### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

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

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

Inspection

Α	For the	e 2014 calendar year, or tax year beginning ال	UL I, ⊿UI4 and	ور ending	UN 30, 201:	0				
В	Check if applicable	C Name of organization			D Employer identi	fication number				
	Addres									
	Name change				43-1	1567500				
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	te   E Telephone number					
L	—lreturn/ termin					4,239,628.				
	ated Amend	City or town, state or province, country, and	ZIP or foreign postal code							
F	return	ы. посты, но сыто	MM LITMMET		H(a) Is this a group					
L	Itiòn pendir	F Name and address of principal officer:			for subordinate					
_	T-11 -111		(insert no.) 4947(a)(1)	or 527	H(b) Are all subordinates					
		te: NWW.OURLITTLEHAVEN.ORG		01 321	1 '	a list. (see instructions)				
			sociation Other	I Vear	H(c) Group exemption: 1990	M State of legal domicile: MO				
	art I		0000000	L I Gai	oriorination. ±556	W State of legal dofficile. 110				
	T	Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	ILE O					
Activities & Governance	'	briefly describe the organization's mission of most	significant activities.							
'n	2	Check this box large if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net	assets				
Ş.	3	Number of voting members of the governing body			3	1 4 4				
Ğ	4	Number of independent voting members of the go	, , , , , , , , , , , , , , , , , , , ,							
S S	5	Total number of individuals employed in calendar				40				
ΖĘ	6	Total number of volunteers (estimate if necessary)				70				
Ę	7 a	Total unrelated business revenue from Part VIII, co								
_	b	Net unrelated business taxable income from Form				0.				
					Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)			2,657,684					
enr	9				0					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4		144,916						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		-63,705					
		Total revenue - add lines 8 through 11 (must equal		2,738,895						
		Grants and similar amounts paid (Part IX, column (		0	I .					
		Benefits paid to or for members (Part IX, column (A			0 1,717,330					
Expenses	15	Salaries, other compensation, employee benefits (			1,717,330					
ens	16a	Professional fundraising fees (Part IX, column (A),	ine 11e) 230 0		0	• 0 •				
Ä	_b	Total fundraising expenses (Part IX, column (D), lin	e 25)  239,0	<del>94.</del>	765,518	. 781,731.				
		Other expenses (Part IX, column (A), lines 11a-11d Total expenses. Add lines 13-17 (must equal Part l			2,482,848					
		Revenue less expenses. Subtract line 18 from line			256,047					
Jr.		rievende less expenses. Gubtract line 10 nom line	12	Be	ginning of Current Year					
t Assets or	20	Total assets (Part X, line 16)		-	9,336,298					
ASS	21	Total liabilities (Part X, line 26)			1,408,562					
Net	22	Net assets or fund balances. Subtract line 21 from	line 20		7,927,736					
		Signature Block				•				
Und	der pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of i	my knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowledge.					
					Date					
Sign			Signature of officer							
He	re	SCOTT HUMMEL, PRESIDEN	<u>T                                    </u>							
		Type or print name and title			Ooto I	T I DTIN				
		Print/Type preparer's name	Preparer's signature	'	Date Check if	PTIN				
Pai		JUDITH E. MURPHY			self-empl					
	parer	Firm's name RUBINBROWN LLP	000		Firm's EIN	43-0765316				
US	Only	Firm's address ONE NORTH BRENTW			Phone no. (	314) 290-3300				
N 4	ا عالم ب		SAINT LOUIS, MO 63105							
ハハつ	V TITA IL	so discuss this return with the brebarer shown abo	WEY (SEE INSTRUCTIONS)			X Ves No				

Form	rm 990 (2014) OUR LITTLE HAVEN	43-1567500 Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	ÿ
	Check if Schedule O contains a response or note to any line in this Part I	IIX
1	Briefly describe the organization's mission: SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it of "Yes," describe these changes on Schedule O.	onducts, any program services? Yes X No
4	Describe the organization's program service accomplishments for each of its th	ree largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount revenue, if any, for each program service reported.	of grants and allocations to others, the total expenses, and
4a		) (Revenue \$)
44	SEE SCHEDULE O	
4b	o (Code: ) (Expenses \$ 915,646 · including grants of \$	) (Revenue \$)
	SEE SCHEDULE O	
4c	c (Code: ) (Expenses \$ 355,648 • including grants of \$	) (December 2)
40	Code: ) (Expenses \$ 355,648 • including grants of \$ OUR LITTLE ACADEMY PROVIDES THERAPEUTIC	TREATMENT IN A PRESCHOOL
		NOT PARTICIPATE IN A TRADITIONAL
		EMOTIONAL PROBLEMS. SMALL CLASS
		ROVIDES NEEDED SUPPORT FOR FFERED INCLUDE: INDIVIDUAL
		ROUP THERAPY; SOCIAL SKILLS
	DEVELOPMENT; EDUCATIONAL DEVELOPMENT. 1	<del>-</del>
	2015.	
4d	,	) (Payanua ¢
4e	(Expenses \$ including grants of \$  ■ Total program service expenses ► 2,208,832.	) (Revenue \$
		Form <b>990</b> (2014)

## Form 990 (2014) OUR LITTLE H Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	<u>L</u> _
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

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

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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		х
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	Х	
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		Х
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		Х	
07	complete Schedule L, Part II	26	Λ	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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		37	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			₩.
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		_ <del>-</del>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Form **990** (2014)

# Form 990 (2014) OUR LITTLE HAVEN Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1098. Enter -01 not applicable 1 b 0 0  biffet the number of Forms W26 included in line 1 a. Enter 0- if not applicable 1 b 0 0  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 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. 1		Check if Schedule O Contains a response of note to any line in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o-II not applicable.  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2b Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return.  2c II was a field and the calendary that the organization file all required federal employment tax returns?  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2c II was a file and file and 2s is greater than 250, you may be required to e-file (see instructions)  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c II **Yes** if the arm office is a read 2s is greater than 250, you may be required to e-file (see instructions)  3d Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d Did the organization than 4 file organization in have an interest it, or a signature or other authority over, a financial account; set in the foreign country.  3d Pi **Yes** in the name of the foreign country.  3d Was the organization and party to a prohibited tax sheller transaction?  4d X Yes a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5e Was the organization should be such as a bank account, securities account, or other financial accounts (FBAR).  5e Was the organization proprise or prohibited tax sheller transaction?  5e Was the organization should with organization that was or is a party to a prohibited tax sheller transaction?  5e Was the organization should with every solicitation and express statement that such contributions or gifts were not tax deductible are organization from 886-17*  6e Does the organization have annual gross receipts that are normally greater than \$100,000, and did t						Yes	No
Committee organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to prize winners?  Elect the unumber of employees reported on Form W.3, Transmittal of Wage and Tax Statements, flield for the calendar year ending with or within the year covered by this return.  **Note.** If the ten unumber of employees reported on Form W.3, Transmittal of Wage and Tax Statements, flield for the calendar year ending with or within the year covered by this return.  **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  **30 bif the organization have unrelated business gross income of \$1,000 or more during the year?  **30 bif the organization have unrelated business gross income of \$1,000 or more during the year?  **30 bif the organization have unrelated business gross income of \$1,000 or more during the year?  **30 bif the organization and the organization have an interest in, or a significant or other authority over, a financial account in a foreign country.  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  **See in			1a				
Gambling) winnings to prize winners?  a Enter the number of employees reported on Form WS, Transmittal of Wage and Tax Statements, lead for the calandar year ending with or within the year covered by this return  b I fat least one is reported on line 2a, did the organization life all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  b I if 'res', if such a 1 filed a Form 990-T for this year I "No, * to line 3b, provide an explanation in Schedule O  b I 'res', enter the name of the foreign country, such as a bank account, securities account, or other function for such year.  b I 'res', enter the name of the foreign country, leading a bank account, securities account, or other functial accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Uffer any contributions that were not tax deductibles of the organization that it was or is a party to a prohibited tax shelter transaction at any other transaction at any other during the tax year?  5c Uffer any contributions that were not tax deductibles as charitable contributions?  6c Uffer organization than any receive deductible contributions under section 170(c).  b If 'res,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions?  6c Uffer organization receive a payment in excess of \$75 made partly as a contribution of upon the payment of the foreign accounts on the payment of the organization receive a payment in excess of \$75 made partly as a contribution of upon the payment of the payme				· ·			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleed for the calendar year anding with or within the year covered by this return.  2	С						
fleed for the calandar year ending with or within the year covered by this return.    2a			······		1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Not. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b If "Yes," and the form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b If "Yes," and the first 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 law year?  5b If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6d Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  8d Did the organization neceive a payment in excess of 5f's made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If	2a			4.0			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  41 As A 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, a foreign country (such as a bank account, securities account, or other financial account);  42							
3a	b				2b	X	
b If "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  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 accountry  5b If "Yes," enter the name of the foreign country. ▶  5ee 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?  5a If "Yes," to line 5a or 5b, did the organization title tax shelter transaction at any time during the tax year?  5b If "Yes," to line 5a or 5b, did the organization file Form 8896-T?  5c If "Yes," to line 5a or 5b, did the organization file Form 8896-T?  5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles  5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the activation of the school of the organization solicit any contributions that the activation of the school of the organization sell and the expenditure of the school of the school of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," indicate that may receive deductible contributions under section 170(c).  9 If "Yes," indicate the number of Forms 8282 filed during the year and the property for which it was required to the Form 8282?  7 To X  9 If the organization, developed the school of the value of the goods or services provided?  9 Did the organization of the value of the degods of services provided?  9 Sponsoring organization make a distribution of			s)				77
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)?  b If Yes, "enter the name of the foreign country: ▶  5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 'Yes," to line 5a or 5b, did the organization file Form 8886-T?  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?  6b If 'Yes," did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 The Yes," did the organization notify the donor of the value of the goods or services provided?  7 The Yes," indicate the number of Forms 8282 filed during the year  7 To Did the organization foreive a payment in excess of \$75 made party as a contribution of payment and paymen							_X_
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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 in Schedule O. See instructions.

Section A. Governing Body and Management    Ta		Check if Schedule O contains a response or note to any line in this Part VI			X
The Enter the number of voting members of the governing body at the end of the tax year the search of the search	Sec				
tale Either 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 the growing body delegisted fread authority to an executive committee or similar committee, explain in Schedule 0.  10 Enter the number of voting members included in line 1a, above, who are independent  21 Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?  22 X  23 Did the organization ofelogate control over management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  33 Did the organization have remembers as the supervision of officers, directors, or trustees, or key employees to tagoverning of control states and the prior Form 990 was filled?  44 X  55 Did the organization have members or stockholders?  55 Did the organization have members or stockholders?  56 Did the organization have members or stockholders?  57 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  56 Did the organization have members of the programization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  57 Did the organization of the programization reserved to (or subject to approval by) members, stockholders, or persons often than the governing body?  57 Did the organization because the programization of the programization have written policies and procedures governing the activities of such chapters, affiliates, and the architec		and the control of th		Yes	No
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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If If Yes, "provide the names and addresses in Schedule O  9 Xection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Did the organization have local chapters, branches, or affiliates?  10b If Yes," did the organization have voice and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a As the organization have a written conflict of interest policy? If If Yo," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c X  13 Did the organization have a written whistleblower policy?  14d X  15 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision?  15a The organization is process of the organization live samples and expensive to such arrangements under applicable federal tax law, and take steps to safeguard the organization in process of 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 organ	7a		1_		\ <sub>V</sub>
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section B. Policies (firector, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes. No. 10a Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If "Yes," did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? be Describe in Schedule O the process, if any, used by the organization to review this Form 990.  11a Has the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12c X  13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  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?  15a The organization's CEO, Executive Director, or top management official  15b X  16 Ofther officers or key employees of the organization  15b X  16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a If "Yes," do the organization or the policy of procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t			8a		
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   No   No   No   No   No   No   No   N	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			١
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b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a X  16b X  16a X  16a X  16a X  16b X  16a X  16a X  16a X  16b X  16a X  16a X  16b X  16b X  16a X  16b X  16b X  16a X  16b X  16b X  16b X  16b X  16a X  16b X  16b X  16b X  16b X  16a X  16b X  16b X  16b X  16a X  16a X  16b X  16b X  16b X  16b X  16a X  16a X  16b X	а	The organization's CEO, Executive Director, or top management official	15a		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  MICHAEL BAHLINGER - 314-533-2229			15b	Х	
taxable entity during the year?  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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MICHAEL BAHLINGER - 314-533-2229					
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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MICHAEL BAHLINGER − 314−533−2229	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
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?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ MICHAEL BAHLINGER − 314−533−2229		taxable entity during the year?	16a		X
exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
<ul> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ► NONE</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>19 Describe in 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.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► MICHAEL BAHLINGER - 314-533-2229</li> </ul>		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<ul> <li>List the states with which a copy of this Form 990 is required to be filed ► NONE</li> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O)</li> <li>Describe in 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records: ► MICHAEL BAHLINGER - 314-533-2229</li> </ul>		exempt status with respect to such arrangements?	16b		
<ul> <li>Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li></ul>	Sec	tion C. Disclosure			
for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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	17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
X Own website Another's website X Upon request Other (explain in Schedule O)  19 Describe in 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.  20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►  MICHAEL BAHLINGER − 314−533−2229	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availa	ble	
<ul> <li>Describe in 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.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records: ►</li> <li>MICHAEL BAHLINGER - 314-533-2229</li> </ul>		for public inspection. Indicate how you made these available. Check all that apply.			
statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  MICHAEL BAHLINGER - 314-533-2229		X Own website Another's website X Upon request Other (explain in Schedule O)			
statements available to the public during the tax year.  20 State the name, address, and telephone number of the person who possesses the organization's books and records:  MICHAEL BAHLINGER - 314-533-2229	19		nd fina	ncial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► MICHAEL BAHLINGER − 314−533−2229					
MICHAEL BAHLINGER - 314-533-2229	20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
4316 LINDELL, ST. LOUIS, MO 63108					
		4316 LINDELL, ST. LOUIS, MO 63108			

Form **990** (2014)

#### Form 990 (2014) 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<b>(A)</b> Name and Title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)		( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILLIAM NEWBOLD CHAIRMAN - EXECUTIVE BOARD	1.00	X		x				0.	0.	0.
(2) PETER BARKOFSKE	1.00									
SECRETARY - EXECUTIVE BOARD		Х		Х				0.	0.	0.
(3) PAUL KLUG	1.00									
EXECUTIVE BOARD		Х						0.	0.	0.
(4) MARK MAGER	1.00									
EXECUTIVE BOARD		Х						0.	0.	0.
(5) JOHN SEILER	1.00	ļ								
EXECUTIVE BOARD	1	Х						0.	0.	0.
(6) DONALD VIETOR	1.00	١							_	
EXECUTIVE BOARD	1 00	Х						0.	0.	0.
(7) REV. ROBERT WEISS, S.J.	1.00	ļ ,,							_	_
EXECUTIVE BOARD	1.00	Х						0.	0.	0.
(8) RISA ZWERLING - WRIGHTON EXECUTIVE BOARD	1.00	x						0.	0.	0.
(9) GLENN HEITMANN	1.00	^						0.	0.	0.
EXECUTIVE BOARD	1.00	x						0.	0.	0.
(10) DAN TARLAS	1.00							•	•	<u></u>
EXECUTIVE BOARD		X						0.	0.	0.
(11) SCOTT HUMMEL	45.00	<del> </del>								
PRESIDENT/EXEC. DIRECTOR		1		х				128,026.	0.	36,221.
(12) MICHAEL BAHLINGER	40.00									
TREAS./DIR. OF FINANCE & OPERATIONS		1		Х				107,502.	0.	16,188.
_										
432007 11-07-14					<u> </u>		l			Form <b>990</b> (2014)

Form **990** (2014)

	990 (2014) OUR LITT:									43-15	67	500	Pa	age <b>8</b>
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee)				than	th an	compensation compensati			Esti amo	(F) imate ount o other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fro orga	m the nizati relate	e on ed
	Sub-total	<u> </u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	235,528.		0.	52	2,40	09.
С	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	235,528.		0.	52	2,40	0. 09.
2	Total number of individuals (including but r compensation from the organization							ho r	received more than \$100	0,000 of reportable	)			2
_												,	Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15								Carra and the all that all	the organization		4	х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	•				•			ted organization or indiv	idual for services		5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										pens	ation fro	om	
	(A) Name and business	address	N	INC	3				<b>(B)</b> Description of s	services	C	(C) compen		า
								$\dashv$						
2	Total number of independent contractors (	including but n	ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	ization >					0					Form 9	90 (2	2014)

Form 990 (2014) OUR LIT
Part VIII | Statement of Revenue

		Check if Schedule O cont	ains a resnonse (	or note to any li	ne in this Part VIII			
		Check if Schedule O cont	airis a response (	or riote to arry in	(A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ti c c e f	A Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribut  All other contributions, gifts, gran similar amounts not included abor  Noncash contributions included in lines	1b 1c 1d 1d 1e 1, ts, and ve 1f 1,	300,386. 716,625. 724,675. 107,422.				
<u>a</u> 0	h	Total. Add lines 1a-1f						
Program Service Revenue	2 a		1	Business Code				
jo	e							
-		All other program service reve	-	<u> </u>	-			
	3	Total. Add lines 2a-2f	dividends, intere	st, and	112,330.			112,330.
	4 5	Income from investment of tax Royalties	x-exempt bond p	roceeds				
			(i) Real	(ii) Personal				
		Gross rents Less: rental expenses			-			
	c	Rental income or (loss)						
	c	Net rental income or (loss)						
		Gross amount from sales of assets other than inventory	(i) Securities 190,737.	(ii) Other				
		Less: cost or other basis     and sales expenses     Gain or (loss)	150,245. 40,492.					
	c	Net gain or (loss)			40,492.			40,492.
evenue	8 a	Gross income from fundraisin including \$ 300,3 contributions reported on line	886. of					
Other Revenu		Part IV, line 18		167,715. 215,608.	47.003			47 003
		Net income or (loss) from fund		<u></u>	-47,893.			-47,893.
		Part IV, line 19 Less: direct expenses	a	27,160.	_			
		Net income or (loss) from gam	-		24,160.			24,160.
		Gross sales of inventory, less	Ĭ I	······				
		and allowances						
	b	Less: cost of goods sold						
	C	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
	11 a							
	b		<b> </b>					
	0	All other revenue	<del></del>					
		Total. Add lines 11a-11d	_	<b>•</b>				
	12	Total revenue. See instructions.			3,870,775.	0.	0.	129,089.
43200 11-07							·	Form <b>990</b> (2014)

#### 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).

Total expenses		Check if Schedule O contains a respon				
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, freeign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of individuals dows, to disqualified persons (as defined under section 4958(c)3)(8) Compensation not included above, to disqualified persons described in section 4958(c)3)(8) Persons described in section 4958(c)3)(8) Compensation and contributions (include section 4958(c)4)(8) Persons (as defined under section 4958(c)3)(8) Compensation of current officers, directors, trustees, and domestic and variety of the sealing and contributions (include section 4958(c)4)(8) Persons (as defined under section 4958(c)3)(8) Person (as defined under 4958(c)3)(8) Person (as defined under 4958(c)3)(8) Person (as defined 4958(c)3)(8) Person (as defined 4958(c)4)(8) Person (as defined 4958(c)4)(8) Person (as defined 4958(c)4)(8) Person (as defined 4958(c)4)(8) Person (as defined 4958(c)4			<b>(A)</b> Total expenses			Fundraising
2 Grants and other assistance to domestic includividuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign includividuals. See Part IV, line 15 and 16 persons (as defined under section 4958(fr(1) and parsons (as defined under section 4958(fr(1) and parsons (as defined under section 4958(fr(1) and parsons (as defined under section 4958(fr(1)) and the parson (as described in section 4958(fr(1)) and the parson (as described in section 4958(fr(1)) and the parson (as defined under section 4958(fr(1)) and the parson (as described in section 4958(fr(1)) and the parson (as described in section 4958(fr(1)) and parson (as defined under section 4958(fr(1)) and parson (as defined under section 4958(fr(1)) and the parson (as defined under section 4958(fr(1))	1	_				
Individuals See Part IV, line 22   Grants and other assistance to foreign organizations, foreign governments, and foreign in the complex of the c		and domestic governments. See Part IV, line 21				
3	2					
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
Individuals, See Part IV, lines 15 and 16   Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   Compensation on tincluded above, to disqualified persons (as offined under section 4958(c)(3)) and persons described in section 4958(c)(3)) and 402(b) employer contributions)   54,486   48,719   286   5,481	3	· ·				
A Benefits paid to or for members   Compensation of current officers, directors, trustees, and key employees   275,549   132,502   70,205   72,842						
5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above, to disqualified persons (as offined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in column (a) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (a) pint costs from a combined reported in column (b) pint costs from a combined reported in column (a) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (b) pint costs from a combined reported in column (						
trustese, and key employees   275,549   132,502   70,205   72,842						
6 Compensation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(t) employer contributions) 9 Other employee benefits 136,935 123,975 5,330 7,630 128,019 107,998 5,515 14,500 14,500 128,019 107,998 5,515 14,500 15 Fees for services (non-employees): 16 Legal 10,027 9,877 90 60 2 Accounting 10 Lobying 10 L	5		275 540	122 502	70 205	72 042
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruais and contributions (include section 401(s) and 403(t)) employer contributions) 5 4, 486.		F	2/5,549.	132,502.	70,205.	12,842
Persons described in section 4958(c)(3)(B)   1,207,366   1,099,928   1,999   105,435   8   Pension plan acruals and contributions (include section 401(k) and 403(b) employer contributions)   54,486   48,719   286   5,481   136,935   123,975   5,330   7,630   128,019   107,998   5,515   14,506   128,019   107,998   5,515   14,506   128,019   107,998   5,515   14,506   128,019   107,998   5,515   14,506   128,019   107,998	6					
7 Other salaries and wages Pension plan accruals and contributions (include section of 01(k) and 403(b) employer contributions)						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 136,935. 123,975. 5,330. 7,630 10 Payroll taxes 1 128,019. 107,998. 5,515. 14,506 11 Fees for services (non-employees): a Management b Legal 10,027. 9,877. 90. 60 c Accounting 32,600. 24,300. 6,700. 1,600 d Lobbyring e Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (Iffiline 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schol. 120,777. 10,777. 9 10 Office expenses 75,545. 63,872. 8,917. 2,756. 13,375. 13,			1 207 266	1 000 000	1 000	10E 420
Section 401(k) and 403(b) employer contributions)   54, 486		_	1,407,300.	1,099,928.	1,999.	105,439
9 Other employee benefits 136,935, 123,975, 5,330, 7,630 17,630 17,9701 taxes 128,019, 107,998, 5,515, 14,506 128,019, 107,998, 5,515, 14,506 128,019, 107,998, 5,515, 14,506 128,019, 107,998, 5,515, 14,506 128,019, 107,998, 5,515, 14,506 128,019, 107,998, 107,999, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,999, 107,998, 107,999, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,998, 107,999, 107,998,	8	·	E / 106	10 710	206	E 401
10	_	` '				7 620
						1,030
a Management b Legal			120,019.	107,990.	3,313.	14,500
b Legal		` , ,				
C   Accounting   32,600   24,300   6,700   1,600			10 027	0 077	0.0	60
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  12 Advertising and promotion 20,768. 15,858. 4,917. 2,756 13 Office expenses. 75,545. 63,872. 8,917. 2,756 14 Information technology 7,807. 6,637. 1,170 15 Royatties Occupancy 44,133. 39,777. 3,471. 885 17 Travel 630. 173. 455 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 242. 224. 18.  11 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 24 Other expenses. Itemize expenses on Schedule 0.) 25 Courting Alman (A) amount, list line 24e, If fine 24e amount exceeds 10% of line 25e, column (A) amount, list line 24e axpenses on Schedule 0.) 26 DATA PROCESSING 27 OUTPATIENT SERVICES 28 JUBSRIPTIONS 29 All other expenses 34,960. 31,693. 1,504. 1,763 25 Total functional expenses. Add lines 1 through 24e deducational expenses. Interior expenses and covered deducational expenses. Add lines 1 through 24e deducational campaign and fundraising solicitation.						
e Professional fundraising services. See Part IV, line 17 f Investment management fees			32,000.	24,300.	0,700.	1,000
1						
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)  12 Advertising and promotion 20,768. 15,858. 4,917. 2,756  14 Information technology 7,807. 6,637. 1,170  15 Royalties 60 Cocupancy 44,133. 39,777. 3,471. 885  16 Occupancy 44,133. 39,777. 3,471. 885  17 Travel 630. 173. 457  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 242. 224. 18.  19 Conferences, conventions, and meetings 242. 224. 18.  11 Payments to affiliates 252  12 Depreciation, depletion, and amortization 105,157. 99,561. 1,402. 4,194  23 Insurance 52,364. 31,131. 14,696. 6,537  24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schodie 0.)  a CASE MANAGEMENT EXPENSE 293,092. 292,915. 177  b DATA PROCESSING 36,056. 28,985. 4,419. 2,652  c OUTPATIENT SERVICES 26,447. 26,447. 26  d DUES & SUBSRIPTIONS 14,397. 8,930. 629. 4,838  at other expenses 24,000. 31,693. 1,504. 1,763  25 Total functional expenses. Add lines 1 through 24e 2,584,086. 2,208,832. 136,160. 239,094  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			10 777		10 777	
Column (A) amount, list line 11g expenses on Sch 0.)   13 , 375 .   13 , 375 .			10,777.		10,777.	
12   Advertising and promotion   20,768.   15,858.   4,910.     13   Office expenses   75,545.   63,872.   8,917.   2,756.     14   Information technology   7,807.   6,637.   1,170.     15   Royalties   7,807.   6,637.   1,170.     16   Occupancy   44,133.   39,777.   3,471.   885.     17   Travel   630.   173.   457.     18   Payments of travel or entertainment expenses for any federal, state, or local public officials     19   Conferences, conventions, and meetings   3,354.   1,955.   202.   1,197.     10   Interest   242.   224.   18.     19   Payments to affiliates   242.   224.   18.     10   Payments to affiliates   242.   224.   18.     10   Payments to affiliates   25,364.   31,131.   14,696.   6,537.     10   State expenses in line 24e.   filine 24e amount, list line 24e expenses in line 24e.   filine 24e amount, list line 24e expenses on Schedule 0.     10   CASE MANAGEMENT EXPENSE   293,092.   292,915.   177.     10   DUES & SUBSRIPTIONS   26,447.   26,447.     10   DUES & SUBSRIPTIONS   14,397.   8,930.   629.   4,838.     10   State expenses   34,960.   31,693.   1,504.   1,763.     20   Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	g	,	13 375	13 375		
13 Office expenses 75,545. 63,872. 8,917. 2,756 14 Information technology 7,807. 6,637. 1,170 15 Royalties 86 16 Occupancy 44,133. 39,777. 3,471. 885 17 Travel 630. 173. 457 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 92 Conferences, conventions, and meetings 3,354. 1,955. 202. 1,197 20 Interest 242. 224. 18. 19 21 Payments to affiliates 242. 224. 18. 19 22 Depreciation, depletion, and amortization 105,157. 99,561. 1,402. 4,194 23 Insurance 52,364. 31,131. 14,696. 6,537 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 CASE MANAGEMENT EXPENSE 293,092. 292,915. 177 29 DATA PROCESSING 36,056. 28,985. 4,419. 2,652 20 OUTPATIENT SERVICES 26,447.	40	· ·				/ Q10
14					8 917	
15   Royalties					0,517.	
16   Occupancy   144,133   39,777   3,471   885     17   Travel   630   173   457     18   Payments of travel or entertainment expenses for any federal, state, or local public officials     19   Conferences, conventions, and meetings   3,354   1,955   202   1,197     20   Interest   242   224   18     21   Payments to affiliates   242   224   18     22   Depreciation, depletion, and amortization   105,157   99,561   1,402   4,194     23   Insurance   52,364   31,131   14,696   6,537     24   Other expenses Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)   a   CASE MANAGEMENT EXPENSE   293,092   292,915   177     b   DATA PROCESSING   36,056   28,985   4,419   2,652     c   OUTPATIENT SERVICES   26,447   26,447       d   DUES & SUBSRIPTIONS   14,397   8,930   629   4,838     e   All other expenses   Add lines 1 through 24e   2,584,086   2,208,832   136,160   239,094     d   Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			7,007.	0,037.		1,170
17   Travel			44 133	39 777	3 471	885
18					3/1/10	457
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Interest Interest Interest Insurance In				1730		137
19 Conferences, conventions, and meetings	10					
Interest   242.   224.   18.	10		3.354.	1.955.	202.	1.197
Payments to affiliates   Depreciation, depletion, and amortization   105,157						-,,
Depreciation, depletion, and amortization   105,157.   99,561.   1,402.   4,194						
1			105.157.	99.561.	1.402.	4.194
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a CASE MANAGEMENT EXPENSE DATA PROCESSING 36,056. 28,985. 4,419. 2,652 COUTPATIENT SERVICES 26,447. 26,447						
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a CASE MANAGEMENT EXPENSE 293,092. 292,915.  b DATA PROCESSING 36,056. 28,985. 4,419. 2,652 c OUTPATIENT SERVICES 26,447. 26,447. d DUES & SUBSRIPTIONS 14,397. 8,930. 629. 4,838 e All other expenses 34,960. 31,693. 1,504. 1,763 25 Total functional expenses. Add lines 1 through 24e 2,584,086. 2,208,832. 136,160. 239,094 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			22,3010	22,201	==,0500	0,00,
amount, list line 24e expenses on Schedule 0.)  a CASE MANAGEMENT EXPENSE b DATA PROCESSING c OUTPATIENT SERVICES d DUES & SUBSRIPTIONS e All other expenses  Total functional expenses. Add lines 1 through 24e  293,092. 292,915. 177  36,056. 28,985. 4,419. 2,652  26,447. 26,447.  31,693. 1,504. 1,763  25 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.		above. (List miscellaneous expenses in line 24e. If line				
a CASE MANAGEMENT EXPENSE b DATA PROCESSING C OUTPATIENT SERVICES DUES & SUBSRIPTIONS All other expenses Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						
DATA PROCESSING   36,056	а		293,092.	292,915.		177
c OUTPATIENT SERVICES         26,447.         26,447.           d DUES & SUBSRIPTIONS         14,397.         8,930.         629.         4,838.           e All other expenses         34,960.         31,693.         1,504.         1,763.           25 Total functional expenses. Add lines 1 through 24e         2,584,086.         2,208,832.         136,160.         239,094.           26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.         2,584,086.         2,208,832.         136,160.         239,094.					4,419.	2,652
d DUES & SUBSRIPTIONS e All other expenses  Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	С				·	· · · · · ·
All other expenses 34,960 31,693 1,504 1,763  Total functional expenses. Add lines 1 through 24e 2,584,086 2,208,832 136,160 239,094  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	-			8,930.	629.	4,838
Total functional expenses. Add lines 1 through 24e  2,584,086. 2,208,832. 136,160. 239,094  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.						1,763
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25	· —				239,094
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	26		-	-		<u> </u>
educational campaign and fundraising solicitation.						
		, , , ,				
· · · · · · · · · · · · · · · · · ·		. $\square$				

## Form 990 (2014) Part X Balance Sheet

Pai	τχ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	431,229.	1	478,973.
	2	Savings and temporary cash investments	2,618,918.	2	4,320,196.
	3	Pledges and grants receivable, net	0.	3	500.
	4	Accounts receivable, net	53,887.	4	77,727.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	41,480.	5	35,126.
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ğ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,459.	9	38,115.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,324,415.			
	b	Less: accumulated depreciation 10b 1,652,405.	736,819.	10c	672,010.
	11	Investments - publicly traded securities	5,198,579.	11	5,233,628.
	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	253,927.	15	281,895.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,336,298.	16	11,138,170.
	17	Accounts payable and accrued expenses	72,619.	17	80,982.
	18	Grants payable		18	
	19	Deferred revenue	17,000.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,317,164.	21	1,895,252.
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	1,779.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,408,562.	26	1,976,234.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	E 00E E06		0 161 006
anc	27	Unrestricted net assets	7,927,736.	27	9,161,936.
Fund Balances	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ğ		and complete lines 30 through 34.			
sets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	E 00E E05	32	0 161 005
~	33	Total net assets or fund balances	7,927,736.	33	9,161,936.
	34	Total liabilities and net assets/fund balances	9,336,298.	34	11,138,170.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8 9	Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
10		10 9	,16	1,9	36.		
Pa	Part XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
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 in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	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  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
С	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	225			
			Form	990	(2014)		

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

OUR LITHTLE HAVEN

Employer identification number 13-1567500

			DIIIDE IIVA				4	3-130/300
Pai	rt I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions.	
he o	organ	ization is not a private found	ation because it is: (	For lines 1 through 11,	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E.)				
3		A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a go	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, 0		
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
	X	An organization that norma	_					nublic described in
•		section 170(b)(1)(A)(vi). (C	•	inta part of its support	nom a gov	ciriiriciitai	unit of from the general	pablic accorded in
8		A community trust describe	•	(1)(A)(vi) (Complete Par	+ 11 \			
9	Ħ	•			•	contribution	ana mambarahin faas a	and gross resoints from
3		An organization that norma	*	-	-			
		activities related to its exen	-	•				•
		income and unrelated busin		(less section 511 tax) if	om busine	esses acqu	ired by the organization	arter June 30, 1975.
40		See section 509(a)(2). (Cor		ivaly to toot for public or	ofativ Caa	aaatian EC	)O(a)(4)	
10		An organization organized	•	•	-			
11	ш	An organization organized a	•	•	•		•	
		more publicly supported or						neck the box in
		lines 11a through 11d that	• •			•	, ,	
а		☐ Type I. A supporting orga	· ·	•				
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. <b>You must o</b>	-					
b			•					-
		control or management o			same perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
	_	its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d			<b>/ integrated.</b> A supp	orting organization oper	rated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Section	s A and D,	, and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.		
f	Ente	er the number of supported o	organizations					
g	Pro۱	ride the following information	about the supporte					
	(	i) Name of supported	(ii) EIN	. , ,.	(iv) Is the o	rganization in your	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9 above or IRC section	governing	document?	support (see Instructions)	other support (see Instructions)
				(see instructions))	Yes	No	matructions)	instructions)
F=4-1								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

#### 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	4581413.	2618075.	2640612.	2657684.	3741686.	16239470.	
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	4581413.	2618075.	2640612.	2657684.	3741686.	16239470.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						647,850.	
6	Public support. Subtract line 5 from line 4.						15591620.	
	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	4581413.	2618075.	2640612.	2657684.		16239470.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	58,072.	76,086.	112,521.	102,858.	112,330.	461,867.	
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.)	311,139.	157,111.	127,306.	115,714.	194,875.	906,145.	
11							17607482.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop	here					<b>&gt;</b>	
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2014 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	88.55 %	
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	91.66 %	
16a	16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2013. If the o	-						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explain	n in Part VI how the	e	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶⊒	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶∟	

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Celledar year (or fiscal year hespinning (i))  Gilto, grants, contributions, and membeship fees received. (Do not include any "unusual grants.")  Gross receipts from activities.  Gross receipts from activities that are not an unrelated trade or bus- iness under section 513  4 Tax revenues leved for the organization or the organization is traveled in any activity that is related to the organization's tax exempl purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513  4 Tax revenues leved for the organization or the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Totals. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructed or lines 2 as it received by accounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructive for the organization without charge 6 Totals. Add lines 1 through 5  7 A a mounts included on lines 1, 2, and 3 received from disqualified persons. by reconstructive for the organization without charge 7 A mounts included on lines 1, 2, and 8 Public support injuries (reminist)  Gelledar year (or fiscal year beginning iii) by 9 Amounts from line 6  10a Gross income from interest, dividending, symments received on securities loans, rants, royalties and riccome from similar sources by Lines with a come of the capital 11 Net Income from unrelated businesse and income from similar sources by Lines with a capital 12 First five years, if the Form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(ci)(3) organization, chock this box and stop here.  14 First five years, if the Form 900 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(ci)(3) organization, chock this box and stop here.  15 Public support percentage for 2014 (line 8, octumn (f) divided by line 13, column (f)) 16 Public support degraced f	Sec	ction A. Public Support	low, please com	piete Part II.)				
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b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	136							
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	L							
	i.	• • • • • • • • • • • • • • • • • • • •	•			•	•	
	20							

#### Part IV Supporting Organizations

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

#### Section A. All Supporting 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - 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
	1		
	•		
	_		
	2		
	3a		
	3b		
	G.E		
	3с		
	4a		
	4b		
	4D		
	4c		
	40		
	5a		
	_		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	100		

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIIV)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizatione		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-				
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [	D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Soot	ion A - Adjusted Net Income		(A) Prior Voor	(B) Current Year
<del></del>	on A - Adjusted Net Income		(A) Prior 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 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	1 v   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.										
Also complete this part for any additional information. (See instructions).										
SCHE	DULE A,	PART	II,	LINE	10,	EXPLANA	ATION	FOR	OTHER	INCOME:
INCO	ME FROM	FUND	RAISI	ING						
2010	AMOUNT:	: \$	228,	,036.						
2011	AMOUNT	: \$	142,	,111.						
2012	AMOUNT:	: \$	113,	,306.						
2013	AMOUNT:	: \$	104,	,989.						
2014	AMOUNT	: \$	167,	,715.						
INCO	ME FROM	GAMII	NG							
2010	AMOUNT	: \$	21,0	000.						
2011	AMOUNT	: \$	15,0	000.						
2012	AMOUNT	: \$	14,0	000.						
2013	AMOUNT	: \$	10,7	725.						
2014	AMOUNT:	: \$	27,1	L60.						
MISC	ELLANEOU	JS IN	COME							
2010	AMOUNT	: \$	62,1	103.						

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

OUR LITTLE HAVEN 43-1567500

Organization type (check one):							
Filers of: Section:							
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special I	Rules						
	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 or 990-EZ), 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, 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. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$\$						
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number

OUR LITTLE HAVEN 43-1567500

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		88,546.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No2	Name, address, and ZIP + 4	\$ 252,982.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		987,583.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  - \$ 332,162.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 <u>6</u>	Ivallie, audi ess, aliu ZIF + 4	\$ 93,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### OUR LITTLE HAVEN

43-1567500

	Noncash Property (see instructions). Use duplicate copies of F	Part II 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
		   \$	

Name of organization Employer identification number 43-1567500 OUR LITTLE HAVEN 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 Part III 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization

OUR LITTLE HAVEN

Employer identification number 43-1567500

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised 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	writing that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		-
Pai			
1	Purpose(s) of conservation easements held by the organization	·	,
-	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space	, , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	,, <b>,</b>		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	, , , ,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, o	r Oth	er Siı	milar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that	are a s	signific	ant use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	ms				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization	n's exe	empt p	urpose in Pai	t XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical tre	asures, or othe	er simila	ır asse	ts	_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	collection?			<u>L</u>	Yes	└── No
Pai	t IV Escrow and Custodial Arran	-	te if the organizati	on answered "	Yes" to	Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod							_	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			_			
								Amount	
С	Beginning balance					1	С		
d	Additions during the year					1	d		
е	Distributions during the year					1	е		
f	Ending balance					<u>L</u> i	lf	_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or	custodial accou	unt liabi	ility?	<u>X</u>	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								X
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to F	orm 990, Part I	V, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	s back	(d) Th	ree years back		ears back
1a	Beginning of year balance	5,734,522.	5,035,308	4,553	,519.		4,541,230.	2,3	L90,231.
b	Contributions	contributions 2,000,00						000,000.	
С	Net investment earnings, gains, and losses	86,981.	744,214	. 481	,789.		12,289.	350,999.	
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	50,000.	45,000						
f	Administrative expenses								
g	End of year balance	5,771,503.	5,734,522	. 5,035	,308.		4,553,519.	4,!	541,230.
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment ►00	<u></u> %							
С	Temporarily restricted endowment ▶	.00 %							
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administer	red for t	the org	anization	_	
	by:							\	res No
	(i) unrelated organizations							. 3a(i)	X
	(ii) related organizations							. 3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations							. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, line 11a.	See Form 990,	Part X,	line 10	).		
	Description of property	(a) Cost or ot		t or other	٠,	ccumi	I	(d) Book	value
		basis (investm	,	(other)	de	precia	tion		
1a	Land			92,000.					,000.
b	Buildings		1,9	31,392.	1,	380	,336.	551	,056.
С	Leasehold improvements								
d	Equipment					<u> </u>			
	Other			01,023.		272	,069.		,954.
Total	Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X column (R) line	10c)			<b>▶</b>	672	,010.

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 OUR LITTLE	<u>HAVEN</u>		43	-1567500	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"				l - <b>6</b>	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Va	luation: Cost or end	1-of-year market \	value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	to Form 990 Part IV	/ line 11c See Form 990 D	art Y line 13		
(a) Description of investment	(b) Book value		luation: Cost or end	l-of-vear market v	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.		•			
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990, P	art X, line 15.		
(a)	Description			(b) Book va	alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		<b>&gt;</b>		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV		990, Part X, line 25.		
1. (a) Description of liability		(b) Book value			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	٦.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	3,828,020.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-52,489.		
	Donated services and use of facilities			-	
	Recoveries of prior year grants		20 F11		
	Other (Describe in Part XIII.)	2d	20,511.	1 1	21 070
_	Add lines 2a through 2d			2e	-31,978.
3	Subtract line 2e from line 1			3	3,859,998.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	10,777.		
	Investment expenses not included on Form 990, Part VIII, line 7b		10,777.	-	
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>			4c	10,777.
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			5	3,870,775.
	t XII Reconciliation of Expenses per Audited Financial Staten			_	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,593,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	. 2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		20,511.		
е	Add lines 2a through 2d			2e	20,511.
3	Subtract line 2e from line 1			3	2,573,309.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	10 555		
	Investment expenses not included on Form 990, Part VIII, line 7b		10,777.	-	
	Other (Describe in Part XIII.)	4b			10 777
_	Add lines 4a and 4b			4c	10,777. 2,584,086.
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	2,304,000.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	rt IV lines 1h	and 2h: Part V line	1. Dart	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			+, i ait	A, IIIIe Z, I alt AI,
	and is, and i are an, into 24 and is. A not complete and part to provide any ad	antional innon	nation.		
PAF	T IV, LINE 2B:				
THE	ORGANIZATION IS ONE OF FOUR ENTITIES PRO	OVIDING	FOSTER CA	RE	CASE
MAN	AGEMENT IN ACCORDANCE WITH THE TERMS OF A	A CONTR	ACT WITH T	HE	STATE OF
MIS	SOURI DEPARTMENT OF SOCIAL SERVICES, CHII	DREN'S	DIVISION	(TH:	E STATE
AGE	NCY). THE ORGANIZATION RECEIVES THE AMOUN	NTS PAI	D BY THE S	TAT:	E AGENCY
WHI	CH ARE INTENDED TO BE DISTRIBUTED TO THE	FOUR E	NTITIES PR	.OVI	DING FOSTER
CAF	E CASE MANAGEMENT.				
PAF	T V, LINE 4:				
ENI	OOWMENT FUNDS ARE TO FURTHER THE MISSION (	OF THE	ORGANIZATI	ON,	WITH A
PRI	MARY FOCUS ON GENERATING FUNDS FOR PROGRA	AMS, SE	RVICES, BU	ILD	ING AND
			•		

CAPITAL IMPROVEMENTS AND TO ENHANCE THE DEVELOPMENT OF THE ORGANIZATION.

11331105 132842 3935-00

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

OUR LIT	TLE HAVEN				43-1567	500
Part I Fundraising Activities. Complete if the organization answered "Yes" to 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.  a						
(i) Name and address of individual or entity (fundraiser)	I have custody I. I have custody I have custody I. I have custody I h					
		Yes	No			
Гоtal			<b>•</b>			
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.						

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT	DIMBED / DANCE	11	(add col. (a) through
			(event type)	DINNER/DANCE (event type)	(total number)	col. <b>(c)</b> )
nue			(event type)	(GVGHE LYPS)	(total Hamber)	
Revenue	1	Gross receipts	215,095.	159,274.	93,732.	468,101.
	2	Less: Contributions	114,475.	110,269.	75,642.	300,386.
	3	Gross income (line 1 minus line 2)	100,620.	49,005.	18,090.	167,715.
	4	Cash prizes				
s	5	Noncash prizes		10,208.		10,208.
pense	6	Rent/facility costs	29,067.	40,096.	10,350.	79,513.
Direct Expenses	7	Food and beverages			2,305.	2,305.
▭	8	Entertainment	1.775.		1.250.	3,025.
	9	Other direct expenses	1,775. 57,130.	32,473.	1,250. 30,954.	120,557.
	10		n 9 in column (d)		<b>&gt;</b>	215,608.
		Net income summary. Subtract line 10 from li				-47,893.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
	1	Gross revenue			27,160.	27,160.
ses	2	Cash prizes			3,000.	3,000.
pens	3	Noncash prizes				
Direct Expenses		Rent/facility costs				
₫						
-	5	Other direct expenses	Yes %	Yes %	X Yes 100 %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	3,000.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	24,160.
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities. <b>M</b>	:0		
		the organization licensed to conduct gaming ac				Yes X No
b	If "	No," explain: MISSOURI DOES NO	T REQUIRE ST	ATE LICENSIN	G FOR EXEMPT	
	0	RGANIZATIONS TO CONDUCT	RAFFLES.			
		ere any of the organization's gaming licenses re	•	-	year?	Yes X No
a	IT "	Yes," explain:				

432082 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Schedule G (Form 990 or 990-EZ) 2014 OUR LITTLE HAVEN	43-1567500 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ento administer charitable gaming?	ntity formed
13 Indicate the percentage of gaming activity conducted in:	103
a The organization's facility	13a • 0 0 %
<b>b</b> An outside facility	13b  100.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events bo	ooks and records:
Name ► MIKE BAHLINGER	
Address ▶ 4316 LINDELL - ST. LOUIS, MO 63108	
15a Does the organization have a contract with a third party from whom the organization receives gaming	revenue? Yes X No
<b>b</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:	
Name	
Address	
16 Gaming manager information:	
Name ► CHRIS MUNOZ	
Name CINCID MONOE	
Gaming manager compensation ▶ \$0 .	
Description of services provided ► SEE PART IV	
Director/officer X Employee Independent contractor	
17 Mandatory distributions:	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceed</li> </ul>	ds to
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizate	
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	) and (v), and Part III, lines 9, 9b, 10b, 15b,
SCHEDULE G, PART III, LINE 16	
DESCRIPTION OF SERVICES PROVIDED: THE DEVELOPMENT ASS	OCIATE PERFORMS
DUTIES INCLUDING PROPOSAL WRITING, EVENT PRODUCTION,	DONOR
CULTIVATION/RELATIONS AND AGENCY COMMUNICATIONS, IN C	RDER TO RAISE
FUNDS FROM VARIED SECTORS OF THE COMMUNITY, WHICH ARE	NECESSARY TO THE
CONTINUED OPERATION AND GROWTH OF OUR LITTLE HAVEN, I	TS FACILITIES AND
ITS PROGRAMS. THIS INCLUDES OVERSEEING THE RAFFLES A	THE
ORGANIZATION'S SPECIAL EVENTS.	

Schedule G	(Form 990 or 990-EZ)	OUR LITTLE	HAVEN		43-1567500	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Info	rmation (continued)				
	• • • • • • • • • • • • • • • • • • • •	,				
-						

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

OUR LITTLE HAVEN

**Employer identification number** 43-1567500

Pa	art I Questions Regarding Compensation							
			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 in line 1a?	2	Х					
3	Indicate which, if any, of the following the filing 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.							
	Compensation committee Written employment contract							
	Independent compensation consultant  Z Compensation survey or study							
	Form 990 of other organizations  Approval by the board or compensation committee							
	Device the constitution of the first COO Best VIII Continue A line to with second the the filter							
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
_	organization or a related organization:	40		Х				
	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X				
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X				
C	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40						
	The story of lines 44.6, list the persons and provide the applicable amounts for each item in Fart III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed in 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		Х				
	Any related organization?	5b		Х				
	If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the net earnings of:							
а	The organization?	6a		X				
b	Any related organization?	6b		Х				
	If "Yes" to line 6a or 6b, describe in Part III.							
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X				
8	Were any amounts reported in 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		X				
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?	9		1				

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

Schedule J (Form 990) 2014

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 in 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 are not 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.

(A) Name and Title		(B) Breakdown of	B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) SCOTT HUMMEL	(i)	128,026.	0.	0.	4,505.	31,716.	164,247.	0.
PRESIDENT/EXEC. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							ļ
	(i)							
	(ii)							<del> </del>
	(i) (ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► 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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

**Employer identification number** 43-1567500 OUR LITTLE HAVEN

Part I	Excess Bene	fit Trans	acti	ons (section 50	)1(c)(3	), secti	ion 501(c)(4), and 50	)1(c)(	(29) organization			075			
												Db.			
1 (a) No.	ne of disqualified p	oroon	(b) F	Relationship betv			ified	•) Do	corintian of tran	cactio	n		(d)	Corre	cted?
(a) Nai	ne or disqualified p	erson		person and or	ganiza	ation	,,	) De	scription of tran	Sactio	or i		Y	es	No
								fied persons during the year under  t V, line 38a or Form 990, Part IV, line 26; or if the organ  (e) Original ncipal amount  (f) Balance due  (g) In default?  Yes No Yes  31,509. 35,126. X X   35,126.							
													-	_	
													-		
													-	-	
O F			41												
											•				
5 Litter	the amount of tax,	ii airy, oir iii	116 2,	above, reimburs	eu by	tile or	gariization				Ψ				
Part II	Loans to and	l/or Fron	n Int	erested Pers	sons										
	Complete if the o	organization	n ansv	vered "Yes" on F	orm 9	990-EZ	. Part V. line 38a or F	Form	990. Part IV. lin	e 26:	or if th	ne orga	nizati	on	
	reported an amo	-					, , , , , , , , , , , , , , , , , , , ,			,	· ·.	9.			
(a	) Name of	(b) Relation			(d) Lo	an to or	(e) Original	(f)	Balance due	(g)	In	(h) App	proved	(i) W	ritten
inter	ested person	erson with organization of loan (c) Purpose (c) Purpose (d) Communication (e) Original (f) Balance due (g) in the organization? (e) Original (f) Balance due (g) in the organization?		comm	ittee?	agreei	ment?								
					То	From				Yes	No	Yes	No	Yes	No
SCOTT	HUMMEL	OFFIC:	ER	VARIOUS		Х	31,509.		35,126.		X	Х		Х	
									25 126						
Fotal Part III	Grants or As	eietance	Bor	aefiting Inter	osto	d Dai			33,140.						
raitiii	J			_											
(a) N	Complete if the came of interested p								(d) Type	of		(0)	Durn	oso of	
(a) N	ame of interested p	person	'	(b) Relationship interested pers			• •						, Purp assista		
				the organiza		~									
			1												
			1								- 1				

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

Schedule L (Form 990 or 990-EZ) 2014

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	iring o ation': ues?
				Yes	No
V   0					
V Supplemental Information		natu (ationa)			
Provide additional information for re	esponses to questions on Schedule L (see i	nstructions).			

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** 

Department of the Treasury Internal Revenue Service

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

OUR LITTLE HAVEN

► Attach to Form 990.

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

Inspection

Employer identification number

Name of the organization

43-1567500

Pai	rt I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		ina	
		applicable	contributions or	amounts reported on	noncash contribu		•	S
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6 7	Cars and other vehicles							
8	Boats and planes Intellectual property							
9	Securities - Publicly traded	X	5	40,562.	FMV			
10	Securities - Closely held stock			10,0020				
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	37	105	CC 0C0	T33.63.7			
25	Other (AUCTION ITEMS)	X	105	66,860.	FMV			
26	Other ()							
27	Other ()							
28 29	Other ( )  Number of Forms 8283 received by the organi	ization durin	a the tax year for a	ontributions				
29	for which the organization completed Form 82		-					
	To whom the organization completed Form oz	.00,1 21111,	Donce Acknowled	gement 23			Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I. lines 1 throu	gh 28, that it		100	
	must hold for at least three years from the dat	-			-			
	exempt purposes for the entire holding period		•	•		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2014)

432141 08-12-14

Part		is rep	ortin	g in Part	I, colui	mation. mn (b), the	e numb	de the per of o	informat contribut	ion requions, th	uired b e num	y Part ber of	I, lines 30 items rece	ob, 32b eived, o	, and 33, or a comb	and whe	ether to	the orga h. Also d	nization complete
SCH	EDUI	ĿΕ	Μ,	PART	ı,	COLU	MN	(B)	:										
THE	ORC	BAN	ΙZ	ATION	I RE	PORTS	TH	E N	UMBEF	OF	COI	NTR	IBUTI	ONS	MADE	FOR	TH	E	
PUB	LICI	ĽΥ	TRA	ADED	SEC	URITI	ES .	AND	THE	NUM	BER	OF	ITEM	S DC	NATE	D FO	RТ	HE	
AUC'	TIOI	ı I	TEI	MS.															

# SCHEDULE O

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

OUR LITTLE HAVEN

Employer identification number 43-1567500

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 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. OUR LITTLE HAVEN'S

TREATMENT PROVIDES A COMMUNITY BASED, EARLY INTERVENTION MODEL, WHICH

INCLUDES A SUITE OF PROGRAMS DESIGNED TO HELP THOSE YOUNG CHILDREN

SUFFERING FROM THE TRAUMA OF ABUSE AND NEGLECT. OUR LITTLE HAVEN IS

RELENTLESSLY COMMITTED TO PROVIDING A SAFE, SECURE AND HEALING

ENVIRONMENT FOR CHILDREN SUFFERING FROM THE TRAGEDY OF ABUSE AND

NEGLECT. OUR DEDICATED AND COMPASSIONATE COMMUNITY OF CAREGIVERS MAKES

THE HURTING STOP, THE HEALING BEGIN AND THE LOVE LAST, ONE CHILD AT A

TIME.

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

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

WELL-BEING OF CLIENTS WHO TRADITIONALLY HAVE LIMITED ACCESS TO MENTAL

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

ASSESSMENT & TREATMENT: OUR LITTLE HAVEN OFFERS OUTPATIENT COUNSELING

AND PSYCHOLOGICAL SERVICES TO THE GENERAL PUBLIC THROUGH THE KEYSTONE

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

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

**Employer identification number** 

OUR LITTLE HAVEN 43-1567500 PROGRAM. LICENSED PSYCHOLOGISTS AND COUNSELORS PROVIDE ASSESSMENT (ALL AGES) AND TREATMENT (AGES INFANT-12, ADULTS AND FAMILIES) AT THE AGENCY OFFICES OR IN SOME CASES IN THE CLIENT'S HOME. PSYCHIATRIC CONSULTATION MAY BE SCHEDULED AS NEEDED FOLLOWING INTAKE WITH CLINICIANS. PROBLEMS ADDRESSED INCLUDE: DEPRESSION, ANXIETIES AND FEARS; SCHOOL PROBLEMS INCLUDING ATTENTION DEFICIT HYPERACTIVITY DISORDER OR LEARNING DISORDERS; BEHAVIORAL PROBLEMS SUCH AS TEMPER TANTRUMS, DEFIANCE OR RULE-BREAKING; REACTIONS TO FAMILY PROBLEMS, LIFE CHANGES OR LOSS OF LOVED ONES; DIFFICULTIES FOLLOWING TRAUMATIC EVENTS AND CONCERNS ABOUT A CHILD'S DEVELOPMENT. ASSESSMENT SERVICES INCLUDE PSYCHOLOGICAL EVALUATIONS, MENTAL HEALTH ASSESSMENTS, EARLY MENTAL HEALTH SCREENINGS/DEVELOPMENTAL SCREENINGS, PARENTING ASSESSMENTS AND BONDING ASSESSMENTS. OUTPATIENT SERVICES TAKE PLACE AT THE KEYSTONE SERVICES BUILDING. 496 CLIENTS SERVED IN FISCAL 2015.

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

FOSTER CARE CASE MANAGEMENT: PROVIDES SERVICES FOR CHILDREN AND

FAMILIES INVOLVED IN THE FOSTER CARE SYSTEM DUE TO ABUSE AND/OR

NEGLECT. THE CHILDREN SERVED RANGE IN AGE BETWEEN NEWBORN TO 21

YEARS OF AGE. CASE MANAGERS ASSIST FAMILIES IN THE GOAL OF

REUNIFICATION, BUT IF THAT IS NOT POSSIBLE, THEY WORK TO SECURE A

SAFE, LOVING, AND PERMANENT HOME FOR FOSTER CHILDREN. OUR LITTLE

HAVEN'S FOSTER CARE CASE MANAGEMENT STAFF AND OTHER ST. LOUIS

PARTNERS ASSESS THE NEEDS OF CHILDREN AND FAMILIES, ARRANGE AND

PROVIDE APPROPRIATE SERVICES AND MOVE CHILDREN INTO PERMANENCY

WITHIN A SPECIFIED PERIOD OF TIME. MOVING CHILDREN INTO PERMANENCY

MEANS PLACING CHILDREN IN A PERMANENT HOME/FAMILY SITUATION AS

SOON AS POSSIBLE. THIS COULD INVOLVE A RETURN TO THE BIOLOGICAL

Schedule O (Form 990 or 990-EZ) (2014)

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. 104

CHILDREN SERVED IN FISCAL 2015.

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

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 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 ARE MADE AVAILABLE TO

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

#### SCHEDULE R (Form 990)

Part I

# **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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

43-1567500

(a)	(b)	(c)		(d)	(e)		(	(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of	or   T	otal income	End-of-year	assets	Direct c	ontrolling	a
of disregarded entity	1 ' '	foreign country)			1 1			ntity	
<b></b>		loreigh country)						,	
OUR LITTLE HAVEN SERVICE AGENCY, LLC -									
46-1567500, 4316 LINDELL, ST. LOUIS, MO									
63108	FOSTER CARE	MISSOURI		193,720	1,895	5,252.	N/A		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations Complete if the organization a	nswered "Yes" on Form 990	), Part IV,	line 34 becaus	e it had one c	or more i	related tax-exer	npt	
(a)	(b)	(c)	(0	d)	(e)		(f)	. (9	<b>g)</b> 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exemp	ot Code Pu	olic charity	Direc	ct controlling		512(b)(13) rolled
of related organization		foreign country)	sec		ıs (if section		entity	1	ity?
				5	601(c)(3))			Yes	No
	_								
	1	1	1	1				1	1

OUR LITTLE HAVEN

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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.

<u> </u>		<u> </u>	1			1					
(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	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
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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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	(i Sec 512(t contr enti	o)(13) rolled ity?
		country)		0. 1.004		4,000,00		Yes	No
	1								
	1								
	1	1 -	1	1		1	1		

Page 3

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

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or	r more	related organizations listed	I in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a			
b	Gift, grant, or capital contribution to related organization(s)				1b			
С	Gift, grant, or capital contribution from related organization(s)				1c			
d	Loans or loan guarantees to or for related organization(s)				1d			
	Loans or loan guarantees by related organization(s)				1e			
f	Dividends from related organization(s)				1f			
g	Sale of assets to related organization(s)				1g			
h	Purchase of assets from related organization(s)				1h			
i	Exchange of assets with related organization(s)				1i			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11			
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m			
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n			
0	Sharing of paid employees with related organization(s)				10			
p Reimbursement paid to related organization(s) for expenses								
q	Reimbursement paid by related organization(s) for expenses				1q			
r	Other transfer of cash or property to related organization(s)				1r			
	Other transfer of cash or property from related organization(s)				1s			
2	If the answer to any of the above is "Yes," see the instructions for information on who must cor							
	(a) Name of related organization  (b) Transact type (a)		(c) Amount involved	(d) Method of determining amount invo	olved			
(1)								
(2)								
(3)								
(5)								
(4)								
(5)								
(6)								
12216	4	6		Schedule B	/Eorn	990)	2014	

Page 4

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)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.	)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.	)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
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