

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047  
**2006**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2006 calendar year, or tax year beginning** 07/01, 2006, and ending 06/30/2007

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization <b>OUR LITTLE HAVEN</b></p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4316 LINDELL</b></p> <p>City or town, state or country, and ZIP + 4 <b>ST. LOUIS, MO 63108</b></p>	<p><b>D</b> Employer identification number <b>43-1567500</b></p> <p><b>E</b> Telephone number <b>(314) 533-2229</b></p>	<p><b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual</p> <p><input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*H and I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G Website:** ▶ WWW.OURLITTLEHAVEN.ORG

**J Organization type** (check only one)  501(c) (3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,870,391.**

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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received:		
		<b>a</b>	Contributions to donor advised funds . . . . .	<b>1a</b>
		<b>b</b>	Direct public support (not included on line 1a) . . . . .	<b>1b</b>
		<b>c</b>	Indirect public support (not included on line 1a) . . . . .	<b>1c</b>
		<b>d</b>	Government contributions (grants) (not included on line 1a) . . . . .	<b>1d</b>
		<b>e</b>	Total (add lines 1a through 1d) (cash \$ <u>865,896.</u> noncash \$ <u>40,442.</u> )	<b>1e</b>
		<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>
		<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>
		<b>4</b>	Interest on savings and temporary cash investments . . . . .	<b>4</b>
		<b>5</b>	Dividends and interest from securities . . . . .	<b>5</b>
		<b>6 a</b>	Gross rents . . . . .	<b>6a</b>
		<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>
	<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a . . . . .	<b>6c</b>	
	<b>7</b>	Other investment income (describe ▶ )	<b>7</b>	
	<b>8 a</b>	Gross amount from sales of assets other than inventory . . . . .	<b>8a</b>	
		(A) Securities	(B) Other	
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>8b</b>	
	<b>c</b>	Gain or (loss) (attach schedule) . . . . .	<b>8c</b>	
	<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B) . . . . .	<b>8d</b>	
	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b>	Gross revenue (not including \$ <u>292,834.</u> of STMT 1 contributions reported on line 1b) . . . . . STMT. 2.	<b>9a</b>	
	<b>b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>9b</b>	
	<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a . . . . .	<b>9c</b>	
	<b>10 a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	
	<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a . . . . .	<b>10c</b>	
	<b>11</b>	Other revenue (from Part VII, line 103) . . . . .	<b>11</b>	
	<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	<b>12</b>	
<b>Expenses</b>	<b>13</b>	Program services (from line 44, column (B)) . . . . .	<b>13</b>	
	<b>14</b>	Management and general (from line 44, column (C)) . . . . .	<b>14</b>	
	<b>15</b>	Fundraising (from line 44, column (D)) . . . . .	<b>15</b>	
	<b>16</b>	Payments to affiliates (attach schedule) . . . . .	<b>16</b>	
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A) . . . . .	<b>17</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12 . . . . .	<b>18</b>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	<b>19</b>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . . STMT. 3 . . . STMT. 4 . . .	<b>20</b>	
	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18, 19, and 20 . . . . .	<b>21</b>	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2006)

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b> 187,118.	74,847.	74,767.	37,504.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 1,371,784.	1,285,787.	13,734.	72,263.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 33,914.	31,509.	335.	2,070.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 155,801.	130,194.	21,017.	4,590.
<b>29</b> Payroll taxes	<b>29</b> 123,348.	108,046.	6,772.	8,530.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 143,206.	136,774.	4,328.	2,104.
<b>34</b> Telephone	<b>34</b> 14,262.	12,430.	1,004.	828.
<b>35</b> Postage and shipping	<b>35</b> 6,298.	3,363.	715.	2,220.
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b> 30,155.	29,540.	615.	NONE
<b>38</b> Printing and publications	<b>38</b> 6,562.	3,845.	NONE	2,717.
<b>39</b> Travel	<b>39</b> 1,058.	510.	NONE	548.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 495.	252.	243.	NONE
<b>41</b> Interest	<b>41</b> 2,738.	NONE	2,738.	NONE
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 78,171.	61,884.	8,496.	7,791.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> STMT 5	<b>43a</b> 272,563.	214,073.	15,194.	43,296.
<b>b</b> _____	<b>43b</b>			
<b>c</b> _____	<b>43c</b>			
<b>d</b> _____	<b>43d</b>			
<b>e</b> _____	<b>43e</b>			
<b>f</b> _____	<b>43f</b>			
<b>g</b> _____	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b> 2,427,473.	2,093,054.	149,958.	184,461.

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing . . . . .	300.	45	300.
	46 Savings and temporary cash investments . . . . .	1,797,340.	46	2,072,683.
	47a Accounts receivable . . . . .	111,707.		
	47b Less: allowance for doubtful accounts . . . . .		82,955.	47c 111,707.
	48a Pledges receivable . . . . .	55,256.		
	48b Less: allowance for doubtful accounts . . . . .		107,743.	48c 55,256.
	49 Grants receivable . . . . .			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .			50a
	50b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule) . . . . .			
	51b Less: allowance for doubtful accounts . . . . .			51c
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .	106,775.	53	115,556.
	54a Investments - publicly-traded securities . STMT 8. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,167,440.	54a	1,386,441.
	54b Investments - other securities (attach schedule). . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55a Investments - land, buildings, and equipment: basis . . . . .				
55b Less: accumulated depreciation (attach schedule) . . . . .			55c	
56 Investments - other (attach schedule) . . . . .			56	
57a Land, buildings, and equipment: basis . . . . .	2,205,958.			
57b Less: accumulated depreciation (attach schedule) . . . . .	1,106,106.	1,154,955.	57c 1,099,852.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 9 )	47,796.	58	65,059.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	4,465,304.	59	4,906,854.	
Liabilities	60 Accounts payable and accrued expenses . . . . .	51,040.	60	55,870.
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .	5,900.	62	NONE
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .		64a	
	64b Mortgages and other notes payable (attach schedule) . . . . . STMT 10.	46,396.	64b	41,944.
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	103,336.	66	97,814.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted . . . . .	4,254,225.	67	4,753,784.
	68 Temporarily restricted . . . . .	107,743.	68	55,256.
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds . . . . .		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .		72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	4,361,968.	73	4,809,040.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	4,465,304.	74	4,906,854.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 30
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) STMT 1.B 75b X
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." 75c X
75d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: -0-, -0-, -0-, -0-

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76 X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? 77 X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X
78b If "Yes," has it filed a tax return on Form 990-T for this year? 78b N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79 X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a X
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a
81b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b   11,750.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   NONE ; section 4912   NONE ; section 4955   NONE		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	54
91 a	The books are in care of   MICHAEL BAHLINGER Telephone no.   314-533-2229		
	Located at   4316 LINDELL ST. LOUIS, MO ZIP + 4   63108		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c Yes No X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue: a, b MISCELLANEOUS, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1: STMT 20

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . Yes No X
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . Yes No X

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<b>106</b> Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	<b>Yes</b>	<b>No</b>
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	<b>Yes</b>	<b>No</b>
		<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
		<b>X</b>

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

**Please Sign Here**

▶ Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

▶ Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date _____	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>RUBINBROWN LLP</u> <u>ONE NORTH BRENTWOOD</u> <u>SAINT LOUIS, MO</u>	EIN ▶ <u>43-0765316</u>	Phone no. ▶ <u>314-290-3300</u>	