** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
<u> </u>
Open to Public
Inspection

A F	or the	2023 calendar year, or tax year beginning JU	JL 1, 2023 and	ending J	UN 30, 2024	·
B 0	heck if	C Name of organization			D Employer identif	ication number
а	oplicable				' '	
	Addres					
	Name change	B : 1 :			43-15675	00
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone numbe	
F	Final return/	4316 LINDELL			314-533-	
	termin ated		IP or foreign postal code		G Gross receipts \$	7,641,052.
Г	Ameno				H(a) Is this a group	
F	Application		T HUMMEL			s? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	
T T	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
	Vebsit		(0 02.	H(c) Group exemption	
			ociation Other	1 Year		M State of legal domicile; MO
	rt I	Summary		= 1001	or formation,	Wi Otato or logar dominono, == 0
		Briefly describe the organization's mission or most s	significant activities: CREA	TING A	COMMUNITY	WHERE
ce		CHILDREN ARE CHERISHED.	ngrimodrit dotivitios. <u></u>			
Jan			tinued its operations or dispos	sed of more	than 25% of its not as	eate
Governance		Number of voting members of the governing body (F	•		3	11
Ğ		Number of independent voting members of the gove				11
		Total number of individuals employed in calendar ye				37
Activities &						60
ţį		Total number of volunteers (estimate if necessary)				
Ac		Total unrelated business revenue from Part VIII, colu				
_	D	Net unrelated business taxable income from Form 9	90-1, Part I, line 11		7b	Current Year
	_	Operation of the state of the s			3,170,754.	2,396,974.
e						
en.					152,947.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4,			363,862.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-102,424.	
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		3,585,139.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A)	, line 4)		0.	
S		Salaries, other compensation, employee benefits (Pa			2,624,977.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir	e 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line	25) 382,6	<u>67.</u>		
û	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		912,447.	
	18	Total expenses. Add lines 13-17 (must equal Part IX	, column (A), line 25)		3,537,424.	3,010,737.
	19	Revenue less expenses. Subtract line 18 from line 1			47,715.	-54,671.
or				Ве	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)			19,983,081.	18,478,037.
Ass	21	Total liabilities (Part X, line 26)			2,769,895.	132,023.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from li	ne 20		17,213,186.	
	rt II	Signature Block				,
Unde	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule:	s and stateme	ents, and to the best of m	v knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer				,
Sigr	,	Signature of officer			Date	
Her		SCOTT HUMMEL, PRESIDENT				
Hen		Type or print name and title				
			Preparer's signature		Date Check	PTIN
Paid		LINDSEY R PRIEBE, CPA	i roparor o orginaturo		if self-emplo	
Prep		Firm's name RUBINBROWN LLP				3-0765316
Use		Firm's address 7676 FORSYTH BLVD,	SIITTE 2100		FIIIII S EIIN	.5 0,05510
USE	Jilly	SAINT LOUIS, MO 63			Phone no. (3	314) 290-3300
N 4 ~ ·	tha !"				Priorie no. (3	
		S discuss this return with the preparer shown abov				X Yes No
ᄔᄱᄼ	ror	Paperwork Reduction Act Notice, see the separa	te instructions. 332001 1	2-21-23		ronn 330 (2023)

	1990 (2023) OUR LITTLE HAVEN	43-1567500	Page 2
Pai	rt III Statement of Program Service Accomplishments		77
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEE SCHEDULE O		X
2	Did the organization undertake any significant program services during the year which were not listed on the		[TF]
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	XYes	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1, 221, 098. including grants of \$) (Revenue SEE SCHEDULE O	110,	796.
	C14 F42		
4b	(Code:) (Expenses \$614,543. including grants of \$) (Revenue SEE SCHEDULE O		
4c	(Code:) (Expenses \$468,664. including grants of \$) (Revenue OUR LITTLE ACADEMY PROVIDES THERAPEUTIC DAY TREATMENT IN	A PRESCHOOL	
	SETTING FOR CHILDREN AGES 3 - 6 WHO CANNOT PARTICIPATE IN PRESCHOOL/DAY CARE DUE TO BEHAVIORAL OR EMOTIONAL PROBLEM	MS. SMALL CL	
	SIZE AND LOW CHILD TO THERAPIST RATIO PROVIDES NEEDED SUICHILDREN AND THEIR FAMILIES. SERVICES OFFERED INCLUDE: I	NDIVIDUAL	
	THERAPY WITH PLAY THERAPY TECHNIQUES; GROUP THERAPY; SOCI DEVELOPMENT; EDUCATIONAL DEVELOPMENT. 15 CHILDREN SERVED		
	2024.		

13181031 132842 03935.0000

including grants of \$ 2,304,305. Total program service expenses

Form **990** (2023)

Form 990 (2023) OUR LITTLE HAVEN 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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			l
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		37	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
b	·	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1.10		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"		├ <u></u>
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>, </u>		
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
			200	

Yes No

Form 990 (2023)	OUR LITTLE HAVEN
Part IV Checklist	of Required Schedules (continued)
OO Did the aurenization	

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
85a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(2) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			

	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
3	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

	If "Yes," complete Schedule R, Part V, line 2
7	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

		-	-				,	,			,		
38	Did the organization c	omplete S	chedule O	and provide	explanations	on Sch	edule	O for	Part \	/I, lines	11b a	and 1	9?
	Note: All Form 990 file	ere are rea	uired to cor	mnlete Sche	dule O								

Part V	Statements Regarding Other IRS Filings	and Tax Compliance

	Check in deficultie of contains a response of flote to any line in this rare v					\Box	j
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	26				
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			1c			

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Form **990** (2023)

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	990 (2023) OUR LITTLE HAVEN 43-1567	300	Р	age 5
Pai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		1	
			Yes	No
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 37			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	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).		37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year	1_		- V
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11		
0	and the second section is a second business and additional design of the second section is	8		
9	sponsoring organization nave excess business noidings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	l	I

Form **990** (2023)

If "Yes," complete Form 6069

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL BAHLINGER - 314-533-2229

Form **990** (2023)

4316 LINDELL, ST. LOUIS,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHAEL BAHLINGER	40.00			3,7				166 721		25 152
TREAS/DIR OF FINANCE & OPERATIONS (2) SCOTT HUMMEL	40.00		_	Х				166,731.	0.	35,152.
(2) SCOTT HUMMEL PRESIDENT/EXEC. DIRECTOR	40.00	1		х				167,144.	0.	28,898.
(3) LIZETTE SMITH	40.00			_				107,144.	0.	20,090.
DIRECTOR OF CLINICAL PROGRAMS	40.00					X		121,300.	0.	21,033.
(4) WILLIAM NEWBOLD	1.00							,		
CHAIR - EXECUTIVE BOARD		Х		Х				0.	0.	0.
(5) RISA ZWERLING - WRIGHTON	1.00									
VICE-CHAIR - EXECUTIVE BOARD		Х		Х				0.	0.	0.
(6) DANIEL TARLAS	1.00									
TREASURER - EXECUTIVE BOARD		Х		Х				0.	0.	0.
(7) PETER BARKOFSKE	1.00									
SECRETARY - EXECUTIVE BOARD		Х		Х				0.	0.	0.
(8) ANTHONY BEDFORD	1.00									
EXECUTIVE BOARD		Х						0.	0.	0.
(9) SCOTT GOODMAN	1.00							_	_	
EXECUTIVE BOARD		Х						0.	0.	0.
(10) GLENN HEITMANN	1.00	l								_
EXECUTIVE BOARD		Х						0.	0.	0.
(11) JOHN IRACE	1.00	ļ								_
EXECUTIVE BOARD	1 00	Х						0.	0.	0.
(12) PAUL KLUG	1.00	ļ								•
EXECUTIVE BOARD	1 00	Х						0.	0.	0.
(13) MARK MAGER	1.00	.,								0
EXECUTIVE BOARD	1 00	Х						0.	0.	0.
(14) DONALD VIETOR	1.00	. ,								0
EXECUTIVE BOARD		Х						0.	0.	0.
		1								
			L							
										Form 990 (2022)

Form **990** (2023)

ı u	Section A. Officers, Directors, Trus	tees, Key Emp	pioy	ees,	anc	HI	gnes	t C	ompensated Employee	s (continued)				
	(A)	(B)			C)			(D)	(E)			(F)		
	Name and title	Average		not c		more	than o		Reportable	Reportable			imate	
		hours per week					is both or/trus		compensation from	compensation from related			ount o other	Jī
		(list any	ctor						the	organizations		comp		tion
		hours for	or dire	۰			ted		organization	(W-2/1099-MISC)/	fro	m the	е
		related	stee	truste		a.	pensa		(W-2/1099-MISC/	1099-NEC)		•	nizati	
		organizations below	ual tru	tional		ploye	t com	_	1099-NEC)			and orgar	relati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgai	IIZalii	פו וע
			_	_		×	1 0				_			
							_				_			
			-											
							\vdash				\dashv			
			}											
							\vdash				\dashv			
			1											
											_			
									455 455		_			
1b	Subtotal								455,175.		0.	85	, 08	83.
C	Total from continuation sheets to Part VI								455,175.		0.	0 5	0.0	0. 83.
	Total (add lines 1b and 1c)										0.	65	, 00	55.
2	Total number of individuals (including but n compensation from the organization	ot ilmited to th	ose	iiste	u at	oove	e) WII	o re	eceived more than \$100,	Juu of reportable				3
	compensation from the organization											,	Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	ey e	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
	line 1a? If "Yes," complete Schedule J for s	*	,	,	•	,	,	_		,	[3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	X	
5	Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
_	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .					5		X
	etion B. Independent Contractors													
1	Complete this table for your five highest co										ensati	on fror	n	
	the organization. Report compensation for (A)	ine calendar ye	ear e	riair	ig w	ILII C	וא זכ	unin	(B)	ear.		(C)		
	Name and business	address	NO	ONE	3				Description of s	ervices	Co	ompen:	satio	n
		· · · · · · · · · · · · · · · · · · ·						\exists						
								\downarrow						
								\dashv						
								\dashv		+				
2	Total number of independent contractors (ii	ncluding but p	ot lin	niter	d to	thos	se lie	ted	above) who received mo	ore than				
-	\$100,000 of compensation from the organization		///			(.54						
	,	· · ·										orm 9	90 (2	2023)

332008 12-21-23

43-1567500

Form 990 (2023) OUR LIT
Part VIII Statement of Revenue

		Check if Schedule O contain	ns a response	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
Sυ	1 2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts								
يج ق				673,404.				
fts,		Fundraising events		073,404.				
ig ig		Related organizations		560,797.				
ns,		Government grants (contribution		300,737.				
er S	t	All other contributions, gifts, grants,		1 160 772				
듗뙴		similar amounts not included above		1,162,773.				
d d	-	Noncash contributions included in lines 1a-	1f 1g \$	110,085.	0.006.054			
<u>8 0</u>	h	Total. Add lines 1a-1f			2,396,974.			
				Business Code				
9	2 a	KEYSTONE		624100	110,796.	110,796.		
Program Service Revenue	b	OUR LITTLE ACADEMY		624410	37,052.	37,052.		
S P	С							
exe	d							
96 B	е							
<u>~</u>	f	All other program service revenu	ıe					
	g	Total. Add lines 2a-2f			147,848.			
	3	Investment income (including div						
		other similar amounts)			419,008.			419,008.
	4	Income from investment of tax-e						
	5	Royalties		T T				
			(i) Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
		` '	(i) Securities	(ii) Other				
	ı a		4,555,742.	15,000.				
		assets other than inventory 7a	1,333,742.	13,000.				
	D	Less: cost or other basis	A A20 011	0.				
ğ		and sales expenses 7b	4,429,911. 125,831.					
eve		Gain or (loss) 7c	-		140 021			140 021
her Revenue		Net gain or (loss)			140,831.			140,831.
	8 a	Gross income from fundraising even	I					
ō		including \$ 673,4						
		contributions reported on line 10	·					
		Part IV, line 18						
	b	Less: direct expenses	8b	255,075.				
		Net income or (loss) from fundra			-148,595.			-148,595.
	9 a	Gross income from gaming active	rities. See					
		Part IV, line 19	9 <u>a</u>					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming	g activities					
1	0 a	Gross sales of inventory, less ref	turns					
		and allowances	10a	ı				
	b	Less: cost of goods sold						
		Net income or (loss) from sales of						
				Business Code				
Miscellaneous Revenue	1 a							
nec	b							
ella	c							
isc. Re		All other revenue						
_						1		i
~		Total. Add lines 11a-11d		I				

332009 12-21-23

Form **990** (2023)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 99,220. 390,620. 117,809. 173,591. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,505,942. 1,348,147. 37,572. 120,223. Other salaries and wages 7 Pension plan accruals and contributions (include 70,803. 62,752. 2,123. 5,928. section 401(k) and 403(b) employer contributions) 2,202. 166,143. 163,454.487. Other employee benefits 9 141,137. 109,830. 10,619. 20,688. 10 Payroll taxes Fees for services (nonemployees): Management 17,951. 17,951. Legal 55,000. 55,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 11,003. 11,003. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 27,541. 19,073. 1,734 6,734. column (A), amount, list line 11g expenses on Sch O.) 16,549. 8,601. 7,948. Advertising and promotion 12 57,764. 40,255. 12,378. 5,131. Office expenses 13 16,127. 14,343. 892. 892. Information technology 14 15 Royalties 32,911. 7,101. 42,857. 2,845. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 1,621. 854. 380. 387. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,213. 97,447. 80,300. 15,934. Depreciation, depletion, and amortization 22 155,403. 104,356. 33,000. 18,047. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 10,997. 450. 83,384. 71,937. DATA PROCESSING CASE MANAGEMENT EXPENSE 49,339. 49,339. 40,856. 40,856. **OUTPATIENT SERVICES** 20,655. 6,756. 213. 13,686. d DUES & SUBSCRIPTIONS 42,595. 2,702.33,370. 6,523. All other expenses 3,010,737. 2,304,305. 323,765. 382,667. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note t	o an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			916,030.	1	411,129.
	2	Savings and temporary cash investments			3,962,657.	2	1,356,175.
	3	Pledges and grants receivable, net			30,454.	3	17,000.
	4	Accounts receivable, net			127,142.	4	85,960.
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	itial c	contributor, or 35%			
		controlled entity or family member of any of these	perso	ons	29,465.	5	29,465
	6	Loans and other receivables from other disqualified	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in	sec	tion 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			116,884.	9	94,636.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	2,314,964.	297,041.		315,056.
	11	Investments - publicly traded securities			14,180,473.	11	15,845,681.
	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	322,935.	15	322,935.		
	16	Total assets. Add lines 1 through 15 (must equal			19,983,081.	16	18,478,037.
	17	Accounts payable and accrued expenses		I	109,126.	17	97,923.
	18	Grants payable				18	24.422
	19	Deferred revenue	0.	19	34,100.		
	20	Tax-exempt bond liabilities		I	0 660 560	20	
	21	Escrow or custodial account liability. Complete Pa			2,660,769.	21	0.
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substan					
iab.		controlled entity or family member of any of these	-	· · · · · · · · · · · · · · · · · · ·		22	
_	23	Secured mortgages and notes payable to unrelate		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated the	-			24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1		•			
		of Schedule D			2,769,895.	25	132,023.
	26			e X	4,709,095.	26	132,023.
S		Organizations that follow FASB ASC 958, check	ner				
nce	07	and complete lines 27, 28, 32, and 33.			14,566,840.	27	15,298,061.
ala	27	Net assets without donor restrictions			2,646,346.	28	3,047,953.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958	2,040,340.	20	3,047,333.		
ᆵ		and complete lines 29 through 33.	, che	ck fiere			
ō	20	Capital stock or trust principal, or current funds			29		
Net Assets or Fund Balances	29 30	Paid-in or capital surplus, or land, building, or equi				30	
\ss(31	Retained earnings, endowment, accumulated inco				31	
et /					17,213,186.	32	18,346,014.
Ž	32	Total liabilities and not assets/fund balances		l l	19,983,081.	33	18,478,037.
	33	Total liabilities and net assets/fund balances		L	17,703,001.	აა	Farra 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	, 95	6,0	<u>66.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,		0,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			4,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>17</u> ,	, 21	3,1	86.
5	Net unrealized gains (losses) on investments	5	<u> </u>	1,187,4		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18,	34	6,0	14.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Bub

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OUR LITTLE HAVEN Employer identification number 43-1567500

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found								
1	\bigcap	A church, convention of ch	•		-	•	I)(A)(i).			
2		A school described in sect				` ` ` ` `				
3	同	A hospital or a cooperative		· ·		/b)(1)(A)(ii	ii).			
4	H	A medical research organiz						the hospital's name		
•	ш	city, and state:	anon operated in con	njanotion with a noophal	GCCCTIDGG	000110		the respitate riams,		
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	wernmental unit describe	ed in		
Э				nege of university owned	or operati	ed by a go	Werninental unit describe	eu III		
_		section 170(b)(1)(A)(iv). (C								
6	\	A federal, state, or local gov	-							
7	X	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Щ	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or		
		university:								
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from		
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3).	Check the box on		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	* *					aivina		
	-	the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_				
		organization. You must o								
b		Type II. A supporting org	-		ion with its	s sunnorte	ed organization(s) by hav	/ina		
~		control or management o	•					-		
		organization(s). You mus			arric persor	iis triat coi	ntiol of manage the supp	ported		
_		Type III functionally inte			in connect	tion with	and functionally intograte	od with		
C	· L	its supported organization	-				• •	ou with,		
		Type III non-functionally		•				zation(a)		
C			•					* *		
		that is not functionally int	-		•			veriess		
		requirement (see instructi	•							
е	· L_						Type I, Type II, Type III			
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.				
f		er the number of supported o		-l						
		vide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization	(,	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	,	,		
	al .									

332021 12-21-23

Schedule A (Form 990) 2023 OUR LITTLE HAVEN 43-1567

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5137268.	4047496.	4218189.	3170754.	2396974.	18970681.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5137268.	4047496.	4218189.	3170754.	2396974.	18970681.
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,						l
	column (f)						2255177.
	Public support. Subtract line 5 from line 4.						16715504.
	ction B. Total Support			Γ	1	T	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5137268.	4047496.	4218189.	3170754.	2396974.	18970681.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		040 504				1-0-60
	and income from similar sources	223,533.	213,784.	289,638.	359,645.	419,008.	1505608.
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 VI.)			30,779.			30,779.
	Total support. Add lines 7 through 10						20507068.
	Gross receipts from related activities,	•	,			12	624,481.
13	First 5 years. If the Form 990 is for the	-					
0	organization, check this box and stop						
	ction C. Computation of Publi					T I	01 E1
	Public support percentage for 2023 (I					14	$\frac{81.51}{83.16}$ %
	Public support percentage from 2022					15	
16a	33 1/3% support test - 2023. If the control is						
	stop here. The organization qualifies						
D	33 1/3% support test - 2022. If the constitution was						
47-	and stop here. The organization qual						
ı/a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact					_	
I.	meets the facts-and-circumstances te	_	•	* ''	-		
O	10% -facts-and-circumstances test	ū				•	1U% UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 3 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						
ΙÓ	rivate ioundation. II the organization	ni dia not check a t	JUX UITIIIIE 13, 16	a, 100, 17a, 01 1/0	, check this box al		
						Schedule A	(Form 990) 2023

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(h) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	01(c)(3) organizatio	on,
	ction C. Computation of Publi					т г	
	Public support percentage for 2023 (I			column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						r is not
	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						H
20	i ilvate loundation. Il the organizatio	II GIG HOL CHECK A	DON OH HITE 14, 196	a, or rob, cricck th	ווט טטא מווע שכב וווש		

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	_		
Н	1		
	2		
ı	_		
П	За		
L	3b		
H	3c		
	_		
H	4a		
	4b		
h	+u		
	4c		
H	5a		
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Pa	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
-	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	J	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		l

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

line 1 Secti	l; Part ion D,	IV, Secti	ion D, li	nes 2 and	d 3; Part	IV, Section	E, lines 1c,	2a, 2b, 3a	i, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section rt V, line 1; Part V, Section B, line 1e; Part for any additional information.	C, t V,
SCHEDULE .	Α,	PART	II,	LINE	10,	EXPL	ANATIO	FOR	OTHER	INCOME:	
INSURANCE	PR	OCEEI	os								
2021 AMOU	NT:	\$	30,	779.							

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

OUR LITTLE HAVEN 43-1567500 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

OUR LITTLE HAVEN 43-156750	OUR	LITTLE	HAVEN	43-156750
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 235,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$338,068.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 222,729.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$0,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

OUR LITTLE HAVEN

43-1567500

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

OUR LITTLE HAVEN

43-1567500

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
323453 12-26		<u></u>	Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** OUR LITTLE HAVEN 43-1567500 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

OUR LITTLE HAVEN

Employer identification number 43-1567500

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or <i>F</i>	Accounts. Complete if the
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised fu	ınds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	, , ,	
Pai				
1	Purpose(s) of conservation easements held by the organization		·	·
	Preservation of land for public use (for example, recreating	·	Preservation of a his	storically important land area
	Protection of natural habitat		7	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
	Number of conservation easements on a certified historic stru-			0-
	Number of conservation easements included on line 2c acquir			.
-	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
Ū	year	acoa, oxungalonoa, or	orrimated by the erge	anzation daring the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
_	violations, and enforcement of the conservation easements it		g	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	3, 1	,	ŭ	g ,
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation e	easements during the year
		,	· ·	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	that describes the
	organization's accounting for conservation easements.	-		
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	e statement and balan	ice sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtheran	ice of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m) 4			•
2	If the organization received or held works of art, historical trea			n, provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			▲
LHA	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

_	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	(contin	ued)	<u>.J-</u>
3	Using the organization's acquisition, accessio							(**************************************		
	collection items (check all that apply).	,	,	3						
а	Public exhibition	d	Loan or excl	hange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	how they further th	e organizatio	n's exem	not purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	•	•	ū						
	to be sold to raise funds rather than to be mai							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part					,	,	,		
1a	Is the organization an agent, trustee, custodia	n, or other intermed	iarv for contribution	s or other ass	sets not i	included				
	on Form 990, Part X?		•					Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a							_		
	3	į,	3					Amount		
С	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo						X	Yes		No
	If "Yes," explain the arrangement in Part XIII.					-,			X	ĺ
Par).				
	· .	(a) Current year	(b) Prior year	(c) Two year		(d) Three y	ears back	(e) Four	years l	pack
1a	Beginning of year balance	11,504,490.	10,460,611.			9,6	94,881.	7,	202,3	121.
b	Contributions	, ,		,					500,0	
c	Net investment earnings, gains, and losses	1,400,319.	1,052,730.	-1,630	,873.	2,4	12,946.	,		386.
d	Grants or scholarships	, ,	, ,	,						
	Other expenditures for facilities									
_	and programs	271,449.								
f	Administrative expenses	11,003.	8,851.	9	,002.		7,341.		12,6	526.
g	End of year balance	12,622,357.	11,504,490.		,611.	12,1	00,486.	9 ,	694,8	381.
2	Provide the estimated percentage of the curre			· · · · ·	·	,		· · · · · · ·		
_ а	Board designated or quasi-endowment	76.4100	%	,						
b	Permanent endowment .0000	%	_/~							
c	Term endowment 23.5900 9									
_	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	ion that are held an	nd administer	ed for the	Э				
	organization by:	9-				_		ſ	Yes	No
	(i) Unrelated organizations?							3a(i)		Х
								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat							3b		
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990,	, Part X, I	ine 10.				
	Description of property	(a) Cost or ot				cumulate	ed l	(d) Bool	c value	
	2 coonplication of property	basis (investm				reciation		(4, 200.		
1a	Land	,	, , , , , , , , , , , , , , , , , , ,	2,000.				9:	2,00	0.
b	Buildings	I		0,072.	1.9	62,39	96.		7,67	
c	Leasehold improvements			, /	-,-	, , , ,	-		,	
d	Equipment									
	Other		39	7,948.	3	352,56	58.	4.5	5,38	30.
	. Add lines 1a through 1e. (Column (d) must ed		•						5,05	

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v	alue
Financial derivatives	(-,	(-)	
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
,			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value		aluo
· · · · · · · · · · · · · · · · · · ·	(b) DOOK VAIUE	(c) Method of valuation: Cost or end-of-year market v	aiue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Other Assets Complete if the organization answered "Yes" or			
art IX Other Assets Complete if the organization answered "Yes" or	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15. (b) Book va	alue
Other Assets Complete if the organization answered "Yes" or			alue
Complete if the organization answered "Yes" or (a) D			alue
Complete if the organization answered "Yes" or (a) D			alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3)			alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3)			alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4)			alue
Cart IX Other Assets Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5)			alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5)			alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8)			alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	(b) Book va	alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, line 15, col.	escription	(b) Book va	Alue
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col.	escription (B))	(b) Book va	Alue
Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, line 15, col. art X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription (B))	(b) Book va	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Atal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription (B))	(b) Book va	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,138,261.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,187,499.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,187,499.
3	Subtract line 2e from line 1			3	2,950,762.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,003.		
b	Other (Describe in Part XIII.)	4b	-5,699.		
С	Add lines 4a and 4b			4c	5,304.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,956,066.

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,005,433.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,699.		
е	Add lines 2a through 2d			2e	5,699.
3	Subtract line 2e from line 1			3	2,999,734.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,003.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,003.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,010,737.
Pa	rt XIII Supplemental Information				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION IS ONE OF FOUR ENTITIES PROVIDING FOSTER CARE CASE MANAGEMENT IN ACCORDANCE WITH THE TERMS OF A CONTRACT WITH THE STATE OF MISSOURI DEPARTMENT OF SOCIAL SERVICES, CHILDREN'S DIVISION (THE STATE AGENCY). THE ORGANIZATION RECEIVES THE AMOUNTS PAID BY THE STATE AGENCY WHICH ARE INTENDED TO BE DISTRIBUTED TO THE FOUR ENTITIES PROVIDING FOSTER CARE CASE MANAGEMENT.

PART V, LINE 4:

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

13181031 132842 03935.0000

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number OUR LITTLE HAVEN 43-1567500 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a 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 services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-F7 lines 1 and 6b. List events with gross receipts greater than \$5,000 or fundraising event contributions and gross income on Form 990-F7.

		of fundraising event contributions and gro	oss income on Form 990-	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 GOLF	(b) Event #2	(c) Other events	(d) Total events
				GALA	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			, ,,,	, ,,,	,	
Revenue	1	Gross receipts	155,066.	527,574.	97,244.	779,884.
Œ			104.066	455 054	E4 064	672 404
	2	Less: Contributions	124,066.	475,074.	74,264.	673,404.
	3	Gross income (line 1 minus line 2)	31,000.	52,500.	22,980.	106,480.
	4	Cash prizes				
		Noncash prizes	8,100.		3,900.	12,000.
sesuec	6	Rent/facility costs	17,200.	65,800.	13,900.	96,900.
Direct Expenses	7	Food and beverages	9,400.	55,300.	11,100.	75,800.
⊡		Entertainment	750.	5,000.		5,750.
		Other direct expenses	7,163.	37,098.	20,364.	64,625.
			•			255,075.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			-148,595.
Pa	ırt I	Gaming. Complete if the organization a				
		\$15,000 on Form 990-EZ, line 6a.				.
anc			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Ω.	1	Gross revenue				
		Cook wines				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		garning moonto dammary. Odotraot line r				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			

Schedule G (Form 990) 2023

332082 09-13-23

Schedule G (Form 990) 2023 OUR LITTLE HAVEN	43-1567500 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other enti	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events book	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	evenue? Yes No
h If "Vee " enter the amount of gaming revenue received by the organization.	and the amount
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 of the third party:	
N.	
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?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ons or spent in the
organization's own exempt activities during the tax year \$	·
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, column	ns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
	_

Schedule G	(Form 990)	OUR	LITTLE	HAVEN	43-1567500	Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)			
			,			
		<u></u>				
_						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OUR LITTLE HAVEN

Part I Questions Regarding Compensation

Employer identification number 43-1567500

			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b					
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		<u>X</u>			
b	Any related organization?	5b		X			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
	The organization?	6a		<u>X</u>			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the						
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) MICHAEL BAHLINGER	(i)	158,674.	0.	8,057.	8,567.	26,585.	201,883.	0.
TREAS/DIR OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT HUMMEL	(i)	158,347.	0.	8,797.	7,794.	21,104.	196,042.	0.
PRESIDENT/EXEC. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						L	<u> </u>

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OUR LITTLE HAVEN

Employer identification number 43-1567500

1,,,,	(b) F	Relationship bet	ween disq	ualified						(d)	Corre	cted?
(a) Name of disqualified	person	person and or	rganizatior	1	(C	c) Description of tran	isaction	n 		Y	es	No
1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2 Enter the amount of tax	incurred by the or	rganization man	agers or d	isqualifie	d persons duri	ng the year under						
section 4958								. \$				
3 Enter the amount of tax,	, if any, on line 2,	above, reimburs	ed by the	organizat	ion			\$				
Part II│ Loans to and	d/or From Inte	erested Pers	sons									
Complete if the	organization ansv	vered "Yes" on I	Form 990-	EZ, Part \	/, line 38a, or F	Form 990, Part IV, lir	ne 26; d	or if th	ne orga	anizatio	on	
•	organization ansv ount on Form 990		6, or 22.		/, line 38a, or f	Form 990, Part IV, lin	ne 26; d	or if th				
reported an amo	ount on Form 990 (b) Relationship	, Part X, line 5, 6	6, or 22. (d) Loan to	or (e) Original	Form 990, Part IV, lin	(g)	In	(h) Ap	proved	(i) W	/ritten
reported an amo	ount on Form 990	, Part X, line 5, 6	6, or 22.	or (e		, ,		In		proved ard or	(i) W	ritten ment?
reported an amo (a) Name of interested person	ount on Form 990 (b) Relationship	, Part X, line 5, 6	6, or 22. (d) Loan to	or (e) Original sipal amount	(f) Balance due	(g)	In	(h) Ap	proved ard or	(i) W	ment?
reported an amo (a) Name of interested person	(b) Relationship with organization	, Part X, line 5, 6	(d) Loan to from the organization	or (e) Original	, ,	(g) defa	In ult?	(h) Ap	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1) SCOTT HUMMEL	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1)SCOTT HUMMEL (2) (3)	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1)SCOTT HUMMEL (2)	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1) SCOTT HUMMEL (2) (3) (4)	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1)SCOTT HUMMEL (2) (3) (4) (5)	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1) SCOTT HUMMEL (2) (3)	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?
reported an amo (a) Name of interested person (1)SCOTT HUMMEL (2) (3) (4) (5) (6)	(b) Relationship with organization	, Part X, line 5, 6 (c) Purpose of loan	(d) Loan to from the organizatio	or (e) Original sipal amount	(f) Balance due	(g) defa	In ult?	(h) Apply by box comm	proved ard or nittee?	(i) W agree	ment?

Complete if the organization 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

(;	a) Name of interested person	(b) Relationship between interested	Bb, or 28c. (c) Amount of	(d) Description of	(e) Sha	ring o
'	a) Name of interested person	person and the organization	transaction	transaction	(e) Sha organiz reven	ation ues?
					Yes	No
t V	Supplemental Information					
LV		anaca ta guartiana an Cabadula I. Cas i	naturations			
	Provide additional information for response	onses to questions on Schedule L. See i	nstructions.			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 43-1567500

	OUR LITTLE H	AVEN				43-	1567	500	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	n	Method of noncash contri		•	s
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	Х	11	77,485.	FMV	•			
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 (AUCTION ITEMS)	X	1	32,600.	FMV	•			
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, ¹	that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't 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 p	oolicy that re	quires the review o	of any nonstandard contribu	tions?		. 31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Part	— is	report	emental ing in Part for any ad	I, colu	mn (b), the	e numbe	e the informa r of contribut	tion rec ions, th	uired by Part I, lines 30 e number of items rece	o, 32b, and ved, or a co	33, and w mbinatior	hether the organiza of both. Also com	ation plete
SCHI	EDULI	Е М,	PART	I,	COLU	MIN (I	3):						
THE	ORGA	NIZ	ATION	RE	PORTS	THE	NUMBER	OF	CONTRIBUTIO	NS MAD	E FOR	THE	
PUBI	LICLY	TR	ADED	SEC	URITI	ES AI	ND AUCT	ION	ITEMS.				

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OUR LITTLE HAVEN

Employer identification number 43-1567500

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OUR LITTLE HAVEN'S PRIMARY PURPOSE IS TO ASSESS, TREAT AND HEAL THE YOUNGEST VICTIMS OF CHILD ABUSE AND NEGLECT AND THOSE CHILDREN SUFFERING FROM MENTAL HEALTH ISSUES. OUR LITTLE HAVEN'S TREATMENT EARLY INTERVENTION MODEL, PROVIDES A COMMUNITY BASED, WHICH INCLUDES A SUITE OF PROGRAMS DESIGNED TO HELP THOSE YOUNG CHILDREN SUFFERING FROM THE TRAUMA OF ABUSE AND NEGLECT AND OTHER MENTAL HEALTH ISSUES. OUR LITTLE HAVEN IS RELENTLESSLY COMMITTED TO PROVIDING EARLY INTERVENTION SERVICES FOR CHILDREN AND FAMILIES. OUR COMMUNITY OF PROFESSIONAL CAREGIVERS CREATES A SAFE, SECURE AND HEALING ENVIRONMENT FOR THOSE IMPACTED BY ABUSE, NEGLECT AND MENTAL OR BEHAVIORAL HEALTH NEEDS. WE MAKE THE HURTING STOP, THE HEALING BEGIN AND THE LOVE LAST, ONE FAMILY AT A TIME.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

ON SEPTEMBER 30, 2023, THE FOSTER CARE CASE MANAGEMENT CONTRACT WITH

THE STATE AGENCY EXPIRED, AND THE CONTRACT WAS NOT RENEWED. AS SUCH,

THE LLC WILL DISSOLVE AS ITS MAIN PURPOSE WAS TO PROVIDE CASE

MANAGEMENT AND OTHER SUPPORT SERVICES BY DISTRIBUTING THE STATE AGENCY

FUNDING TO THE FOUR SOCIAL SERVICE ORGANIZATIONS, INCLUDING OUR LITTLE

HAVEN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE KEYSTONE PROGRAM'S OBJECTIVE IS TO IMPROVE THE MENTAL HEALTH AND

WELLBEING OF CLIENTS WHO TRADITIONALLY HAVE LIMITED ACCESS TO MENTAL

HEALTH CARE. A COLLECTION OF SERVICES ARE OFFERED INCLUDING: OUTPATIENT

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 43-1567500 OUR LITTLE HAVEN ASSESSMENT & TREATMENT: OUR LITTLE HAVEN OFFERS OUTPATIENT COUNSELING AND PSYCHOLOGICAL SERVICES TO THE GENERAL PUBLIC THROUGH THE KEYSTONE PROGRAM. LICENSED PSYCHOLOGISTS AND COUNSELORS PROVIDE ASSESSMENT (ALL AGES) AND TREATMENT (AGES INFANT-12, ADULTS AND FAMILIES) AT THE AGENCY OFFICES. 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. ASSESSMENT SERVICES INCLUDE PSYCHOLOGICAL EVALUATIONS, MENTAL HEALTH ASSESSMENTS, EARLY MENTAL HEALTH SCREENINGS/DEVELOPMENTAL SCREENINGS, PARENTING ASSESSMENTS AND BONDING ASSESSMENTS. OUTPATIENT SERVICES TAKE PLACE AT

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FOSTER CARE CASE MANAGEMENT: PROVIDES SERVICE 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 MANAGEMENT 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

THE KEYSTONE SERVICES BUILDING. 255 CLIENTS SERVED IN FISCAL 2024.

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization

OUR LITTLE HAVEN

Employer identification number 43-1567500

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. 65 CHILDREN SERVED IN
FISCAL 2024. WE DID NOT RENEW OUR CONTRACT TO PERFORM CASE MANAGEMENT
SERVICES EFFECTIVE OCTOBER 1, 2024.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM AND THEN REVIEWED BY

MANAGEMENT AND THE AUDIT COMMITTEE. FORM 990 IS PROVIDED TO THE EXECUTIVE

BOARD OF TRUSTEES PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

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.

FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION SURVEY OF OTHER CHILDREN'S NOT-FOR-PROFIT AGENCIES IS USED

AS A BASIS TO DETERMINE COMPENSATION, AS WELL AS PERFORMANCE APPRAISALS.

THE COMPENSATION COMMITTEE REVIEWS THE COMPENSATION, DISCUSSES AND APPROVES

AMOUNTS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO

THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND 990 ARE MADE

AVAILABLE TO THE PUBLIC ON OUR LITTLE HAVEN'S WEBSITE AND UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	OUR LITTLE HA	VEN					43-130/3	000	
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Ye	es" on Form 990, Part IV, line 33	3.					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of	(e) f-year assets	Direct of	(f) controlling	9
OUR LIT	TLE HAVEN SERVICE AGENCY, LLC -								
46-1567	500, 4316 LINDELL, ST. LOUIS, MO								
63108		FOSTER CARE	MISSOURI	21	,494.	0.	N/A		
Part II	Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990), Part IV, line 34, t	ecause it had	one or more	related tax-exe	mpt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public char	ction	(f) ect controlling entity	conti	g) 512(b)(13) rolled :ity?
					501(c)(3))		Yes	No
								-	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organization treates as a parameter parameter year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI	General managin	Percentage ownership
or related organization		(state or foreign	Critity	(related, unrelated, excluded from tax under sections 512-514)	liloonic	assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner?	- CWIICISIIIP
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
											
	1										
							<u> </u>			 	
	·		·	•							

Part IV | Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2023

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

32163 09-28-23	4.5		Schedule	R (Form 9	90) 2023
(6)					
(5)					
\''J					
(4)					
(3)					
(0)					
(2)					
(1)					
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved	
2 If the answer to any of the above is "Yes," see the instructions for inform				1 13	
Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)				1r 1s	+-
q Reimbursement paid by related organization(s) for expenses				1q	
p Reimbursement paid to related organization(s) for expenses				1p	
Sharing of paid offipioyocs with folated organization(s)					
Sharing of facilities, equipment, mailing lists, or other assets with relate Sharing of paid employees with related organization(s)				10	+
 m Performance of services or membership or fundraising solicitations by r n Sharing of facilities, equipment, mailing lists, or other assets with relate 				1m 1n	+
Performance of services or membership or fundraising solicitations for a	• • • • • • • • • • • • • • • • • • • •			11	+-
k Lease of facilities, equipment, or other assets from related organization				1k	-
i Exchange of assets with related organization(s)j Lease of facilities, equipment, or other assets to related organization(s)				1j	+
h Purchase of assets from related organization(s)				1i	_
g Sale of assets to related organization(s)				1g 1h	+
f Dividends from related organization(s)				1f	+-
				46	
e Loans or loan guarantees by related organization(s)				1e	
				1d	
c Gift, grant, or capital contribution from related organization(s)				1c	
b Gift, grant, or capital contribution to related organization(s)				1b	

43-1567500

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) Percentage ownership