organization, check this box and stop here	-	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	▶ _
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2010 (line 8,			(f))		15	%
16	Public support percentage from 2009 Sche	` '	-			16	%
Sec	tion D. Computation of Investmen	nt Income Perc	entage				
17	Investment income percentage for 2010 (lir	ne 10c, column (f) c	livided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2009	Schedule A, Part III	, line 17			18	%
19a	33 1/3% support tests—2010. If the organ	nzation did not ched	ck the box on line 1	4, and line 15 is mo	ore than 33 1/3%, a	ind line	
	17 is not more than 33 1/3%, check this bo	x and stop here. T	he organization qua	alifies as a publicly	supported organiza	ation	▶ [
b	33 1/3% support tests—2009. If the organ	iization did not ched	ck a box on line 14	or line 19a, and line	e 16 is more than 3	3 1/3%, and	_
	line 18 is not more than 33 1/3%, check this						▶ _
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	nd see instructions		▶ □

Other income

20-5581665 Schedule A (Form 990 or 990-EZ) 2010 Little Sisters Fund, Inc Page 4 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. Also complete this part for any additional information. (See instructions). Support Schedule - Unusual Grants 65,206 FUNDS TRANSFERRED FROM PREVIOUS ORGANIZATION Part II, Line 10 - Other Income Detail \$ 0

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public inspection

Employer identification number

Lit	tle Sisters Fund, Inc		20-5	581665
Part	Organizations Maintaining Donor Advised Fundorganization answered "Yes" to Form 990, Part		ounts.	Complete if the
		(a) Donor advised funds	(b)	Funds and other accounts
1 To	otal number at end of year			
	agregate contributions to (during year)			
	ggregate grants from (during year)			
4 Ag	ggregate value at end of year			
5 Di	d the organization inform all donors and donor advisors in writing that the	e assets held in donor advised		
fu	nds are the organization's property, subject to the organization's exclus	ve legal control?		Yes No
	d the organization inform all grantees, donors, and donor advisors in wr			
or	nly for charitable purposes and not for the benefit of the donor or donor	dvisor, or for any other purpose		
CC	onferring impermissible private benefit?			Yes No
Part		nization answered "Yes" to Form	990, Pa	art IV, line 7.
1 Pu	urpose(s) of conservation easements held by the organization (check al	that apply)		-
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic s	tructure	
	Preservation of open space			
2 C	omplete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	on	
ea	asement on the last day of the tax year			
				Held at the End of the Tax Yea
a To	otal number of conservation easements		2a	
b To	otal acreage restricted by conservation easements		2b	
c N	umber of conservation easements on a certified historic structure includ	ed in (a)	2c	
d N	umber of conservation easements included in (c) acquired after 8/17/06	and not on a		
hi	storic structure listed in the National Register	_	_2d	
3 N	umber of conservation easements modified, transferred, released, extin	guished, or terminated by the organization o	furing the	
ta	x year ▶			
4 N	umber of states where property subject to conservation easement is loc	ated ▶		
5 D	oes the organization have a written policy regarding the periodic monitor	ing, inspection, handling of		
VI	olations, and enforcement of the conservation easements it holds?			Yes No
6 St	aff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year		
>				
7 A	mount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year		
•	\$			
8 D	oes each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)		
(1)	and section 170(h)(4)(B)(ii)?			Yes No
	Part XIV, describe how the organization reports conservation easemen			
	alance sheet, and include, if applicable, the text of the footnote to the org	panization's financial statements that describ	oes the	
	ganization's accounting for conservation easements	interview I Transported at Other Sim	-ilan Aa	
Part	Organizations Maintaining Collections of Art, H Complete if the organization answered "Yes" to		illar AS	
1a If	the organization elected, as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and balan	ce sheet	· -
W	orks of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of	
рι	ublic service, provide, in Part XIV, the text of the footnote to its financial	statements that describes these items		
b If	the organization elected, as permitted under SFAS 116 (ASC 958), to re	port in its revenue statement and balance s	heet	
W	orks of art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of	
	ublic service, provide the following amounts relating to these items			
(i)	Revenues included in Form 990, Part VIII, line 1		•	\$
(ii) Assets included in Form 990, Part X		•	\$
2 If	the organization received or held works of art, historical treasures, or ot	ner sımılar assets for financıal gaın, provide	the	
	flowing amounts required to be reported under SFAS 116 (ASC 958) rel			
a R	evenues included in Form 990, Part VIII, line 1		>	\$
b A	ssets included in Form 990, Part X			\$

Schedule D (Form 990) 2010

551

551

2,918

3,469

1a Land **b** Buildings

d Equipment

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(1) Financial derivatives(2) Closely-held equity interests

(3) Other
(A)
(B)
(C)
(D)
(E)
(F)
(G)
(H)
(I)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Part X

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

(1) Federal income taxes

PAYROLL LIABILITIES

(b) Book value

(b) Book value

(b) Amount

2,003

2,003

ightharpoonup

Schedute D (Form 990) 2010	Little	Sisters	Fund	, Inc	
Part VII	Investments	s-Other Se	curities. Se	ee Form	990, Part	X, line 12.

(a) Description of security or category

(including name of security)

Total. (Column (b) must equal Form 990, Part X, col (B) line 12)

Total. (Column (b) must equal Form 990, Part X, col (B) line 13)

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

(a) Description of liability

Other Assets. See Form 990, Part X, line 15.

Other Liabilities. See Form 990, Part X, line 25

(a) Description of investment type

Investments—Program Related. See Form 990, Part X, line 13

(a) Description

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

DAA

Schedule D (Form 990) 2010

(b) Book value

	dute D (Form 990) 2010 Little Sisters Fund, Inc		20-558166		Page 4
Pa	art Xt Reconciliation of Change in Net Assets from Form 990 to A	Audite	ed Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	553,393
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	360,822
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	192,571
4	Net unrealized gains (losses) on investments			4	<u> </u>
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	-31,234
9	Total adjustments (net) Add lines 4 through 8			9	18,659
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		U. D	10	211,230
	Reconciliation of Revenue per Audited Financial Statemen	ts wi	in Revenue per Retui	rn	F70 020
1	Total revenue, gains, and other support per audited financial statements			1	572,939
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	١.	1 40 003		
a	Net unrealized gains on investments	2a	49,893		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	6,653		
d	Other (Describe in Part XIV)	_2d	0,033		EC EAC
e	Add lines 2a through 2d			2e	56,546 516,393
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	ſ	3	216,393
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
a b	Other (Describe in Part XIV)	4a 4b	37,000		
c	Add lines 4a and 4b	40	37,000	4c	37,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	553,393
	art XIII Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expenses per Ret		
1	Total expenses and losses per audited financial statements		till Expellede per fter	1	361,709
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
ь	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d	887		
е	Add lines 2a through 2d			2e	887
3	Subtract line 2e from line 1			3	360,822
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		1	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	,		5	360,822
Pa	rt XIV Supplemental Information				
Com	plete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4	4b Also	complete this part to provid	de	
•	additional information				
Pa	art V, Line 4 - Intended Uses for Endowment	Fun	ds		
т	O FURTHER THE MISSION OF PROVIDING LONG-TERM	/ SC	HOTARSHIPS FO	א דר	ONOMTCATIV
			OMMONIIO IO	I I .	ONOMICABLI
D.	ISADVANTAGED GIRLS IN ASIA.				
_					
Pa	art XI, Line 8 - Reconciliation of Changes -	- Ot	her		
Al	MORTIZATION OF DISCOUNT		Ś		6.653

-37,000

\$

ADJUST TO CASH BASIS

Schedule D (Form 990) 2010	Little Sisters Fund,	Inc	20-5581665	Page
Part XIV Supplemen	tal Information (continued)			
ADJUST TO CASH	BASIS		\$	-333
Book / Tax Dep	reciation Difference		\$	-554
Part XII, Line	2d - Revenue Amounts	Included in F	inancials - Othe	r
AMORTIZATION O	F DISCOUNT		\$	6,653
Part XII, Line	4b - Revenue Amounts	Included on R	eturn - Other	
ADJUST TO CASH	BASIS		\$	37,000
Part XIII, Lin	e 2d - Expense Amount	s Included in	Financials - Oth	er
ADJUST TO CASH	BASIS		\$	333
Book / Tax Dep	reciation Difference		\$	554

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public inspection

Name of the organization

Little Sisters Fund, Inc

Employer identification number

20-5581665

P		ieneral Information o Form 990, Part IV		tside the United States. C	omplete if the organization a	answered "Yes"
1				to substantiate the amount of the gra	ants or	
	assistance, grants or as		or the grants or assistan	ce, and the selection criteria used to	o award the	Yes X No
2	For grantm United State		√ the organization's pro	cedures for monitoring the use of gr	rant funds outside the	
3	Activities pe	r Region (The following	Part I, line 3 table can I	pe duplicated if additional space is n	eeded)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
S	OUTH ASI	A				
(1)				GRANTMAKING		233,919
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u>						
(8)						
_(9)		-				
(10)						
<u>(11)</u>						
(12)						
(13)						
(14)						
(15)						
(19)						
(16)		_				
(17)						
	Sub-total					233,919
	Total from continua sheets to Part I	tion				
	Totals (add					
	ines 3a and 3l	p)				233,919

Schedule F (Form 990) 2010 Little Sisters Fund, Inc 20-5581665 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	•	Page 2	orm 990,		
Grants and Other Assistance to Organizations or Entities Part IV, line 15, for any recipient who received more than Part II can be duplicated if additional space is needed.		20-5581665	s Outside the United States. Complete if the organization answered "Yes" to F	\$5,000. Check this box if no one recipient received more than \$5,000	
		Schedule F (Form 990) 2010 Little Sisters Fund, Inc	Grants and Other Assistance to Organizations or Entities	Part IV, line 15, for any recipient who received more than	Part II can be duplicated if additional space is needed.

ו מנו זו סמוו	ait il call de daplicated il additional apace is riceded.	additionia Spe	TOO IS HOOMEN.					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
3		TO F AIRE	EDUCATION	233,000	WIRE	010	minaya Tiloa	COST
		SOUTH ASIA	1			CTC		
(2)								
(3)								
(4)								
(3)								
(9)								
(1)								
(8)								
(6)								
(40)								
(11)								
(12)								
(13)								
(14)								
(15)								
(46)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

³ Enter total number of other organizations or entities

for Form 5713)

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

X No

Schedule F (Form 990) 2010 Little Sisters Fund, Inc

20-5581665

Page 5

Part V Supplemental Information

Complete this part to provide the information required in Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ.

2010
Open to Public Inspection

Name of the organization

Little Sisters Fund, Inc

Employer identification number 20-5581665

Form 990, Part III, Line 4d - All Other Achievements

THE ORGANIZATION PROVIDED FUNDS TO HAITI FOR HAITI RELIEF AFTER THE

EARTHQUAKE.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE 990 IS DISTRIBUTED TO THE BOARD BEFORE A BOARD MEETING WHERE IT IS

REVIEWED AND DISCUSSED. AN OFFICER REVIEWS AND SIGNS THE RETURN BEFORE IT

IS MAILED.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
BOARD MEMBERS DISCLOSE ANY CONFLICT OF INTERESTS AT BOARD MEETINGS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
TWO BOARD MEMBERS REVIEWED COMPARAION DATA FROM OTHER NON-PROFITS AND ALSO
SPOKE WITH 5 - 6 OTHER INDEPENDENT NON-PROFITS TO DETERMINE APPROPRIATE
COMPENSATION.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation UPON REQUEST

Form 990, Part XI, Line 5 - Other Changes in Net Assets Explanation NET UNREALIZED GAINS AND BOOK TO TAX DEPR

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

► See separate instructions.

► Attach to your tax return.

Name	e(s) shown on return Little	Sisters Fu	nd, Inc						fying ni -558	umber 1665
Busin	ess or activity to which this form relates									
	ndirect Depreciat	ion								
	rt I Election To Expe		erty Under Sect	tion 1	79					
	Note: If you have					com	plete Pa	rt I.		
1	Maximum amount (see instruction								1	500,000
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 inst	truction	s)				3	2,000,000
4	Reduction in limitation Subtract li	ne 3 from line 2 If zero	or less, enter -0-		·				4	
5	Dollar limitation for tax year Subtract li	ine 4 from line 1 If zero or	less, enter -0- If marne	ed filing	separately, see	e instru	ctions		5	
6		on of property			(business use			Elected cos	ı	
7	Listed property Enter the amount	from line 29	•			7				
8	Total elected cost of section 179		ın column (c), lines (6 and 7	•				8	
9	Tentative deduction Enter the sm	• •	` ''						9	
10	Carryover of disallowed deduction		009 Form 4562						10	"
11	Business income limitation Enter	•		nan zer	o) or line 5 (s	ee ins	tructions)		11	
12	Section 179 expense deduction A		•				,		12	
13	Carryover of disallowed deduction				•	13			•	
	: Do not use Part II or Part III below				· · · · · ·					<u> </u>
Pa	art II Special Depreciat	tion Allowance ar	d Other Depre	ciatio	n (Do not	incl	ude liste	d prope	erty.)	(See instructions)
14	Special depreciation allowance fo									
	during the tax year (see instructio		, , , , , , , , , , , , , , , , , , ,	77					14	
15	Property subject to section 168(f)	•							15	
16	Other depreciation (including ACF	• •							16	292
	ert III MACRS Deprecia		ide listed prope	rtv.) (See instru	ction	ıs.)			<u> </u>
		, , , , , , , , , , , , , , , , , , ,	Sectio							
17	MACRS deductions for assets pla	ced in service in tax ve	ears beginning before	e 2010					17	311
18	If you are electing to group any assets	•	• •			ounts, d	heck here			
<u></u>		-Assets Placed in Se							stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investmen only-see instruction	nt use	(d) Recovery period	(e) (Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
C	7-year property									
đ	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs		MM	S/L		
	property				27 5 yrs		MM	S/L		
1	Nonresidential real				39 yrs		MM	S/L		
	property						MM	S/L		
	Section C-	Assets Placed in Serv	vice During 2010 Ta	ax Year	Using the A	Altern	ative Depr	eciation S	System	1
20a	Class life							S/L		
b	12-year				12 yrs			S/L		
С	40-year				40 yrs		MM	S/L		
Pŧ	art IV Summary (See in	structions.)								
21	Listed property Enter amount from								21	
22	Total. Add amounts from line 12,	lines 14 through 17, lin	es 19 and 20 in colu	ımn (g)	, and line 21	Enter	here			
	and on the appropriate lines of yo	ur return Partnerships	and S corporations-	—see ir	nstructions				22	603
23	For assets shown above and place	ed in service during the	e current year, enter	the						
	portion of the basis attributable to	section 263A costs				23				