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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047 2014 Open to Public

A	For th	e 2014 c	alendar year, or tax year beginning , and ending	.40************************************		
В	Check if a		C Name of organization		D Employe	r identification number
	Address o	change	LITTLE SISTERS FUND, INC			
$\overline{\Box}$	Name cha	ange	Doing business as		20-5	581665
H		Ť	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
님	Initial retu Final retu		PO BOX 715 City or town, state or province, country, and ZIP or foreign postal code		208-	293-2499
Ш	terminate					500 500
	Amended	return	KETCHUM ID 83340 F Name and address of principal officer	, J	G Gross rec	eipts\$ 702,582
$\overline{\sqcap}$	Applicatio	on pending		H(a) Is this a gro	up return for s	ubordinates? Yes X No
	, .ppoc	,, ponomg	TREVOR PATZER 201 LADYBUG WAY	H(b) A = all = b		7. 7.
				H(b) Are all sub		(see instructions)
_			EDGEWATER MD 21037	- " "	attaci a iist	(see hish delicits)
1		mpt status	X 501(c)(3) 501(c) ()	-		
<u>J</u> _	Website			H(c) Group exer		
		organization		ear of formation 1	998	M State of legal domicile ID
	Part I		mmary			
	' '	•	scribe the organization's mission or most significant activities		7ED 001	*****
ည်			ROVIDE HARDWORKING, INTELLIGENT, AND FINANCIALLY DI			
			N GIRLS THE OPPORTUNITY TO OBTAIN AN EDUCATION IN T			ERSE
.			ITIONS SUCH AS EXTREME POVERTY, DEPRIVATION OR SOCI			
_0	2 (s box I if the organization discontinued its operations or disposed of more than 25	% of its net ass	1 1	_
್ದ್ಯ	3 1		of voting members of the governing body (Part VI, line 1a)		3	5
	4 1		of independent voting members of the governing body (Part VI, line 1b)		4	5
<u>`</u>	5		nber of individuals employed in calendar year 2014 (Part V, line 2a)		5	2
K	6.		nber of volunteers (estimate if necessary)		6	200
Z	/a		elated business revenue from Part VIII, column (C), line 12		7a	0
7	(0 (Net unrei	ated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
Revenue ANNEActivities & Governance	3 8 6	Contribut	ions and grants (Part VIII, line 1h)		2,649	581,155
	ا و	Drogram			-,015	0 0
Ş.	10 1	. •	~ 181 101 -	24	1,479	20,557
æ	11 (Other rev	enue (Part VIII, column (A), lines 3, 4, and 7d) U JUL 3 0 2015		-,-,-	0
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, colpany (A), line 12)	367	7,128	601,712
			nd similar amounts paid (Part IX, column (A), lines 1–3 UGDEN IT		2,867	265,303
	i		paid to or for members (Part IX, column (A), line 4)		,,,,,,,	0
(A)	، مد ا	•	other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,843	99,851	
Se	16a F		,,,,,,	0		
xpenses	, ida.		nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 30,804			
Ä			penses (Part IX, column (A), lines 11a–11d, 11f–24e)	3(,281	30,511
			enses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,991	395,665
			less expenses Subtract line 18 from line 12		1,863	206,047
5	<u> </u>	tovolide	COS EXPENSES CONTROL TO HOW INC. 12	Beginning of Curi		End of Year
Net Assets or	20	Total ass	ets (Part X, line 16)	1,291	1,098	1,562,179
ASS	21	Total liab	lities (Part X, line 26)		2,113	3,349
Se	22 1	Net asset	s or fund balances Subtract line 21 from line 20	1,288	3,985	1,558,830
F	Part II	Sig	gnature Block	,	•	
ī	Inder per	nalties of p	perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to the be	st of my kn	owledge and belief, it is
			emplete Declaration of preparer (other than officer) is based on all information of which preparer h			
			1-10		71	27/15
Sig	gn	s	gnature of officer		Date	
He	ere	N	TREVOR PATZER OFFICE	ER		
_		T	ype or print name and title			
		Print/Type	preparer's name Preparer's suffinature	Date	Check	ıf PTIN
Pai	id	LINDA	P. CHAMBERS MULLI COMU	07/23/	/15 self-em	ployed P00157522
Pre	eparer	Firm's nar	. DECKED CHANNED C CO D'A		rm's EIN	84-0437743
Us	e Only		PO BOX 909	·		
		Firm's add	TRATER TO 02222 0000	 Pi	hone no	208-788-9595
Ma	y the IR		s this return with the preparer shown above? (see instructions)			Yes No
		ork Redu	ction Act Notice, see the separate instructions			Form 990 (2014)
DAA	١.			_	- 01	

Form 990 (2014)	LITTLE SISTERS FU	ND, INC	20-5581665	Page 2
Part III 'St	tatement of Program Servi	ce Accomplishments		
		a response or note to any li	ne in this Part III	X
TO PROVI ASIAN GI	IRLS THE OPPORTUN	ITY TO OBTAIN AN	FINANCIALLY DISADVANTA EDUCATION IN THE FACE VATION OR SOCIAL PREJU	OF ADVERSE
2 Did the organ	nızatıon undertake any sıgnıficant ı	program services during the year w	hich were not listed on the	
	90 or 990-EZ?	3,		Yes X No
If "Yes," desc	cribe these new services on Sched	lule O		
3 Did the organ	nization cease conducting, or mak	e significant changes in how it cond	ducts, any program	
services?				Yes X No
	cribe these changes on Schedule			
expenses Se		inizations are required to report the	e largest program services, as measured by amount of grants and allocations to others,	
SCHOOL 1	AND PROMOTE EDUC TUITION, BASIC NE	31,470 including grants of \$ ATION, ALLEVIATE EDS ASSISTANCE AN ND SECONDARY STUD	POVERTY, PROVIDE D MENTORING TO)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	m services (Describe in Schedule	·		
(Expenses \$		ding grants of \$) (Revenue \$	<u> </u>
4e Total progran	n service expenses >	332,011		

Part IV ' Checklist of Required Schedules

	•		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	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
E	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 98-197 If "Yes," complete Schedule C,	_		17
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_5		X
Ü	•			
	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			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		_ X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_7		
٠	complete Schedule D, Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Λ
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	-	
	VII, VIII, IX, or X as applicable			
а			1	
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	77
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.7
20-	If "Yes," complete Schedule G, Part III	19		X
20a h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV ' Checklist of Required Schedules (continued)

	`		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	- 1	1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>_X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		l	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ĺ		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	I	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		\neg	
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•	1	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		t t	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-		
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-	f	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable			
	related organization? 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	ŀ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
-	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		55		

ra	Chack if School to O contains a reconage are note to any line in this Bort V					
	Check if Schedule O contains a response or note to any line in this Part V				T	
4.	Fator the number recorded in Day 2 of Farm 1000 Fator 0 of act and sold	ا د ا	1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1 0		ŀ	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<u> </u>	\dashv		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	ļ
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		2			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b_	X	
•	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	.)			-	l
3a _	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule (3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		y			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a		X
D	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A (FBAR)	ccoun	ls			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			50		v
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	lion				<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	•		<u>5c</u>		
- Ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	nc or		0a		
~	gifts were not tax deductible?	115 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			00	-	\vdash
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for or	onds				
_	and services provided to the payor?	0003		7a	х	İ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	۹.		10		<u></u>
	required to file Form 8282?	•		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		'		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	_	?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Foi		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer					
	sponsoring organization have excess business holdings at any time during the year?	,		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a			•	
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	,	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which	,				
	the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		L
DAA				For	m 99 0	(2014)

Form 990 (2014) LITTLE SISTERS FUND, INC 20-5581665 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 5 Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 5 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did 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? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records BECKER, CHAMBERS & CO. PO BOX 909

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20-55816	<u>د ج</u>	

Page 7

rorm 990	(2014)		SISIEKS	FUND,	INC	20-3361663	Pag
Part V	•	Compensati	on of Office	rs, Direc	tors, Trustee	s, Key Employees, Highest Compensated	Employees, and
	•	Independen	t Contractor	S			_
	1	Check if Sch	edule O conta	ains a res	sponse or note	e to any line in this Part VII	

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

(A) Name and Title	(B) Average hours per week (list any	bo: off	x, unle icer ai	Pos check ess pe	rson i irecto	than or s both r/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SAUDAMINI SIEGRI	3.00									
DIRECTOR	0.00	x			i			o	0	d
(2) ALISA NEWMAN HOO		 ^		_						
(2,1	7.00					1				
DIRECTOR_	0.00	X						o	0	0
(3) TREVOR PATZER										
	40.00									
SECRETARY/EXEC DIR	0.00	_		X	<u> </u>	_		75,191	0	1,386
(4) LISA CAPUTO	5 00									
DDD CTOUVE	5.00			3.7					0	_
PRESIDENT (5) JIM BELLES	0.00	\vdash		X	 			0	0	0
(5) OIM BEHHES	3.00	l	l	l						
TREASURER	0.00			x				o	0	o
(6)										
(7)		_								
(8)										
(9)										
(10)							_ _			
(11)										
DAA		1				<u> </u>	L			Form 990 (20

•	• (A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson	than o s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	a	(F) Estimate amount o other ompensa from the	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 <u>2</u> 1333 missy)		organizati and relati rganizati	on ed
(12)					-								
(13)				_									
											_		
(14)													
(15)													
(16)		<u> </u>											
(17)							-						
(18)													
(19)													
1b	Sub-total	<u> </u>	!					>	75,191				1,386
c d	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S	Secti	on A	4			▶	75,191				1,386
2	Total number of individuals (in reportable compensation from	ncluding but not l the organization	ımıte ı ▶	d to 0	thos	e lis	ted a	bov	e) who received more than	\$100,000 of			
3	Did the organization list any fo								oyee, or highest compensa	ited	٢		res No
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	able	com	pens	atio			-	3	X
5	Individual Did any person listed on line 1 for services rendered to the or	la receive or acc rganization? If "Y	rue o	comp	ens: plete	ation Scl	fron nedu	n an le J	y unrelated organization or for such person	ndıvıdual	-	5	x
Sect 1	ion B. Independent Contractor Complete this table for your fire		ensa	ted i	nder	end	ent c	ontr	ractors that received more	than \$100 000 of			
	compensation from the organi	(A) business address	ompe	ensa	tion	for th	ne ca	lenc	dar year ending with or with	in the organization's tax ye (B) tion of services	ear	Com	(C) pensation
	Harrie and	business address							резспр	aun oi services		Com	ensation
						-							
										· · · · · · · · · · · · · · · · · · ·			-
2	Total number of independent received more than \$100,000								se listed above) who				
DAA	10001400 more than \$100,000	or compensation	11011	ı ule	, orga	ar IIZ	atiOI1			0		Form	990 (2014)

Pari	. •	Ill Statement of Reve		tains a	response o	r note to any line ir	this Part VIII		П
•	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Ints	1a	Federated campaigns	1a					······································	
e io	b	Membership dues	1b				1		,
Ağ,	С	Fundraising events	1c				1		
<u> </u>	d	Related organizations	1d				1		
S.E	е	Government grants (contributions)	1e						
ig a	f	All other contributions, gifts, grants, and similar amounts not included above							
ള			1f	·	581,155				
20		Noncash contributions included in lines 1a	-1f :	5	780	503 155	I		
9 0	<u>n</u>	Total. Add lines 1a-1f				581,155			
e l	2a				Busn Code		İ		
Se	b								
S	c				-		-		
Sen	d								
E	e								
Program Service Revenue Contributions, Giffs, Grants and Other Similar Amounts	f	All other program service reve	nue						
<u>a</u>	g	Total Add lines 2a-2f			<u> </u>				
	3	Investment income (including	dıvıden	ds, intere	est,				
- 1		and other similar amounts)			. •	18,653			18,653
- 1	4	Income from investment of tax	k-exem	ot bond p	roceeds -				
	5	Royalties (i) Real		()	Personal		-		
	6a	Gross rents	-	(11)	reisoriai				
	b	Less rental exps	<u> </u>						
	c	Rental inc or (loss)							
	d	Net rental income or (loss)			•		1		İ
	7a	Gross amount from (i) Securities sales of assets		(n)) Other			·····	
		other than inventory 100	,764		2,010				
	b	Less cost or other							
		basis & sales exps100 ,							
		· / —	-106		2,010				
		Net gain or (loss)	г			1,904	-106	1	2,010
e l	8a	Gross income from fundraising eve	ents						
Ven		(not including \$							
å		of contributions reported on line 1c See Part IV, line 18							
Other Revenue	b	Less direct expenses	a b						
ŏ	c	Net income or (loss) from fund		events					
	9a	Gross income from gaming activities	г	CVCINS					
		See Part IV, line 19	а		E				
	b	Less direct expenses	ь						
	С	Net income or (loss) from gam	ing act	ıvıtıes	•				
1	0a	Gross sales of inventory, less							
		returns and allowances	а						
	b	Less cost of goods sold	ь				1		
⊢	С	Net income or (loss) from sale	s of inv	entory	•				·
- }-	_	Miscellaneous Revenue			Busn Code		1		
1	1a					ļ. <u>.</u>			
	b					+			
	G	All other revenue			-				
	d e	Total Add lines 11a11d							
1	2	Total revenue. See instruction	ns			601,712	-106	0	20,663
		Total Teveride, Occ mismuchol	13				-100		20,003

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Fundraising Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 265,303 265,303 Benefits paid to or for members 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) 90,858 22,715 45,428 22,715 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,386 692 Other employee benefits 347 347 Payroll taxes 7,607 3,803 1,902 1,902 10 Fees for services (non-employees) a Management Legal 1,484 1,484 Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 254 203 51 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 19,267 14,016 3,504 1,747 17 Travel 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 172 86 22 Depreciation, depletion, and amortization 86 2,048 879 734 435 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) MEALS & ENTERTAINMENT 1,445 1,445 1,427 571 571 TELEPHONE 285 1,079 STUDENT EXPENSES 1,079 С FUNDRAISER FEES 1,060 060 d 2,275 240 1,304 731 e All other expenses 395,665 332,011 32,850 Total functional expenses Add lines 1 through 24e 30,804 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** · Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 197,682 Cash-non-interest bearing 173,983 2 Savings and temporary cash investments 400,000 2 450,000 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 2,592 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 3,571 other basis Complete Part VI of Schedule D 3,111 b Less accumulated depreciation 10b 964 10c 460 Investments—publicly traded securities 692,452 935,144 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,291,098 1,562,179 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 2,113 of Schedule D 2,113 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 1,288,985 32 1,558,830 33 Total net assets or fund balances 1,288,985 1,558,830 1,291,098 1,562,179 Total liabilities and net assets/fund balances

Form 990 (2014)

	1 990 (2014) LITTLE SISTERS FUND, INC 20-5581665				Pag	ge 12
Pa	art XI Reconciliation of Net Assets		-			
	 Check if Schedule O contains a response or note to any line in this Part XI 					
1	'Total revenue (must equal Part VIII, column (A), line 12)	1		60	01,	712
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	95,	665
3	Revenue less expenses Subtract line 2 from line 1	3		20	06,	047
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_ 1	.,28	38,	985
5	Net unrealized gains (losses) on investments	5			63,	530
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				268
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10]	.,55	58,	830
Pa	irt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		ſ			
	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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Ī			
	reviewed on a separate basis, consolidated basis, or both			1		
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both			1		
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		İ]		
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		ŀ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h		

Form **990** (2014)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITTLE SISTERS FUND. INC

Employer identification number 20-5581665

			20110 / 1110				1.005						
Part	I Reas	on for Public Charity	Status (All organizations	must co	omplete	this part) See instruction	ns						
The org			e it is (For lines 1 through 11, o		_								
1 [A church, co	nvention of churches, or ass	ociation of churches described	ın sectio	n 170(b)(ʻ	I)(A)(ı).							
2	-	scribed in section 170(b)(1)(,								
3	7		ce organization described in sec	ction 170	(b)(1)(A)(iii).							
4	≒ `	•	d in conjunction with a hospital of			•	nosnital's name						
_	city, and stat		a machiganian min a maapitan	u000,1500	5551.5	Trotogrammy Enter the h	iospitars marrie,						
5	n ř		of a college or university owned	or operat	ad by a d	overnmental unit described in							
• _		(b)(1)(A)(iv). (Complete Part		or operat	eu by a g	overnmental unit described in							
٦ ،	¬			44-	16/L \/4\/A	N/- A							
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
7 <u>X</u>													
• -	described in section 170(b)(1)(A)(vi) (Complete Part II)												
8	- T		170(b)(1)(A)(vi). (Complete Part	•									
9 _			1) more than 33 1/3% of its supp				oss						
	receipts from	activities related to its exen	npt functions—subject to certain	exceptio	ns, and (2	2) no more than 33 1/3% of its							
		_	nd unrelated business taxable in	•									
_			0, 1975 See section 509(a)(2)										
10	An organizat	ion organized and operated	exclusively to test for public safe	ety See s	section 50	09(a)(4).							
11	An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or to carry out the purpo	ses of						
	one or more	publicly supported organizat	ions described in section 509(a	1)(1) or se	ction 509	9(a)(2). See section 509(a)(3)	. Check						
	the box in lin	es 11a through 11d that des	cribes the type of supporting org	ganization	and com	plete lines 11e, 11f, and 11g							
а	Type I. A su	pporting organization operate	ed, supervised, or controlled by	its suppo	rted organ	nization(s), typically by giving							
			o regularly appoint or elect a ma				q						
		You must complete Part I					•						
b [Type II. A su	ipporting organization superv	vised or controlled in connection	with its s	upported	organization(s), by having							
	_		organization vested in the same		* *								
		(s) You must complete Par				and the same of th							
с	n -	• •	orting organization operated in o	connectio	n with an	d functionally integrated with							
			tions) You must complete Par			· · · · · · · · · · · · · · · · · · ·							
d [ז		supporting organization operate		-								
u _	-												
			ganization generally must satisfy										
	7		t complete Part IV, Sections A	-									
e	_		d a written determination from t			ype I, Type II, Type III							
			nctionally integrated supporting	organizat	ion								
		r of supported organizations											
		ving information about the su	ipported organization(s)	1	-								
	me of supported	(ii) EIN	(iii) Type of organization	Livia	organization	(v) Amount of monetary	(vi) Amount of						
U	rganization		(described on lines 1–9 above or IRC section		ur governing ment?	support (see instructions)	other support (see instructions)						
			(see instructions))		-	Wild Collotts)	in Straction 37						
				Yes	No								
A)													
B)													
C)													
D)													
													
E)													
		F		ł	t i		I						

Page 2

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)

1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	membership fees received (Do not						
2		551,003	555,625	515,683	342,649	581,155	2,546,115
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	551,003	555,625	515,683	342,649	581,155	2,546,115
	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)						
	Public support. Subtract line 5 from line 4						1,149,180
	ion B. Total Support	l					1,396,935
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	551,003	555,625	515,683		 	
	Gross income from interest, dividends.	331,003	555,625	515,663	342,649	581,155	2,546,115
	payments received on securities loans, rents, royalties and income from similar sources	9,546	10,247	16,135	24,479	18,653	79,060
	Net income from unrelated business activities, whether or not the business is regularly carried on			_			
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support Add lines 7 through 10						2,625,175
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	second, third, for	irth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here						> _
Sect	ion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2014 (line 6	column (f) divided	by line 11, colum	n (f))		14	53 21%
15	Public support percentage from 2013 Sche	edule A, Part II, line	: 14			15	52 12%
16a	33 1/3% support test—2014. If the organi	zation did not chec	k the box on line	13, and line 14 is 3	3 1/3% or more, c	heck this	_
	box and stop here. The organization quali						► X
	33 1/3% support test—2013 If the organi				5 is 33 1/3% or mo	ore,	
	check this box and stop here. The organiz			_			▶ [_]
	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstan	ices" test. The org	anization qualifies	as a publicly supp	orted	
	organization						▶ _
	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization					d line	
	Explain in Part VI how the organization me				•	blicly	
	supported organization			-		•	▶ □
18	Private foundation If the organization did	not check a box o	n line 13, 16a, 16i	o, 17a, or 17b, che	ck this box and se	e	
	instructions						▶ □

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's fire	t second third fo	urth or fifth tox yo	or on a postupe FO:	1(0)(2)	
	organization, check this box and stop her		t, sccond, tima, io	uitii, oi ilitii tax ye	ai as a section so	1(0)(3)	▶ □
Sec	tion C. Computation of Public St		tage				
15	Public support percentage for 2014 (line 8			ın (f))		15	%
16	Public support percentage from 2013 Scho		•	.,,		16	%
	tion D. Computation of Investme		_			<u>, , , , , , , , , , , , , , , , , , , </u>	
17	Investment income percentage for 2014 (I			, column (f))		17	<u></u> %
18	Investment income percentage from 2013		•	• • • • • • • • • • • • • • • • • • • •		18	%
19a	33 1/3% support tests—2014. If the orga			e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this be						▶ □
b	33 1/3% support tests—2013. If the orga	nization did not ch	eck a box on line	14 or line 19a, and	line 16 is more that	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	is box and stop h	ere The organizat	ion qualifies as a p	oublicly supported	organization	▶ 🔲
20	Private foundation. If the organization did	d not check a box	on line 14, 19a or	19h check this ho	y and see instruct	ione	▶ □

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizatior
--

ect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b]	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	Ī	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings)	10b		

		0-2281002		_Page
Pai	rt IV · Supporting Organizations (continued)			
11 '	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		•	
-	below, the governing body of a supported organization?	11a	Ī	
b	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations		<u> </u>	<u> </u>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,		1	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soct	supervised, or controlled the supporting organization	2		L
Seci	ion C. Type II Supporting Organizations			
1	More a majority of the assessment of the discontinuous activistics of the discontinuous attacks of the	F	Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	1	
Sect	ion D. All Type III Supporting Organizations			·
	71		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior	tax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_		
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e instructions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government en	ity (see instructions)		
2 /	Activities Test Answer (a) and (b) below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
ű	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes.			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	1	1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		1
3	Parent of Supported Organizations Answer (a) and (b) below	125		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			Ī
	trustees of each of the supported organizations? Provide details in Part VI	3a	1	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3ь		1
		hedule A (Form 990	~~ 000 [-7\ 201

Р	ac	ıe	6

Schedule A (Form 990 or 990-EZ) 2014 LITTLE SISTERS FUND, INC	! 4	20-5581	665 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section.			
Section A - Adjusted Net Income	DIS A UIIC	(A) Prior Year	(B) Current Year (optional)
1_ Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4_ Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated		supporting organization (s	ee
instructions)	. , , , , , , ,		

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(or supporting Organiza	tions (continued)	
Section D - Distributions		· /	Current Year
Amounts paid to supported organizations to accomplish exempt pi			
2 Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
organizations, in excess of income from activity			ļ. — — — — — — — — — — — — — — — — — — —
3 Administrative expenses paid to accomplish exempt purposes of s	supported organizations	•	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the orga	anization is responsive		
(provide details in Part VI) See instructions			_
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2014	(III) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014			
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
С			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section			
D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if			
any Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions)			
7 Excess distributions carryover to 2015. Add lines 3j			
and 4c			
8 Breakdown of line 7			

Schedule A (Form 990 or 990-EZ) 2014

d Excess from 2013 e Excess from 2014 Schedule A (Form 990 or 990-EZ) 2014 LITTLE SISTERS FUND, INC

20-5581665

Page 8

Part VI: Supplemental Information. 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)

SCHEDULE D (Form 990)

Department of the Treasury Internar 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

L	ITTLE SISTERS FUND, INC		20-55816	65
	art I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or A		
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised		
	funds are the organization's property, subject to the organization's exi			Yes No
6	Did the organization inform all grantees, donors, and donor advisors i	n writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do			
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area	
	Protection of natural habitat	Preservation of a certified historic	c structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		Held at ti	e End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organizat	tion during the	
	tax year ▶	, ,	3	
4	Number of states where property subject to conservation easement is	located >		
5	Does the organization have a written policy regarding the periodic mo			
	violations, and enforcement of the conservation easements it holds?	J		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	rcing conservation easements during the vi	ear	
	>	3		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing	conservation easements during the year		
	▶ \$, ,		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , ,	,	Yes No
9	In Part XIII, describe how the organization reports conservation easer	nents in its revenue and expense statemen	nt. and	
	balance sheet, and include, if applicable, the text of the footnote to the	•	•	
	organization's accounting for conservation easements	-		
Pa	rt III Organizations Maintaining Collections of Art	, Historical Treasures, or Other S	Similar Assets	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and t	palance sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of	
	public service, provide, in Part XIII, the text of the footnote to its financial	cial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	nce sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of	
	public 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, of	or other similar assets for financial gain, pro	vide the	
	following amounts required to be reported under SFAS 116 (ASC 958			
а	Revenue included in Form 990, Part VIII, line 1		▶ \$	
b	Assets included in Form 990, Part X		▶ \$	
				

Sched	dule D (Form 990) 2014 LITTLE S				581665	Page 2
Par	rt III ' Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or Othe	r Similar Assets	(continued)
	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	s, check any of the follo	owing that are a signif	icant use of its	
а	Public exhibition	d 🗍	Loan or exchange prog	ırams		
b	Scholarly research		Other	,		
С	Preservation for future generations					
	Provide a description of the organization's	collections and explain	how they further the c	organization's exempt	purpose in Part	
	During the year, did the organization solicit	or receive donations (of art, historical treasur	es or other similar		
	assets to be sold to raise funds rather than					☐ Yes ☐ No
	rt IV Escrow and Custodial A		art of the organization	3 Collection?	- 4 484	
	Complete if the organization 990, Part X, line 21	•	to Form 990, Par	t IV, line 9, or repo	orted an amount o	on Form
12	Is the organization an agent, trustee, custo	dian or other intermed	ioni for contributions of	r other essets not		
	included on Form 990, Part X?	dian or other intermed	iary for contributions of	other assets not		☐ Yes ☐ No
	·	III and complete the fel	llouwaa tablo			Yes No
b	If "Yes," explain the arrangement in Part X	in and complete the lo	llowing table			Amount
_	Posinning halance				-	Amount
	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
	Ending balance				1f	
	Did the organization include an amount on	•	•	•		∐ Yes ∐ No
	If "Yes," explain the arrangement in Part X	II Check here if the ex	cplanation has been pro	ovided in Part XIII	-	
Pat	t V Endowment Funds.					
	Complete if the organization				Γ	<u> </u>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	400,000	350,000	300,000		· · · · · · · · · · · · · · · · · · ·
b	Contributions	50,000	50,000	50,000	50,000	50,000
С	Net investment earnings, gains, and					
	losses	1,480	961	968	·	
d	Grants or scholarships	1,480	961	968	1,322	1,195
е	Other expenditures for facilities and					
	programs					
f.	Administrative expenses					
g	End of year balance	450,000	400,000	350,000	300,000	250,000
2	Provide the estimated percentage of the cu	irrent year end balance	e (line 1g, column (a)) l	held as		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► 100.00 %	•				
c	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c sh	ould equal 100%				
3a	Are there endowment funds not in the poss	session of the organiza	tion that are held and	administered for the		
	organization by	J				Yes No
	(i) unrelated organizations					3a(ı) X
	(ii) related organizations					3a(ii) X
	If "Yes" to 3a(ii), are the related organization	ons listed as required o	n Schedule R?			3b
	Describe in Part XIII the intended uses of t					<u> </u>
	t VI Land, Buildings, and Equ		Willette folias	W		
1 41	Complete if the organization	•	to Form 990 Part	t IV line 11a See	Form 990 Part X	(line 10
	Description of property	(a) Cost or other b			Accumulated	
	besarption or property	(investment)	(othe		epreciation	(d) Book value
4.	Lond	(mesument)	(Oline	, de	, production	
	Land					
	Buildings					-
	Leasehold improvements			3 584	2 111	
	Equipment			3,571	3,111	460
	Other		<u> </u>	<u> </u>		
i otal.	Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	C)	<u> </u>	460

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Part VII	Investments—Other Securities.	5 000 D 111/1	441 0 5 000 0	
	· Complete if the organization answered "Yes" to			
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial			Cost of end-of-yea	ai market value
	eld equity interests		·	
(3) Other	eld equity interests			
(A)				
(A) (B)				
(C)				
(D)				
(E)				
(F)				
(G)			<u>.</u>	
(H)				
	ın (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.		ļ	
	Complete if the organization answered "Yes" to	Form 990 Part IV line	11c See Form 990 P	art X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	.,		Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		-	 .	
(8)				
(9)				
	in (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11d See Form 990. P	art X. line 15
	(a) Description	<u> </u>		(b) Book value
(1)		_	, <u>-</u>	
(2)			<u> </u>	
(3)			,	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11e or 11f See Form	990, Part X,
	line 25	,		,
1	(a) Description of fiability	(b) Book value		······································
(1) Federal	income taxes			
(2) PAYRO	OLL LIABILITIES	3,349		
(3)	-			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	3.349		

Sche	edule D (Form 990) 2014 LITTLE SISTERS FUND, INC		20-558166		Page 4
Pa	art XI · Reconciliation of Revenue per Audited Financial Stateme	ents W	ith Revenue per Re	turn.	-
	 Complete if the organization answered "Yes" to Form 990, Pa 	art IV, I	ine 12a.		
1	·Total revenue, gains, and other support per audited financial statements			1	598,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	63,530		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	602		
е	Add lines 2a through 2d			2e	64,132
3	Subtract line 2e from line 1			3	64,132 534,314
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b	67,398		
	Add lines 4a and 4b			4c	67,398
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	67,398 601,712
Pa	art XII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses per F	Retur	
	Complete if the organization answered "Yes" to Form 990, Pa		•		
1	Total expenses and losses per audited financial statements	,		1	410,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
	Donated services and use of facilities	2a			l
	Prior year adjustments	2b			l
	Other losses	2c			l
	Other (Describe in Part XIII)	2d	14,897		ı
	Add lines 2a through 2d	_ Zu]	14,097	ا ء	1/ 007
3	Subtract line 2e from line 1			2e	14,897 395,665
4		1 1		3	393,663
	Amounts included on Form 990, Part IX, line 25, but not on line 1	1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII)	4b			
	Add lines 4a and 4b			4c	205 665
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)			5	395,665
	art XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV			art X, I	ine
	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a				
P	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	IN	FINANCIALS -	OTH	ER
7.1	MODEL TARION OF DISCOURS		^		600
М	MORTIZATION OF DISCOUNT		\$		602
P	ART XI, LINE 4B - REVENUE AMOUNTS INCLUDED	ON I	RETIIRN - OTHE	P	
		011	. Coldination of the		
CI	HANGE IN RECEIVABLES		\$		67,398
			•		0.,000
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED	NI C	FINANCIALS -	OT	HER
_					
B	OOK/TAX DEPRECIATION DIFFERENCE		\$		333
٥.	HANGE IN PAYABLES				14 564
	TANIER IN PATABLES		C.		1/1 56/1

Schedule D (Form 990) 2014 LITTLE SISTERS FUND, INC

20-5581665

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

LITTLE SISTERS FUND, INC

Employer identification number 20-5581665

Part I	General Information Form 990, Part IV, line		utside the United States. C	omplete if the organization ans	wered "Yes" on
	rantmakers. Does the organ	zation maintain record	s to substantiate the amount of its gance, and the selection criteria used		
	or assistance?	ioi tile grants or assist	ance, and the selection chiena used	o to award the	X Yes No
	rantmakers. Describe in Part ance outside the United State		rocedures for monitoring the use of	its grants and other	
3 Activit	ies per Region (The followin	g Part I, line 3 table ca	n be duplicated if additional space is	s needed)	
(a) Reg	ion (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
SOUTH	ASIA				
(1)			GRANTMAKING		242,675
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)		 -			
(12)					
(13)	-				
(14)					
(15)					
(16)					
(17)		_			
3a Sub-tota b Total from co					242,675
sheets to Pa					
c Totals (a					0.10 675
lines 3a	ork Reduction Act Notice s	see the Instructions for	or Form 990	Caba	242,675

Page 2

20-5581665

INC

Schedule F (Form 990) 2014 LITTLE SISTERS FUND,

-orm 990, -	(I) Method of valuation (book, FMV, appraisal, other)	LSOO															
vered "Yes" on F	(h) Description of non-cash assistance	SELLES															
organization ansv e is needed	(g) Amount of non-cash assistance																
Complete if the cadditional space	(f) Manner of cash disbursement	WIRE															
United States. (in be duplicated if	(e) Amount of cash grant	242,675															
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	(d) Purpose of grant	EDUCATION															
nce to Organiz	(c) Region	SOUTH ASIA															
d Other Assistar 15, for any recip	(b) IRS code section and EIN (if applicable)				,							,					
	(a) Name of organization																
Part II	- -	Ð	(2)	9	(4)	(5)	(\$)	3	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

8

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 LITTLE SISTERS FUND, INC

20-5581665

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed Part III

Page 3

י מול זוי כמון כס מקשוממונים וו מסמונים וו איניים וו	ממקונוסוומי	שמכה וא ווכבתבת					•
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
							other)
(1) UNIVERSITY SCHOLARSHIP	SOUTH ASIA	SIA	22,628	САЅН			
(2)							
(3)							
(4)							.
(5)	*						
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Schedule	Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 LITTLE SISTERS FUND, INC

20-5581665

Page 5

Part V 'Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), 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).

PART I, LINE 3 - ACTIVITIES PER REGION

REGION

EXPENDITURES INVESTMENTS

SOUTH ASIA

\$ 242,675 \$

0

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 ACCOMPLISHMENT PROVIDE AND PROMOTE EDUCATION, ALLEVIATE POVERTY, PROVIDE SCHOOL TUITION, BASIC NEEDS ASSISTANCE AND MENTORING TO POOR NEPALI ELEMENTARY AND SECONDARY STUDENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR SENDS OUT TO ALL BOARD MEMBERS FOR THEIR REVIEW. ONCE ALL QUESTIONS WITH REGARDS TO THE 990 ARE ADDRESSED AND RESOLVED, THE EXECUTIVE DIRECTOR SUBMITS THE 990 TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS HAVE OPPORTUNITIES TO DISCLOSE ANY CONFLICT OF INTERESTS AT ADDITIONALLY, ANY DIRECTOR MAY BRING UP ANY CONFLICT OF BOARD MEETINGS. INTEREST AT ANY TIME VIA EMAIL, CONFERENCE CALL, OR PHONE CALLS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL TWO BOARD MEMBERS REVIEWED COMPARABLE 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 9 - RECONCILIATION OF CHANGES - OTHER AMORTIZATION OF DISCOUNT \$

602

Form 4562

Department of the Treasury

(99)

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

Name(s) shown on return Identifying number LITTLE SISTERS FUND, INC 20-5581665 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 500,000 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 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 married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2014 17 172 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property S/L 25 yrs h Residential rental 27 5 yrs S/L MM property 27 5 yrs мм S/L ММ Nonresidential real S/L 39 yrs property мм S/L Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs MM S/L Part IV Summary (See instructions) Listed property Enter amount from line 28 21 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 172 22 23 For assets shown above and placed in service during the current year, enter the

23