RubinBrown

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OUR LITTLE HAVEN
4316 LINDELL
ST. LOUIS, MO 63108

Dear Mike,

Enclosed are the original and one copy of your income tax returns for the period ended June 30, 2009 for:

OUR LITTLE HAVEN as follows...

2008 990 - Return of Organization Exempt from Income Tax
2008 Schedule A - Public Charity Status and Public Support
2008 Schedule B - Schedule of Contributors
2008 Schedule D - Supplemental Financial Statements
2008 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2008 Schedule L - Transactions with Interested Persons
2008 Schedule M - Noncash Contributions
2008 Schedule O - Supplemental Information to Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Form 990 must be made available for public inspection for a period of three years, beginning with the date the return is filed. The available document must be an exact copy of the return and schedules (including schedule B), as filed with the IRS, except that the names and the addresses of the contributors may be excluded. Any organization that fails to comply with this provision is subject to a penalty of $20 for each day that inspection is not permitted, up to a maximum of $10,000. Any organization that willfully fails to comply shall be subject to an additional penalty of $5,000. You are also required to provide copies of the return if you receive such a request. Should you receive a request for inspection or for copies of your return, you may want to contact us for further details.

Sincerely,

RubinBrown LLP

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Saint Louis, MO 63105

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Instructions for filing
OUR LITTLE HAVEN
Form 990 - Exempt Organization
for the period ended June 30, 2009

****

Signature...
The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...
The signed return should be filed on or before November 16, 2009 with...

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Payment of tax...
No payment of tax is required.

The return should be sent certified mail, return receipt requested.

****

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

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

Department of the Treasury
Internal Revenue Service

2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01 **, 2008, and ending** 06/30 **, 20**09

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending	
C Name of organization	OUR LITTLE HAVEN
Doing Business As	
Number and street (or P.O. box if mail is not delivered to street address) / Room/suite	4316 LINDELL
City or town, state or country, and ZIP + 4	ST. LOUIS, MO 63108
D Employer identification number	43-1567500
E Telephone number	(314)533-2229
G Gross receipts $	2,833,574.
F Name and address of principal officer:	SCOTT HUMMEL 4316 LINDELL ST. LOUIS, MO 63108
H(a) Is this a group return for affiliates?	Yes [ ] No [X]
H(b) Are all affiliates included?	Yes [ ] No [ ] If "No," attach a list. (see instructions)
I Tax-exempt status:	[X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527
J Website: ▶	WWW.OURLITTLEHAVEN.ORG
H(c) Group exemption number ▶	
K Type of organization:	[X] Corporation [ ] Trust [ ] Association [ ] Other ▶
L Year of formation:	1990
M State of legal domicile:	MO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
OUR LITTLE HAVEN IS RELENTLESSLY COMMITTED TO PROVIDING A SAFE, SECURE AND HEALING ENVIRONMENT FOR CHILDREN SUFFERING FROM THE TRAGEDY OF ABUSE AND NEGLECT.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33
5	Total number of employees (Part V, line 2a)	5	78
6	Total number of volunteers (estimate if necessary)	6	70
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue			
8	Contribution and grants (Part VIII, line 1h)	2,528,210.	2,499,351.
9	Program service revenue (Part VIII, line 2g)	NONE	NONE
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,248.	56,012.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	94,086.	154,437.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,705,544.	2,709,800.
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,941,243.	2,140,718.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 264,841.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	687,263.	627,756.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,628,506.	2,768,474.
19	Revenue less expenses. Subtract line 18 from line 12	77,038.	-58,674.
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	4,856,525.	4,444,885.
21	Total liabilities (Part X, line 26)	129,828.	117,561.
22	Net assets or fund balances. Subtract line 21 from line 20	4,726,697.	4,327,324.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ [ ]	Preparer's identifying number (see instructions)	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	RUBINBROWN LLP		EIN ▶	43-0765316
	ONE NORTH BRENTWOOD SAINT LOUIS, MO 63105		Phone no. ▶	314-290-3300

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,326,912. including grants of $ NONE) (Revenue $)

RESIDENTIAL TREATMENT-THERAPEUTIC RESIDENTIAL TREATMENT PROVIDES 24-HOUR CARE WITH INTENSIVE EARLY INTERVENTION SERVICES FOR CHILDREN AGES BIRTH THROUGH SEVEN YEARS OF AGE. EARLY INTERVENTION INCLUDES NURSING CARE, INDIVIDUAL AND GROUP PSYCHOTHERAPY, SPEECH, OCCUPATIONAL, PHYSICAL AND DEVELOPMENTAL THERAPIES, COMPREHENSIVE PSYCHOLOGICAL ASSESSMENT, MENTAL HEALTH THERAPY AND PSYCHIATRIC CONSULTATION.

4b (Code:) (Expenses $ 308,033. including grants of $ NONE) (Revenue $)

SEE STATEMENT 2

4c (Code:) (Expenses $ 284,338. including grants of $ NONE) (Revenue $)

SEE STATEMENT 3

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 4

(Expenses $ 450,202. including grants of $ NONE) (Revenue $)

4e Total program service expenses ▶ $ 2,369,485. *(Must equal Part IX, Line 25, column (B).)*

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?	2	X	
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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 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 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, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *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	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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**	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, Part I*	**31**		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 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, IV, and V, line 1*	**34**		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		X
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**		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 5		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 78		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a	X	
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 was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	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:			
a	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		

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body	1a 33		
b	Enter the number of voting members that are independent	1b 33		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material 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 of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
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	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
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:			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
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 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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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: ▶ MICHAEL BAHLINGER 4316 LINDELL ST. LOUIS, MO 63108
314-533-2229

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								201,388.	NONE	53,840.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue

43-1567500

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,075,091.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,424,260.				
	g Noncash contributions included in lines 1a-1f: $ 31,000.					
	h **Total.** Add lines 1a-1f ▶		2,499,351.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		NONE			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) STMT 5 ▶		56,012.			56,012.
	4 Income from investment of tax-exempt bond proceeds ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶		NONE			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶		NONE			
	8a Gross income from fundraising events (not including $ 193,850. of contributions reported on line 1c). See Part IV, line 18. a	STMT 6 260,830.				
	b Less: direct expenses b	123,774.				
	c Net income or (loss) from fundraising events STMT 7 ▶		137,056.			137,056.
	9a Gross income from gaming activities. See Part IV, line 19. a					
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities ▶		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less: cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		NONE			
	Miscellaneous Revenue	Business Code				
	11a MISCELLANEOUS	900099	17,381.			17,381.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		17,381.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		2,709,800.			210,449.

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).

Do not include amounts reported on lines 6b, 7b, 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 organizations in the U.S. See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	232,747.	92,829.	81,529.	58,389.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,539,642.	1,470,587.		69,055.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	NONE			
9 Other employee benefits	221,843.	190,243.	16,489.	15,111.
10 Payroll taxes	146,486.	129,656.	6,539.	10,291.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	NONE			
c Accounting	NONE			
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	42,000.	14,500.		27,500.
12 Advertising and promotion	19,241.	11,409.		7,832.
13 Office expenses	77,780.	74,961.	1,148.	1,671.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	654.	27.		627.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	997.	358.	264.	375.
20 Interest	2,155.		2,155.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	91,385.	82,313.	4,536.	4,536.
23 Insurance	67,003.	52,998.	10,615.	3,390.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a POSTAGE	6,874.	4,462.	1,680.	732.
b DATA PROCESSING	21,664.	20,735.	929.	
c DUES AND SUBSCRIPTIONS	13,251.	9,602.	910.	2,739.
d REPAIRS AND MAINTENANCE	29,603.	27,349.	2,224.	30.
e SPECIAL ACTIVITIES	6,451.	6,451.		
f All other expenses	248,698.	181,005.	5,130.	62,563.
25 **Total functional expenses.** Add lines 1 through 24f	2,768,474.	2,369,485.	134,148.	264,841.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	2,280,772.	2	2,157,497.
	3	Pledges and grants receivable, net	14,764.	3	52,500.
	4	Accounts receivable, net	80,695.	4	97,118.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L	NONE	5	20,817.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	147,771.	9	156,011.
	10a	Land, buildings, and equipment: cost basis — 10a: 2,292,562.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D — 10b: 1,284,341.	1,035,780.	10c	1,008,221.
	11	Investments - publicly traded securities	1,223,787.	11	883,088.
	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	72,656.	15	69,333.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,856,525.	16	4,444,885.
Liabilities	17	Accounts payable and accrued expenses	77,619.	17	82,437.
	18	Grants payable		18	
	19	Deferred revenue	15,000.	19	2,950.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, 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 STMT 9	37,209.	23	32,174.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	129,828.	26	117,561.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,711,933.	27	4,274,824.
	28	Temporarily restricted net assets	14,764.	28	52,500.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and 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		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,726,697.	33	4,327,324.
	34	Total liabilities and net assets/fund balances	4,856,525.	34	4,444,885.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
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	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________________

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col. **(i)** listed in your governing document?		**(v)** Did you notify the organization in col. **(i)** of your support?		**(vi)** Is the organization in col. **(i)** organized in the U.S.?		**(vii)** Amount of support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,879,366.	2,131,455.	2,448,220.	2,528,210.	2,499,351.	11,486,602.
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 1-3	1,879,366.	2,131,455.	2,448,220.	2,528,210.	2,499,351.	11,486,602.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						11,486,602.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,879,366.	2,131,455.	2,448,220.	2,528,210.	2,499,351.	11,486,602.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,928.	65,358.	111,668.	83,586.	56,012.	365,552.
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.)	278,218.	128,379.	112,147.	94,086.	154,437.	767,267.
11 **Total support.** Add lines 7 through 10						12,619,421.

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, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 | 91.02 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 | 81.25 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒ X

b **33 1/3% support test - 2007.** If the organization 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 organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization

OUR LITTLE HAVEN

Employer identification number

43-1567500

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ► $ ______________

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization OUR LITTLE HAVEN

Employer identification number 43-1567500

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CONTRIBUTIONS < 2% PART VIII, LINE 1H N/A	$ 739,804.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	CATHOLIC CHARITIES 4532 LINDELL BLVD ST. LOUIS, MO 63108	$ 555,556.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	U.S. DEPT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	$ 130,602.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	MISSOURI FOUNDATION FOR HEALTH 1000 ST. LOUIS UNION STATION, STE 400 ST. LOUIS, MO 63103	$ 97,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	ST. LOUIS MENTAL HEALTH BOARD 4144 LINDELL BLVD ST. LOUIS, MO 63108	$ 343,648.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	STATE OF MISSOURI - CHILDREN'S DIVISION P.O. BOX 88 JEFFERSON, MO 65102	$ 587,171.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization OUR LITTLE HAVEN

Employer identification number 43-1567500

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	NON CASH CONTRIBUTIONS < 2%	$ 31,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
8	GOVERNMENT GRANTS < 2%	$ 13,670.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization OUR LITTLE HAVEN

Employer identification number 43-1567500

Part II **Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	REPLACEMENT OF ROOF	$ 31,000.	VAR

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part 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 (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ______

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . . ☐ Yes ☐ No

Part IV **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V **Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,335,806.				
b Contributions					
c Investment earnings or losses	-306,546.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,029,260.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ 100.0000 %

b Permanent endowment ▶ ______ %

c Term endowment ▶ ______ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI **Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	NONE	92,000.		92,000.
b Buildings	NONE	895,975.	341,697.	554,278.
c Leasehold improvements	NONE	931,824.	598,092.	333,732.
d Equipment	NONE	372,763.	344,552.	28,211.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,008,221.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 13.)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,709,800.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,768,474.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-58,674.
4	Net unrealized gains (losses) on investments	4	-340,699.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-340,699.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-399,373.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,729,800.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	20,000.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	20,000.
3	Subtract line **2e** from line **1**			3	2,709,800.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	2,709,800.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,788,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	20,000.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	20,000.
3	Subtract line **2e** from line **1**			3	2,768,474.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	2,768,474.

Part XIV Supplemental Information

Complete 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS ARE TO FURTHER THE MISSION OF THE ORGANIZATION, WITH A PRIMARY FOCUS OF GENERATING FUNDS FOR PROGRAMS, SERVICES, BUILDING AND CAPITAL IMPROVEMENTS AND TO ENHANCE THE DEVELOPMENT OF THE ORGANIZATION.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization: OUR LITTLE HAVEN
Employer identification number: 43-1567500

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a [X] Mail solicitations
b [X] Email solicitations
c [ ] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

MO,

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 DINNER/AUCTION (event type)	(c) Other Events 18 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	165,495.	126,053.	163,132.	454,680.
	2 Less: Charitable contributions	75,495.	84,053.	34,302.	193,850.
	3 Gross revenue (line 1 minus line 2)	90,000.	42,000.	128,830.	260,830.
Direct Expenses	4 Cash prizes	100.	5,000.		5,100.
	5 Non-cash prizes		5,550.		5,550.
	6 Rent/facility costs	18,360.	18,041.		36,401.
	7 Other direct expenses	18,910.	3,951.	53,862.	76,723.
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(123,774.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				137,056.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: ____________			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain: ____________			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain: ____________			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	**13a** %			
b	An outside facility	**13b** %			
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records: Name ▶ ____________ Address ▶ ____________				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________.				
c	If "Yes," enter name and address: Name ▶ ____________ Address ▶ ____________				
16	Gaming manager information: Name ▶ ____________ Gaming manager compensation ▶ $ ________ Description of services provided ▶ ____________ ☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: OUR LITTLE HAVEN

Employer Identification number: 43-1567500

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
JERRY ADAMS BOARD MEMBER	1.	X						NONE	NONE	NONE
DENISE BAHLINGER BOARD MEMBER	1.	X						NONE	NONE	NONE
PETER BARKOFSKE EXECUTIVE COMMITTEE	1.	X						NONE	NONE	NONE
MARK MAGER BOARD MEMBER	1.	X						NONE	NONE	NONE
ANNE GOLTERMAN BOARD MEMBER	1.	X						NONE	NONE	NONE
ROBERT GOLTERMAN EXECUTIVE COMMITTEE	1.	X						NONE	NONE	NONE
JOHN IRACE BOARD MEMBER	1.	X						NONE	NONE	NONE
ANTHONY JONES BOARD MEMBER	1.	X						NONE	NONE	NONE
JAMES KELLEHER SECRETARY	1.	X		X				NONE	NONE	NONE
ANNE KELLEHER BOARD MEMBER	1.	X						NONE	NONE	NONE
PAUL KLUG EXECUTIVE COMMITTEE	1.	X						NONE	NONE	NONE
ROBERT MEYER BOARD MEMBER	1.	X						NONE	NONE	NONE
CHRISTINE NEWBOLD BOARD MEMBER	1.	X						NONE	NONE	NONE
WILLIAM NEWBOLD CHAIRMAN	1.	X		X				NONE	NONE	NONE
BRIAN PALUCH BOARD MEMBER	1.	X						NONE	NONE	NONE
JOHN SEILER EXECUTIVE COMMITTEE	1.	X						NONE	NONE	NONE
GARY TOMPKINS BOARD MEMBER	1.	X						NONE	NONE	NONE
DONALD VIETOR TREASURER	1.	X		X				NONE	NONE	NONE
REV. ROBERT WEISS, S.J. EXECUTIVE COMMITTEE	1.	X						NONE	NONE	NONE
STEPHEN HECK BOARD MEMBER	1.	X						NONE	NONE	NONE
DARRYL T. JONES BOARD MEMBER	1.	X						NONE	NONE	NONE

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

SCHEDULE J-2 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization	Employer Identification number
OUR LITTLE HAVEN	43-1567500

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PETER BAXENDALE BOARD MEMBER	1.	X						NONE	NONE	NONE
DANIEL CHARLES BOARD MEMBER	1.	X						NONE	NONE	NONE
STACY HASTIE EXECUTIVE COMMITTEE	1.	X						NONE	NONE	NONE
RISA ZWERLING BOARD MEMBER	1.	X						NONE	NONE	NONE
MATT MCGRATH BOARD MEMBER	1.	X						NONE	NONE	NONE
KAREN BEASLEY BOARD MEMBER	1.	X						NONE	NONE	NONE
LISA CHANDLER BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVID NESTOR BOARD MEMBER	1.	X						NONE	NONE	NONE
SCOTT THOMLISON BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVE NIETERS BOARD MEMBER	1.	X						NONE	NONE	NONE
DENISE MEYER BOARD MEMBER	1.	X						NONE	NONE	NONE
JIM SOUERS BOARD MEMBER	1.	X						NONE	NONE	NONE
SCOTT HUMMEL EXECUTIVE DIRECTOR	40.			X				111,297.	NONE	27,559.
MIKE BAHLINGER FINANCE DIRECTOR	40.			X				90,091.	NONE	26,281.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule J-2 (Form 990) 2008**

JSA

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No. 1545-0047
2008
Open To Public Inspection

Name of the organization
OUR LITTLE HAVEN

Employer identification number
43-1567500

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
SCOTT HUMMEL VARIOUS		X	20,817.	20,817.		X	X			X
Total . . . ▶ $				20,817.						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

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

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Non-Cash Contributions

▶To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(STMT 10)		1.	31,000.	
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29: 1

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

CONFLICT OF INTEREST POLICY

FORM 990 PART VI, LINE 12

EMPLOYEES, MANAGEMENT AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS ANNUALLY.

THE BOARD MONITORS AND ENFORCES CONFLICTS OF INTEREST ANNUALLY BY REVIEWING SIGNED STATEMENTS AND HOLDING DISCUSSIONS AT BOARD MEETINGS.

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

COMPENSATION

FORM 990 PART VI, LINE 15

COMPENSATION AMOUNTS ARE SUGGESTED BY THE FINANCE DIRECTOR TO THE BOARD'S COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION, DISCUSSES AND APPROVES AMOUNTS.

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

REVIEW OF FORM 990

FORM 990, PART VI, LINE 10

THE FORM 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM, THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE RETURN.

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE RELATIONSHIPS

FORM 990 PART VI, LINE 2

CERTAIN BOARD MEMBERS OF THE ORGANIZATION ARE RELATED TO EACH OTHER THROUGH FAMILY RELATIONSHIPS. THE FOLLOWING BOARD MEMBERS HAVE FAMILY RELATIONSHIPS:

JAMES KELLEHER AND ANNE KELLEHER

DENISE MEYER AND ROBERT MEYER

CHRISTINE NEWBOLD AND WILLIAM NEWBOLD

ANNE GOLTERMAN AND ROBERT GOLTERMAN

MIKE BAHLINGER AND DENISE BAHLINGER

Name of the organization: OUR LITTLE HAVEN

Employer identification number: 43-1567500

AVAILABILITY OF DOCUMENTS FOR THE PUBLIC

PART VI, LINE 19

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON OUR LITTLE HAVEN'S WEBSITE AND UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OUR LITTLE HAVEN'S PRIMARY PURPOSE IS TO ASSESS, TREAT AND HEAL THE YOUNGEST VICTIMS OF CHILD ABUSE AND NEGLECT. OUR LITTLE HAVEN'S TREATMENT PROVIDES A COMMUNITY BASED, EARLY INTERVENTION MODEL, WHICH INCLUDES A SUITE OF PROGRAMS DESIGNED TO HELP THOSE YOUNG CHILDREN SUFFERING FROM THE TRAUMA OF ABUSE AND NEGLECT.

FORM 990, PART III - PROGRAM SERVICES
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4B PROGRAM SERVICE

KEYSTONE PROGRAM - A COLLECTION OF SERVICES INCLUDING: -OUTPATIENT ASSESSMENT & TREATMENT: OUR LITTLE HAVEN OFFERS OUTPATIENT COUNSELING AND PSYCHOLOGICAL SERVICES TO THE GENERAL PUBLIC THROUGH THE KEYSTONE PROGRAM. LICENSED PSYCHOLOGISTS, SOCIAL WORKERS AND COUNSELORS PROVIDE ASSESSMENT (ALL AGES) AND TREATMENT (AGES INFANT-12, ADULTS AND FAMILIES) AT AGENCY OFFICES, OR IN SOME CASES IN THE CLIENT'S HOME. PSYCHIATRIC CONSULTATION MAY BE SCHEDULED AS NEEDED FOLLOWING INTAKE WITH CLINICIANS. PROBLEMS ADDRESSED INCLUDE: DEPRESSION; ANXIETIES AND FEARS; SCHOOL PROBLEMS INCLUDING ATTENTION DEFICIT HYPERACTIVITY DISORDER OR LEARNING DISORDERS; BEHAVIORAL PROBLEMS SUCH AS TEMPER TANTRUMS, DEFIANCE OR RULE-BREAKING; REACTIONS TO FAMILY PROBLEMS, LIFE CHANGES OR LOSS OF LOVED ONES; DIFFICULTIES FOLLOWING TRAUMATIC EVENTS AND CONCERNS ABOUT A CHILD'S DEVELOPMENT. OUTPATIENT SERVICES TAKE PLACE AT THE KEYSTONE SERVICES BUILDING. IN-HOME THERAPY IS ALSO AVAILABLE. -PARENT-CHILD INTERACTION THERAPY: PARENT-CHILD INTERACTION THERAPY (PCIT) PROMOTES A CLOSER, MORE COOPERATIVE RELATIONSHIP BETWEEN A PARENT AND THEIR 2-TO-12 YEAR OLD CHILD AND REDUCES PROBLEM BEHAVIORS. OVER THE COURSE OF A 12-16 WEEK TREATMENT PERIOD, A SPECIALLY TRAINED CLINICIAN COACHES THE PARENT IN THE APPLICATION OF BEHAVIOR MANAGEMENT SKILLS AND TRACKS THEIR USAGE. PARENTS QUICKLY MASTER NEW SKILL LEVELS AND RECEIVE CONTINUING VALIDATION, SUPPORT AND REINFORCEMENT AS THEY STRIVE TO INCREASE THEIR CHILD'S WILLINGNESS TO COOPERATE. PARENT-CHILD INTERACTION THERAPY USES A SPECIALIZED TREATMENT PLAYROOM EQUIPPED WITH PARENT EARPIECES AND AN AUDIOVISUAL SYSTEM. CLINICIANS COACH FROM BEHIND ONE-WAY MIRRORS AND ISSUE VERBAL DIRECTIVES THROUGH THE EARPIECE TO PARENTS AS THEY INTERACT WITH THEIR CHILDREN, ACCOMPLISHING IN WEEKS WHAT FORMERLY TOOK MONTHS -THE PARENT/CHILD PROGRAM: PARENTS, CAREGIVERS AND CHILDREN ATTEND THIS 12-WEEK THERAPEUTIC GROUP TOGETHER TO TEACH A NEW, CLOSER WAY TO BE A FAMILY. WITH THE SUPPORT OF OTHER PARENTS AND THROUGH OUR LITTLE HAVEN'S UNIQUE APPROACH (PSYCHO EDUCATION + THERAPIST-COACHING) PARENTS LEARN NEW TECHNIQUES FOR BETTER COOPERATION AND A CLOSER RELATIONSHIP. CHILDREN GAIN INCREASED COMFORT IN THEIR PARENTS' GROWING KNOWLEDGE AND PARENTING SKILL, WHILE LEARNING TO UNDERSTAND AND APPROPRIATELY EXPRESS THEIR OWN FEELINGS.

4C PROGRAM SERVICE

FORM 990, PART III - PROGRAM SERVICES
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OUR LITTLE ACADEMY (A THERAPEUTIC PRESCHOOL) - THIS INNOVATIVE DAY TREATMENT PROGRAM IS UNIQUE TO THE REGION, ONE OF ONLY THREE SUCH PROGRAMS LICENSED BY THE DEPARTMENT OF MENTAL HEALTH IN THE STATE OF MISSOURI AS A PRESCHOOL DAY TREATMENT FACILITY. OUR LITTLE ACADEMY PROVIDES THERAPEUTIC TREATMENT IN A PRESCHOOL SETTING FOR CHILDREN AGES 3-6 WHO CANNOT PARTICIPATE IN A TRADITIONAL PRESCHOOL/DAY CARE DUE TO BEHAVIORAL OR EMOTIONAL PROBLEMS. DIAGNOSES MAY INCLUDE REACTIVE ATTACHMENT DISORDER, ADHD, OPPOSITIONAL DEFIANT DISORDER, PTSD AND OTHER DISRUPTIVE BEHAVIORAL DISORDERS. INDIVIDUAL AND GROUP THERAPY, SMALL CLASS SIZE (3-4 CHILDREN) AND A HIGH THERAPIST-TO-CHILD RATIO (1:3) PROVIDE INDIVIDUALIZED TREATMENT AND NEEDED SUPPORT FOR CHILDREN AND FAMILIES.

STATEMENT 3

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
FOSTER CARE CASE MANAGEMENT: PROVIDES SERVICES FOR CHILDREN AND FAMILIES INVOLVED IN THE FOSTER CARE SYSTEM DUE TO ABUSE AND/OR NEGLECT. THE CHILDREN SERVED RANGE IN AGE BETWEEN NEWBORN TO 21 YEARS OF AGE. CASE MANAGERS ASSIST FAMILIES IN THE GOAL OF REUNIFICATION, BUT IF THAT IS NOT POSSIBLE, THEY WORK TO SECURE A SAFE, LOVING, AND PERMANENT HOME FOR FOSTER CHILDREN. OUR LITTLE HAVEN'S FOSTER CARE CASE MANAGEMENT STAFF AND OTHER ST. LOUIS PARTNERS ASSESS THE NEEDS OF CHILDREN AND FAMILIES, ARRANGE AND PROVIDE APPROPRIATE SERVICES AND MOVE CHILDREN INTO PERMANENCY WITHIN A SPECIFIED PERIOD OF TIME. MOVING CHILDREN INTO PERMANENCY MEANS PLACING CHILDREN IN A PERMANENT HOME/FAMILY SITUATION AS SOON AS POSSIBLE. THIS COULD INVOLVE A RETURN TO THE BIOLOGICAL FAMILY, A RELATIVE PLACEMENT OR AN ADOPTIVE HOME. STAFF WORK DIRECTLY WITH THE CHILDREN AND FAMILIES IN THE COMMUNITY WITH A NETWORK OF REFERRAL/SUPPORT AGENCIES AND THE COURT TO COORDINATE PLANS OF CARE THAT MEET THE OUTCOME CRITERIA OF THIS CONTRACT.	NONE	450,202.	
TOTALS	NONE	450,202.	

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	34,153.			34,153.
DIVIDENDS	21,859.			21,859.
TOTALS	56,012.			56,012.

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF TOURNAMENT	75,495.
DINNER DANCE	84,053.
SMALL EVENTS	34,302.
TOTAL	193,850.

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	90,000.	37,370.	52,630.
DINNER DANCE	42,000.	32,542.	9,458.
SMALL EVENTS	128,830.	53,862.	74,968.
TOTALS	260,830.	123,774.	137,056.

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
TOTALS	2,950.

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: MR. & MRS. DON EFKEN
INTEREST RATE: 6.170000
DATE OF NOTE: 10/01/1994
MATURITY DATE: 10/01/2014
REPAYMENT TERMS: MONTHLY PRIN./INT/ PMTS OF 599
SECURITY PROVIDED: DEED OF TRUST IN BUILDING

BEGINNING BALANCE DUE	37,209.
ENDING BALANCE DUE	32,174.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	37,209.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	32,174.

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
BUILDING IMPROVEMENT/ROOF REPLACEMENT	X	1	31,000.	FMV
TOTALS		1.	31,000.	