				BLIC DISCLOSURE C		_	1	OMP No. 1545 0047			
-	Q	an		anization Exempt				OMB No. 1545-0047			
Form 990				4947(a)(1) of the Internal Revenution and the security numbers on this form		tions)	2016				
		of the Treasury nue Service	 Information abo 	-		Open to Public Inspection					
ΑF	or the	e 2016 calend	lar year, or tax year beginning			UN 30, 201	.7	·			
	heck if oplicabl	C Name o	f organization			D Employer iden		on number			
	Addre										
	chang] Name		LITTLE HAVEN			43-	156	7500			
	chang nitial return		r and street (or P.O. box if mail is n	not delivered to street address)	Room/suite	E Telephone num		/ 500			
	 Final return	, 4316	LINDELL	,				3-2229			
	termir ated Amen	City or t	town, state or province, country,			G Gross receipts \$		3,499,696.			
	_return Applio		LOUIS, MO 63108 and address of principal officer: S			H(a) Is this a group for subordina					
	_tion pendi		LINDELL, ST. LOU			H(b) Are all subordinate					
		empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or 📃 527			(see instructions)			
_			OURLITTLEHAVEN.O			H(c) Group exemp					
			X Corporation Trust	Association Other ►	L Year	of formation: 1990	M Sta	te of legal domicile: MO			
Pa	rt I	Summary			COUPDI						
e	1	Briefly describ	e the organization's mission or i	most significant activities: SEE	SCHEDU						
Governance	2	Check this bo	x 🕨 🗌 if the organization of	discontinued its operations or disp	osed of more	than 25% of its net	assets.				
ove	3	Number of vo	ting members of the governing b	oody (Part VI, line 1a)			3	8			
				e governing body (Part VI, line 1b)			4	8			
Activities &				dar year 2016 (Part V, line 2a)			5	42			
ti			of volunteers (estimate if necess		6	50 0.					
Act			d business revenue from Part VI	II, column (C), line 12 Form 990-T, line 34			7a 7b	0.			
	D	Net unrelateu		-onn 990-1, line 54		Prior Year		Current Year			
	8	Contributions	and grants (Part VIII, line 1h)			2,794,389	•	3,129,024.			
Revenue						0	•	0.			
eve	10	Investment in	come (Part VIII, column (A), lines	3, 4, and 7d)		189,719		170,645.			
~	11	Other revenue	e (Part VIII, column (A), lines 5, 6	d, 8c, 9c, 10c, and 11e)		64,274		-60,466.			
_	12	Total revenue	- add lines 8 through 11 (must e	equal Part VIII, column (A), line 12)		3,048,382		3,239,203.			
			milar amounts paid (Part IX, colu				•	0.			
			to or for members (Part IX, colur		·····	0		0.			
se				fits (Part IX, column (A), lines 5-10)		<u>1,999,154</u> 0		<u>2,025,542</u> . 0.			
Expenses			ing expenses (Part IX, column	(A), line 11e) D), line 25) ► 228 , 4	166	0	•	0.			
Ä				-11d, 11f-24e)		816,522		845,874.			
				Part IX, column (A), line 25)		2,815,676. 2,871,41					
				line 12		232,706	•	367,787.			
s or Ices						ginning of Current Yea		End of Year			
Net Assets	20					10,802,592		11,958,934.			
it As	21		s (Part X, line 26)			1,542,239		1,591,127.			
	22 rt II	Net assets or Signature		from line 20		9,260,353	•	10,367,807.			
		-		eturn, including accompanying schedu	lee and stateme	inter and to the best of	my kno	wledge and belief it is			
				officer) is based on all information of v			ing kilo	wiedge and benef, it is			
				,							
Sigr	ı	Signatur	e of officer			Date					
Here	e		T HUMMEL, PRESID	ENT							
		,	print name and title		r						
D-1-1		Print/Type pre	-	Preparer's signature		Date Check		PTIN 01220417			
Paid			Y LOFGREN)	[Self-em		<u>P01330417</u> 3-0765316			
Prep Use			► RUBINBROWN LLP			Firm's EIN	• 4	2-01022T0			
030	Uniy	Firm's address	SAINT LOUIS, M			Phone no. (314) 290-3300			
May the IRS discuss this return with the preparer shown above? (see instructions)							X Yes No				

632001 11-11-16	LHA For Paperwork Reduction Act Notice, see the separate instructions.
002001 11 11 10	El # (1 el 1 apel Melle Medaelle Melle el

	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	SEE SCHEDULE O	
	Did the second state of th	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X N
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	• •
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,167,058. including grants of \$) (Revenue	\$
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$954,580. including grants of \$) (Revenue	\$
	SEE SCHEDULE O	
40	(code:) (Evenence \$ 385.246 - institution months (*)	¢
4c	(Code:) (Expenses \$ 385,246. including grants of \$) (Revenue	
4c	OUR LITTLE ACADEMY PROVIDES THERAPEUTIC TREATMENT IN A PR.	ESCHOOL
4c	OUR LITTLE ACADEMY PROVIDES THERAPEUTIC TREATMENT IN A PRISETTING FOR CHILDREN AGES 3 - 6 WHO CANNOT PARTICIPATE IN	ESCHOOL A TRADITIONAL
4c	OUR LITTLE ACADEMY PROVIDES THERAPEUTIC TREATMENT IN A PRISETTING FOR CHILDREN AGES 3 - 6 WHO CANNOT PARTICIPATE IN PRESCHOOL/DAY CARE DUE TO BEHAVIORAL OR EMOTIONAL PROBLEM	ESCHOOL A TRADITIONAL S. SMALL CLASS
4c	OUR LITTLE ACADEMY PROVIDES THERAPEUTIC TREATMENT IN A PRISETTING FOR CHILDREN AGES 3 - 6 WHO CANNOT PARTICIPATE IN PRESCHOOL/DAY CARE DUE TO BEHAVIORAL OR EMOTIONAL PROBLEM SIZE AND LOW CHILD TO THERAPIST RATIO PROVIDES NEEDED SUP	ESCHOOL A TRADITIONAL S. SMALL CLASS PORT FOR
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Form	990	(201)	6)

 Form 990 (2016)
 OUR
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 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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	х	
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	х	
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	10		
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		<u> </u>
5		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C		11c		x
А	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
		11f		x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>			- 23
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
L	Schedule D, Parts XI and XII	<u>12a</u>		
u	Was the organization included in consolidated, independent audited financial statements for the tax year?	10-	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	~	x
				X
		14a		
u	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			
		446		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16		10		x
47	or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			x
	complete Schedule G. Part III	19		A 1

Form **990** (2016)

Form	aan	(2016)
FUIII	990	(2010)

OUR LITTLE HAVEN Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
b	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
		240		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26	Х	
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	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	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			
07	Part V, line 1	34		x
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
U U		35b		1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	51		- 23
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	1
	Note. All Form 990 filers are required to complete Schedule O	1 30	~~	1

Form 990 (2016)

Form	990 (2016) OUR LITTLE HAVEN 43-1567	500	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 41			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)			
39		3a		x
		3b		
	If "Yes," has it filed a Form 990-1 for this year? <i>If</i> " <i>No</i> ," <i>to line 3b, provide an explanation in Schedule O</i>			
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	<u>– 1</u>		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
Fo		5a		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
		50 50		- 23
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
-		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		
		E		10040

Form 990	(2016)
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Form	990 (2016) OUR LITTLE HAVEN		43-156	7500	Р	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7b i				se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.				,	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct su	pervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was file	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholder	rs, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the fol	lowing:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at th	e			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Co	de.)		-	
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, af	filiates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fil	ing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," desc	ribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by indep	endent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	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 arrangen					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
0	exempt status with respect to such arrangements?			16b		
	tion 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)	availabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain		,			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of int	erest policy, ar	d financ	al	
	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 boo	ks and re	cords: 🕨 🔄			
	MICHAEL BAHLINGER - 314-533-2229					
	4316 LINDELL, ST. LOUIS, MO 63108			-	000	(02 :
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Form 990 (2016)	OUR LITTLE HAVEN	43-1567500	Page 7
	npensation of Officers, Directors, Trustees, Key Emp	loyees, Highest Compensated	
Emp	ployees, and Independent Contractors		
Chec	k if Schedule O contains a response or note to any line in this Part VI		
Section A. Offic	cers, Directors, Trustees, Key Employees, and Highest Compensa	ted 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."

(D)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $\langle \mathbf{c} \rangle$

(D)

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

(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average	Average Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	direc				D.		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	. , ,	organization
	organizations	trust	al tr		oyee	B				and related
	below	idual	Institutional trustee	5	am plo	est co	er			organizations
	line)	Individual trustee or director	In stit	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM NEWBOLD	1.00									
CHAIR - EXECUTIVE BOARD		х		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) DONALD VIETOR	1.00									
EXECUTIVE BOARD		Х						0.	0.	0.
(6) RISA ZWERLING - WRIGHTON	1.00									
EXECUTIVE BOARD		Х						0.	0.	0.
(7) GLENN HEITMANN	1.00									
EXECUTIVE BOARD	1 00	х						0.	0.	0.
(8) DAN TARLAS	1.00									
EXECUTIVE BOARD	45.00	Х						0.	0.	0.
(9) SCOTT HUMMEL	45.00	-						100 000	•	0 1 5 6
PRESIDENT/EXEC. DIRECTOR	40.00			X				127,866.	0.	9,156.
(10) MICHAEL BAHLINGER	40.00	-						100 450	0	10 206
TREAS/DIR OF FINANCE & OPERATIONS		-		X				128,453.	0.	10,396.
		-								
		1								
		1								
		<u> </u>								
		-								
										- 000
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	990 (2016) OUR LITTI	LE HAVEN	Γ							43-15	567!	500	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per		not c	(C) (D) Position Reportable check more than one compensation					(E) Reportable compensation		(F) Estimated amount of		
		Veek officer and a director/tru (list any bours for					compensation from the organization (W-2/1099-MISC)	compensatio from related organizations (W-2/1099-MIS	l s	com fr org and	other pensa om the anization d relate	tion e ion ed		
	Sub-total								256,319.		0.	1	9,5	
d	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 256,319.		0.	1	9,5!	0. 52.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable			Yes	2 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>											3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Jf	or such individual			4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors											5		Х
1	Complete this table for your five highest con the organization. Report compensation for t										ensat	ion fro	om	
	(A) Name and business			ONE					(B) Description of s		С	(C ompei	;) nsatio	า
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lin	niteo	d to f	thos (ted	above) who received mo	ore than			005	
												Form	990 (ź	2016)

Part VII	Check if Schedule O cont		or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<u> ខ្</u> ខ្ 1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts u 6 J a p a q e	Membership dues						
o Amo	Fundraising events		378,481.				
p arit	Related organizations	1d					
e ini	Government grants (contributi		873,479.				
tion f	All other contributions, gifts, gran						
ibu	similar amounts not included abor	/e 1f	877,064.				
g d d			129,679.				
<u> </u>	Total. Add lines 1a-1f			3,129,024.			
			Business Code				
e 2 a							
o p							
Su Su Su Su Su Su Su Su Su Su Su Su Su S							
p Bev							
Program Service Revenue Japa 2 a 2 a	All - 44-						
•	All other program service reve						
3	Total. Add lines 2a-2f						
J	other similar amounts)			167,083.			167,083.
4	Income from investment of tax			10//0001			
5	Royalties						
Ŭ		(i) Real	(ii) Personal				
6 a	Gross rents	(i) Hour					
	Less: rental expenses						
	Rental income or (loss)						
			>				
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	46,728.					
b	Less: cost or other basis						
	and sales expenses	43,166. 3,562.					
с	Gain or (loss)	3,562.					
d	Net gain or (loss)		►	3,562.			3,562.
"8a	Gross income from fundraising	g events (not					
nu	including \$ 378,4	81. of					
eve	contributions reported on line						
Other Revenue a	Part IV, line 18		141,942.				
d H	Less: direct expenses	b	206,727.				
C C	Net income or (loss) from fund	-	····· ►	-64,785.			-64,785.
9 a	Gross income from gaming ac		14 010				
	Part IV, line 19		14,919.				
	Less: direct expenses		10,600.	4 210			4 310
	Net income or (loss) from gam	-	. <u></u>	4,319.			4,319.
10 a	Gross sales of inventory, less						
	and allowances						
	Less: cost of goods sold						
c	Net income or (loss) from sale						
11 a	Miscellaneous Revenu	G	Business Code				
b							
с С							
d	All other revenue						
	Total. Add lines 11a-11d		►				
12	Total revenue. See instructions.			3,239,203.	0.	0.	110,179.
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	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	260,976.	65,182.	65,058.	120 724
~	trustees, and key employees	200,970.	05,102.	05,050.	130,736
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	1,433,461.	1,392,938.	5,087.	35,436
7	Other salaries and wages	<u>, 401</u>	±,334,330.	5,007.	55,430
B	Pension plan accruals and contributions (include	49,749.	19 101	348.	
^	section 401(k) and 403(b) employer contributions)	148,172.	49,401. 137,954.	2,820.	7 309
9	Other employee benefits	133,184.	115,920.	5,371.	7,398
0	Payroll taxes	133,104.	115,920.	5,571.	11,09.
1	Fees for services (non-employees):				
	Management	3,753.	2,653.	1,100.	
		34,675.	26,175.	6,800.	1,700
	Accounting	54,075.	20,175.	0,000.	1,700
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8,239.		8,239.	
	Other. (If line 11g amount exceeds 10% of line 25,	0,235.		0,255.	
y	column (A) amount, list line 11g expenses on Sch 0.)	1 535.	1,056.	479.	
2	Advertising and promotion	1,535. 20,132.	11,468.		8 664
2 3	Office expenses	72,513.	56,748.	10,167.	8,664 5,598 2,135
3 4	Information technology	22,179.	19,951.	93.	2,135
5	Royalties				
6	Occupancy	34,458.	30,938.	2,543.	975
7	Travel	377.	34.		<u>97</u> 343
B	Payments of travel or entertainment expenses	••••			
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	2,123.	1,320.	44.	759
0	Interest		_,		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	108,136.	96,841.	5,769.	5,526
3	Insurance	80,852.	56,060.	15,297.	9,495
4	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.)				
а	CASE MANAGEMENT EXPENSE	354,936.	354,936.		
b	DATA PROCESSING	39,795.	33,627.	4,685.	1,483
c	OUTPATIENT SERVICES	25,868.	25,868.		•
d	PRESCHOOL EXPENSES	11,582.	11,398.	184.	
	All other expenses	24,721.	16,416.	1,982.	6,323
5	Total functional expenses. Add lines 1 through 24e	2,871,416.	2,506,884.	136,066.	228,466
6	Joint costs. Complete this line only if the organization	-	-	-	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOR 98-2 (ASC 958-720)				

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Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2016)

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OUR LITTLE HAVEN

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

(A) Beginning of year (B) End of year 572,863. 644,032. 1 1 Cash - non-interest-bearing 2,903,372. 3,236,371. Savings and temporary cash investments 2 5,140. 11,500. Pledges and grants receivable, net 3 84,064. 65,524. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 30,301. 5 30,397. Part II of Schedule L Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 37,864. 45,893. 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 2,327,389. basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation _____ 10b 1,766,752. 625,528. 560,637. 10c 7,048,911. 6,227,361. 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 309,739. 322,029. Other assets. See Part IV, line 11 15 10,802,592. **Total assets.** Add lines 1 through 15 (must equal line 34) 16 11,958,934. 84,407. 17 78,132. Accounts payable and accrued expenses 18 Grants payable Deferred revenue 19 Tax-exempt bond liabilities 20 1,457,832. 1,512,995. 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 1,591,127. 1,542,239. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. 10,367,807. 9,260,353. 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨

30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 10,367,807. 9,260,353. Total net assets or fund balances 33

10,802,592.

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11,958,934.

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and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Liabilities

Net Assets or Fund Balances

Assets

Part X Balance Sheet

Form	990 (2016) OUR LITTLE HAVEN	43-15	57500	Page 12
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 10	Total revenue (must equal Part VIII, column (A), line 12) 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,	1 2 3 4 5 6 7 8 9	3,239 2,871 367 9,260	,203. ,416. ,787. ,353. ,667.
	column (B))	10	10,367	<u>,807.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		… L Yes No
1 2a	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 of Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:			X
	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 consolidated basis, or both: Separate basis X 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	basis,	<u>2</u> b	x
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
3a	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133?		. <u>3a</u>	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	190 (2016)

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(Form	990	or	990-	EZ)
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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.

2016	
Open to Public	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at	www.irs.gov/fo	rm99	0.
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Nam	e of t	the organization						Employer	r identification number
			LITTLE HAV					4	3-1567500
Pa	rt I	Reason for Public (Charity Status	(All organizations must co	omplete th	iis part.) Se	ee instruction:	6.	
The o	organ	ization is not a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	l in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	ollege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	antial part of its support fi	rom a gove	ernmental	unit or from tl	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	l in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	eor
		university:							
10		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ns, members	hip fees, ar	nd gross receipts from
		activities related to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busir	ness taxable income	e (less section 511 tax) fro	m busine	sses acqui	red by the org	ganization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organization organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and com	plete lines	12e, 12f, and	l 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	egularly appoint or elect a	majority o	of the dired	ctors or truste	es of the su	upporting
		organization. You must o	complete Part IV, S	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving
		control or management o			ame perso	ons that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte						lly integrate	ed with,
	_	its supported organizatio							
d		Type III non-functionally						-	
		that is not functionally int			•		-	an attentiv	veness
		requirement (see instruct	,	•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
-		functionally integrated, or		onally integrated supporting	ng organiz	ation.			[
		er the number of supported o	•						
<u> </u>		vide the following information (i) Name of supported	n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetarv	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your govern Yes	ing document? No	support (see in		support (see instructions)
		-		above (see instructions))	163				

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2640612.	2657684.	3741686.	2794389.	3129024.	14963395.
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	2640612	2657694	2741606	2704200	2120024	14062205
	Total. Add lines 1 through 3	2640612.	2657684.	3741686.	2794389.	3129024.	14963395.
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,						660 024
~	column (f)						<u>669,934.</u> 14293461.
	Public support. Subtract line 5 from line 4.						µ4293401.
		(a) 2012	(1-) 2012	(a) 2014	(4) 2015	(a) 2016	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2012 2640612.	(b) 2013 2657684.	(c) 2014 3741686.	(d) 2015 2794389.	(e) 2016	(f) Total 14963395.
	Gross income from interest,	2040012.	2037004.	5741000.	2754505.	51250240	149033931
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	112,521.	102,858.	112,330.	159,884.	167,083.	654,676.
q	Net income from unrelated business		102/0301	112,0000	100,001	20770001	001/0/01
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	127,306.	115,714.	194,875.	290,484.	156,861.	885,240.
11	Total support. Add lines 7 through 10	,	- /				16503311.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	,			n 501(c)(3)	
	organization, check this box and stop	o here			• •••••••		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	86.61 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	86.60 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶∟
b	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 OUR LITTLE HAVEN

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	i (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	<u>.</u>	-	-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	5 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) org	anization,
check this box and stop here	-					
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, o	column (f))		15	%
16 Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2015. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organiza	ation
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
632023 09-21-16				Sch	nedule A (Forr	n 990 or 990-EZ) 2016
		15)			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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 or 990-EZ).*
- **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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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| 10b | | Schedule A (Form 990 or 990-EZ) 2016

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
U	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	0		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	(ctions)		
2	Activities Test. Answer (a) and (b) below.	ictions).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		3a		
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	Jd		
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
620007	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 5 09-21-16 Schedule A (Form 99)		0_57	2016
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Schedule A (Form 990 or 990-EZ) 2016 OUR LITTLE HAVEN Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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		
-	Obeel, here if the environt ment is the environtiania first on a new functionally		ted Truce III er meneutiner er er	/

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions	-		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
с	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

Schedule A (Form 990 or 990 EZ) 2016 OUR LITTLE HAVEN

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

INCOME FROM FUNI	DRAISING
2012 AMOUNT: \$	113,306.
2013 AMOUNT: \$	104,989.
2014 AMOUNT: \$	167,715.
2015 AMOUNT: \$	262,810.
2016 AMOUNT: \$	141,942.
INCOME FROM GAM	ING
2012 AMOUNT: \$	14,000.
2013 AMOUNT: \$	10,725.
2014 AMOUNT: \$	27,160.
2015 AMOUNT: \$	27,674.
2016 AMOUNT: \$	14,919.

20

632028 09-21-16

Identification of Excess Contributions Included on Part II, Line 5

2016

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
RAWFORD TAYLOR FOUNDATION	1,000,000.	669,934
		669,934

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

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

2016

Employer identification number

43-1567500

N	ame	of	the	organization	
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Organization type (check one):

OUR LITTLE HAVEN

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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious is charitable, etc., be successible to the parts unless to the parts unless the the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be successible to the parts unless to the parts unless the total contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., be total contributions totaling \$5,000 or more during the year for an exclusively total contributions total total total total total total contributions total total to the parts unless to the parts unless the total contributions total total to the parts unless total t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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		\$78,485.	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
2		\$261,905.	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	, , , , , , , , , , , , , , , , ,	\$1,128,524.	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
4		\$ <u>300,152.</u>	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		\$104,413.	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
623452 10-18-		\$168,085.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

23 2016.05000 OUR LITTLE HAVEN Name of organization

Employer identification number

43-1567500

OUR LITTLE HAVEN

Part II Noncash Property (See instructions). Use duplicate copies of 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

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Name of orgai	nization		Employer identification number	
ידי אוזר	TTLE HAVEN		43-1567500	
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or le	section 501(c)(7), (8), or (10) that total more than \$1,000 for	
(a) No.	Use duplicate copies of Part III if addition	al space is needed.		
from 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, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from 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, a	nd ZIP + 4	Relationship of transferor to transferee	
- - (a) No.		[
`from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		() -		
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 	Relationship of transferor to transferee	
(a) No. from 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, a		Relationship of transferor to transferee	
	3		Schedule B (Form 990, 990-EZ, or 990-PF) (201	

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2016.05000 OUR LITTLE HAVEN

	SC	CHEDULE D Supplemental Financial Statements					
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Internation about Schedule D (Form 990) and its instructions is at www.es.gov/mmstage Instruction number Name of the organization CUTR LITTLE HAVEN Employee identification number 2 Organization answered 'Yes' on Form 990, Part V, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of yes: (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of optimization information is writing that the assets held in donor advised funds res Ne 3 Dot the organization information and donor advisor is writing that grant funds can be used only for charitable purposes and not for the organization informal advisor of for any other purpose conferring impermission private benefit? Yes No 9 Dot the organization inform all donors and donor advisor or for any other purpose conferring impermission private benefit? Yes No 9 Dot the organization inform all grantes, donors, organization inform all partese, donors, organization informal angle are organization informal partese, donors, and donor advisor, for any other purpose conferring impermission partese, donors, and donor advisor, for any other purpose conferring impermission during the organization informal partese, donors, and donor advisor, fore any other purpose conferring impermission during the						Open to Public	
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Impermissible private benefit? Yes No. Part II Conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, Ime 7. Improvements. Improvem	6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only		
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1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area 1 Preservation of an atrual habitat Preservation of a bistorically important land area 1 Preservation of a pace 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 1 at the cage restricted by conservation easements 2a 2 Total arcmager estricted by conservation easements 2a 2 Number of conservation easements included in (2) acquired after 8/17/06, and not on a historic structure 2a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	Der						
□ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of on dratural habitat □ Preservation of a certified historic structure 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last a Total number of conservation easements 2a 2 Conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 1 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of states where property subject to conservation easements is holds? 5 Does the organization have a written policy regarding the periodic monhoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ \$ S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easeme					IV, line /		
Protection of natural habitat Preservation of open space 2 Complete lines 2 at through 2 di ft be organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total accegar estricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure a Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 4 Number of states where property subject to conservation easements in located > 5 5 0 1 6 1 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > * 8 0 1 1 1 1 1 1 1 1 2 2 2 2 3 1 2 3 2 3 4 4 4 4 5 5 5 <tr< th=""><th>1</th><th></th><th>, ,</th><th>· · · · · · · · · · · · · · · · · · ·</th><th>- II :</th><th>stant land avec</th></tr<>	1		, ,	· · · · · · · · · · · · · · · · · · ·	- II :	stant land avec	
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement to the tax year. a Total acreage restricted by conservation easements 2a b Total acreage restricted by conservation easements 2a c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year d Number of states where property subject to conservation easements is located ▶ f Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year l Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year l S g Inspection, handling of violations, and enforcing conservation easements in the requirements of section 170(h)(4)(B)(0) and section 170(h)(4)(B)(0)? res No g Does each conservation easement reported on line 2(d) above satisfy the requirements of section							
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements on a certified historic structure included in (a) 2 A Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b 6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Desting autiant elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII, the tot					Instone	Structure	
day of the tax year. Held at the End of the Tax Year. a Total number of conservation easements Za b Total acreage restricted by conservation easements Za c Number of conservation easements on a certified historic structure included in (a) Za d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Za d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Za d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >	2		• •	ied conservation contribution in the form of a	conserv	ation easement on the last	
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 2d 4 Number of states where property subject to conservation easement is located	-	•	v				
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 2d 4 Number of states where property subject to conservation easement is located ▶	а				2a		
c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶							
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of stational Register 2d 3 Number of states where property subject to conservation easement is located ▶		•					
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d						
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		listed in the Nation	nal Register		2d		
 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part IIII Organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization easements as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to the form 990, Part 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X \$ (j) Revenue included on Form 990, Part X \$ (j) Revenue includ	3					during the tax	
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$							
 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, ,	·			
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	5						
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	6	,					
 \$	0		r hours devoted to monitoring, inspecting,		ation eas	ements during the year	
 \$	7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easemer	nts during the year	
 and section 170(h)(4)(B)(ii)?	-			······g - · · · · · · · · · · · · · · ·			
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 <th>8</th><th>Does each conserv</th><th>vation easement reported on line 2(d) abov</th><th>e satisfy the requirements of section 170(h)(4)</th><th>(B)(i)</th><th></th>	8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)	(B)(i)		
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 <th></th><th>and section 170(h)</th><th>(4)(B)(ii)?</th><th></th><th></th><th> Yes 🗌 No</th>		and section 170(h)	(4)(B)(ii)?			Yes 🗌 No	
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 the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ 	1a	-					
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 					or public	service, provide, in Part XIII,	
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 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 		•			►	\$	
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 					•	\$	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1	2	.,	, , , , , , , , , , , , , , , , , , , ,			e	
		•					
	а	Revenue included	on Form 990, Part VIII, line 1		►	\$	
b Assets included in Form 990, Part X 🕨 \$	b						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16 Schedule D (Form 990) 2016

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Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Ot	ther Si	imilar Asse	ets _{(contir}	nued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that are	a signif	icant use of its	s collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	purpose in Pa	rt XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other sir	nilar ass	sets		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes	" on Fo	rm 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets	not inclu	uded		
	on Form 990, Part X?					[Yes	X No
b	If "Yes," explain the arrangement in Part XIII							
							Amoun	t
с	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fe					[X Yes	No No
	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on Part	XIII			X
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, I	ine 10.			
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d)	Three years bac	k (e) Four	years back
1a	Beginning of year balance	5,717,278.	5,771,503.	5,734,52	22.	5,035,308	3. 4	,553,519.
b	Contributions							
С	Net investment earnings, gains, and losses	753,370.	3,882.	86,98	31.	744,214	1.	481,789.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	50,000.	50,000.	50,00	00.	45,000).	
f	Administrative expenses	8,239.	8,107.					
g	End of year balance	6,412,409.	5,717,278.	5,771,50	03.	5,734,522	2. 5	,035,308.
2	Provide the estimated percentage of the curr		(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment .00	%						
с	Temporarily restricted endowment	.00_%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	d administered f	or the o	rganization	,	
	by:							Yes No
	(i) unrelated organizations						3a(i)	<u> </u>
	· · · ·							<u> </u>
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?							
4	Describe in Part XIII the intended uses of the		vment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or ot				mulated	(d) Boo	k value
		basis (investm	,	. ,	depred	ciation		<u> </u>
	Land			2,000.	1 - 4	1 270		2,000.
	Buildings		1,96	9,190.	1,54	1,379.	42	7,811.
	Leasehold improvements							
	Equipment			c 100		<u> </u>		0.000
	Other			6,199.		5,373.		0,826.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	(<u>, column (B), line 1</u> (Dc.)				0,637.
						Schedu	ule D (Forn	n 990) 2016

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	tion of security or category (including name of security)	on Form 990, Part IV, lin (b) Book value			nd-of-year market value
	al derivatives				-
	held equity interests	_			
3) Other	······································	-			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990 Part IV lin	a 11c See Form 990	Part X line 13	
	(a) Description of investment	(b) Book value			nd-of-year market value
(1)		(2) 20011 10.00			
(1)					
(3)					
(4)					
(5)					
(6) (7)					
(8)					
(9)					
	h) must squal Form 000 Dart V sol (B) line 12)				
tal. (Col. (I Part IX	b) must equal Form 990, Part X, col. (B) line 13.)				
tal. (Col. (I Part IX	Other Assets.	on Form 990. Part IV lin	e 11d. See Form 990	. Part X. line 15	
tal. (Col. (I Part IX	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin Description	e 11d. See Form 990,	, Part X, line 15.	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
Part IX (1) (2)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
2art IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a)	Description		, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" (a)	Description		, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colu) art X	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description			<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Fed (2)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colu Part X (1) Fed (2) (3) (1) Fed (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) Dart X (1) Fed (2) (3) (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		<pre></pre>
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X (1) Fed (2) (3) (1) Fed (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	e 11e or 11f. See For		

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) 2016

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Sche	dule D (Form 990) 2016 OUR LITTLE HAVEN			43-3	1567500	Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Ret	turn.		<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	3,985,	739.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	739,667.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	15,108.			
е	Add lines 2a through 2d			2e		,775 .
3	Subtract line 2e from line 1			3	3,230,	964.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,239.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		<u>,239.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,239,	,203.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per R	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	2,878,	,285.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	15,108.			
е	Add lines 2a through 2d			2e		108.
3	Subtract line 2e from line 1			3	2,863,	<u>,177.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,239.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		239.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,871,	416.
Pa	t XIII Supplemental Information.					

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

PART IV, LINE 2B:

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO FURTHER THE MISSION OF THE ORGANIZATION, WITH A

PRIMARY FOCUS ON GENERATING FUNDS FOR PROGRAMS, SERVICES, BUILDING AND

CAPITAL IMPROVEMENTS AND TO ENHANCE THE DEVELOPMENT OF THE ORGANIZATION.

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2016.05000 OUR LITTLE HAVEN

Schedule D (Form 990) 2016 OUR LITTLE HAVEN	43-1567500 Page 5
Schedule D (Form 990) 2016 OUR LITTLE HAVEN Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	15,108.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	15,108.
<u> </u>	
	Sahadula D (Fauna 000) 0040

Schedule D (Form 990) 2016

632055 08-29-16

08191110 132842 03935.0000

SCHEDULE G	Supplama	ntal Information Departing	Euro	Iroioi	ng or Coming A	otiv	ition	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the	ntal Information Regarding e organization answered "Yes" on organization entered more than \$15 ▶ Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 5,000 (or Fo	990, F on Foi rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	r 19,	or if the	2016 Open to Public Inspection
Name of the organization				instru	ctions is at <u>www.irs.c</u>	107/10	Employer ide	entification number
Eundraisin		TLE HAVEN	1 113 4		E 000 D 1 N/ 1		43-1567	
Part I required to co	omplete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	2 filers are not
 a Mail solicitation b Internet and er c Phone solicitation d In-person solic 2 a Did the organization key employees listed 	ns mail solicitations tions itations have a written o I in Form 990, Pa ighest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of or entity (fundra		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in which		n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration
or licensing.								
LHA For Paperwork Red	uction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form 9	990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 OUR LITTLE HAVEN 43-1567500 Pa Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF			(add col. (a) through
			TOURNAMENT	DINNER/DANCE	11	col. (c)
2			(event type)	(event type)	(total number)	
200	1	Gross receipts	148,862.	293,140.	78,421.	520,423
	2	Less: Contributions	117,957.	190,228.	70,296.	378,481
	3	Gross income (line 1 minus line 2)	30,905.	102,912.	8,125.	141,942
	_					
	4	Cash prizes				
	5	Noncash prizes				
הווברו באהמוואמא	6	Rent/facility costs	38,700.		1,600.	40,300
	7	Food and beverages		38,500.	1,200.	39,700
5	~	Fishering	750.	2,500.		3 250
	8	Entertainment		83,794.	29,912.	3,250 123,477
	9	Other direct expenses Direct expense summary. Add lines 4 throug		·		206,727
	10 <u>11</u> rt	Net income summary. Subtract line 10 from	line 3, column (d)			-64,785
'aı	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)			- 64 , 785 (d) Total gaming (add
 a	11	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	-64,785
a	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	line 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	-64,785
a	11 rt I 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	-64,785
	1 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	-64,785 (d) Total gaming (add
	1 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	- 64 , 785 (d) Total gaming (add
	11 rt I 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c
	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	- 64 , 785 (d) Total gaming (add
	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Particular (c) Yes% No	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming (c) Yes% No	-64,785 (d) Total gaming (add
a	11 rt I 2 3 4 5 6 7	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (c) Bingo <td>990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo</td> <td>eported more than (c) Other gaming (c) Pres% No</td> <td>-64,785</td>	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming (c) Pres% No	-64,785
	11 11 1 2 3 4 5 6 7 8 Ent	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Bingo (a) Bingo (b) Bingo (c) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bingo <td>990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No</td> <td>eported more than (c) Other gaming Yes% No</td> <td>- 64 , 785</td>	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming Yes% No	- 64 , 785

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No **b** If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 OUR LITTLE HAVEN 43	-156750	0 Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
k	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		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	;	
	organization's own exempt activities during the tax year > \$		
Ра	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	II, lines 9, 9b, 1	0b, 15b,
<u>sc</u>	HEDULE G, PART III, LINE 16		
DE	SCRIPTION OF SERVICES PROVIDED: THE DEVELOPMENT ASSOCIATE PER	FORMS	
DU	TIES INCLUDING PROPOSAL WRITING, EVENT PRODUCTION, DONOR		
<u>CU</u>	LTIVATION/RELATIONS AND AGENCY COMMUNICATIONS, IN ORDER TO RA	ISE	
FU	NDS FROM VARIED SECTORS OF THE COMMUNITY, WHICH ARE NECESSARY	TO THE	
со	NTINUED OPERATION AND GROWTH OF OUR LITTLE HAVEN, ITS FACILIT	IES AND	
	S PROGRAMS. THIS INCLUDES OVERSEEING THE RAFFLES AT THE		
	GANIZATION'S SPECIAL EVENTS.		
<u> </u>			
6320	83 09-12-16 Schedule G (F 33	orm 990 or 99	0-EZ) 2016

raitiv	Supplemental informatio	(continued)		
			Schedule G	(Form 990 or 990-EZ)

SCHEDULE L	г	Fransactior	ıs N	Vith	Int	erested	Pe	ersons			ON	1B No. ⁻	1545-0	047
(Form 990 or 990-EZ)		he organization and	swered	d "Yes	" on F		t IV, I	ine 25a, 25b, 2	6, 27,	28a,		20	16	3
Department of the Treasury Internal Revenue Service	► Information a		ach to l	Form 9	990 or	Form 990-EZ	Z .		orm99	0.		ben T		blic
Name of the organization					-				Em	ploye	r identification number			
		TLE HAVEN									675	00		
		ictions (section 5												
1		answered "Yes" on I (b) Relationship betv										(d)	Corre	ected?
(a) Name of disqualifie	d person	person and o				(0	c) De	scription of trar	sactic	n			es	No
													-	
2 Enter the amount of ta section 4958	-	•	-		-	-	-	-		•				
3 Enter the amount of ta		e 2. above, reimburs								► ⊅ ► \$				
					j a _ a									
		Interested Pers												
	-	answered "Yes" on I			, Part V	V, line 38a or F	orm	990, Part IV, lin	e 26; (or if th	ie orgai	nizatio	n	
(a) Name of	(b) Relations	990, Part X, line 5, 6 ship (c) Purpose		2. an to or	(6	e) Original	(f)	Balance due	(a) In	(h) App	proved	(i) \	Nritten
interested person	with organiza			n the zation?		cipal amount		Dalarioe due		ault?	by boa		agre	ement?
			То	From					Yes	No	Yes	No	Yes	i No
SCOTT HUMMEL	OFFICE	R VARIOUS		X		31,509.		30,397.		X	X		X	
											$\left \right $			+
														+
Total	A ¹ - 1 1					> \$		30,397.						
		Benefiting Inter												
(a) Name of intereste		answered "Yes" on I (b) Relationship				c) Amount of		(d) Type	of		(e)	Purp	ose (of
		interested pers the organiza	son and			assistance	assistance assistance							
LHA For Paperwork Redu	uction Act Not	ice, see the Instruc	tions f	or For	m 990) or 990-EZ.		Sch	edule	L (Fo	rm 990	or 99	Ю-Е2	Z) 2016

632131 10-24-16

Schedule L (Form 990 or 990-EZ) 2016 OUR LITTLE HAVEN

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L (Form 990 or 990-EZ) 2016

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SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

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.

2016 **Open To Public** Inspection

Name of the organization

Information about Schedule M (Form 990) and its instructions is at	
	Emplo

ployer identification number 43-1567500

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OUR LITTLE HAVEN

Pa	rt I Types of Property							
		(a) Obsalvit	(b)	(c)	(d) Mathadalada			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	-
	_	applicable		Form 990, Part VIII, line 1g		aon an	Tourite	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	8	52,362.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	144	77,317.	FMV			
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowledg	jement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	r for which column (a) is cheo	ked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see t	he Instruct	tions for Form 990).	Schedule M (Form 9	990) (2	2016)

08191110 132842 03935.0000

Schedule M (Form 990) (2016) OUR LITTLE HAVEN

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION REPORTS THE NUMBER OF CONTRIBUTIONS MADE FOR THE

PUBLICLY TRADED SECURITIES AND THE NUMBER OF ITEMS DONATED FOR THE

AUCTION ITEMS.

Schedule M (Form 990) (2016)

43-1567500

08191110 132842 03935.0000

632142 08-23-16

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u>



Name of the organization
OUR LITTLE HAVEN

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

WELLBEING OF CLIENTS WHO TRADITIONALLY HAVE LIMITED ACCESS TO MENTAL

HEALTH CARE. A COLLECTION OF SERVICES ARE OFFERED INCLUDING:

OUTPATIENT ASSESSMENT & TREATMENT: OUR LITTLE HAVEN OFFERS OUTPATIENT

COUNSELING AND PSYCHOLOGICAL SERVICES TO THE GENERAL PUBLIC THROUGH THE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2016)

 632211
 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization OUR LITTLE HAVEN	Employer identification number 43-1567500
KEYSTONE PROGRAM. LICENSED PSYCHOLOGISTS AND COUNSELORS PR	OVIDE
ASSESSMENT (ALL AGES) AND TREATMENT (AGES INFANT-12, ADULT	S AND
FAMILIES) AT THE AGENCY OFFICES OR IN SOME CASES IN THE CL	IENT'S HOME.
PSYCHIATRIC CONSULTATION MAY BE SCHEDULED AS NEEDED FOLLOW	ING INTAKE
WITH CLINICIANS. PROBLEMS ADDRESSED INCLUDE: DEPRESSION, A	NXIETIES AND
FEARS: SCHOOL PROBLEMS INCLUDING ATTENTION DEFICIT HYPERAC	TIVITY
DISORDER OR LEARNING DISORDERS: BEHAVIORAL PROBLEMS SUCH A	S TEMPER
TANTRUMS, DEFIANCE OR RULE-BREAKING: REACTIONS TO FAMILY P	ROBLEMS, LIFE
CHANGES OR LOSS OF LOVED ONES; DIFFICULTIES FOLLOWING TRAU	MATIC EVENTS
AND CONCERNS ABOUT A CHILD'S DEVELOPMENT. ASSESSMENT SERVI	CES INCLUDE
PSYCHOLOGICAL EVALUATIONS, MENTAL HEALTH ASSESSMENTS, EARL	Y MENTAL
HEALTH SCREENINGS/DEVELOPMENTAL SCREENINGS, PARENTING ASSE	SSMENTS AND
BONDING ASSESSMENTS. OUTPATIENT SERVICES TAKE PLACE AT THE	KEYSTONE
SERVICES BUILDING. 465 CLIENTS SERVED IN FISCAL 2017.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
FOSTER CARE CASE MANAGEMENT: PROVIDES SERVICE FOR CHILDREN	AND FAMILIES
INVOLVED IN THE FOSTER CARE SYSTEM DUE TO ABUSE AND/OR NEG	LECT. THE
CHILDREN SERVED RANGE IN AGE BETWEEN NEWBORN TO 21 YEARS O	F AGE. CASE

MANAGERS ASSIST FAMILIES IN THE GOAL OF REUNIFICATION, BUT IF THAT IS

NOT POSSIBLE, THEY WORK TO SECURE A SAFE, LOVING, AND PERMANENT HOME

FOR FOSTER CHILDREN. OUR LITTLE HAVEN'S FOSTER CARE MANAGEMENT AND

OTHER ST. LOUIS PARTNERS ASSESS THE NEEDS OF CHILDREN AND FAMILIES,

ARRANGE AND PROVIDE APPROPRIATE SERVICES AND MOVE CHILDREN INTO

PERMANENCY WITHIN A SPECIFIED PERIOD OF TIME. MOVING CHILDREN INTO

PERMANENCY MEANS PLACING CHILDREN IN A PERMANENT HOME/FAMILY SITUATION

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

 FAMILY, A RELATIVE PLACEMENT OR AN ADOPTIVE HOME. STAFF WORK DIRECTLY

 632212 08-25-16
 Schedule O (Form 990 or 990-EZ) (2016)

 40

2016.05000 OUR LITTLE HAVEN

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
OUR LITTLE HAVEN	43-1567500
WITH THE CHILDREN AND FAMILIES IN THE COMMUNITY WITH A NET	WORK OF

REFERRAL/SUPPORT AGENCIES AND THE COURT TO COORDINATE PLANS OF CARE

THAT MEET THE OUTCOME CRITERIA OF THIS CONTRACT. 117 CHILDREN SERVED.

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

THE FORM 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM AND THEN REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE. FORM 990 IS PROVIDED TO THE 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.

632212 08-25-16

632161 09-06-16 LHA

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

Department of the Treasury Internal Revenue Service Name of the organization

OUR LITTLE HAVEN

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OUR LITTLE HAVEN SERVICE AGENCY, LLC -					
46-1567500, 4316 LINDELL, ST. LOUIS, MO					
63108	FOSTER CARE	MISSOURI	222,951.	1,512,995.	N/A
	-				
	-				
	7				
	7				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	-						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	lic charity Direct controlling s (if section entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
]						
	1						
	1						
	1						

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

Schedule R (Form 990) 2016

2016	
Open to Public Inspection	

Employer identification number 43 - 1567500

- - -

Schedule R (Form 990) 2016 OUR LITTLE HAVEN

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.

		-	6.0		(2)						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	i) :tion ɔ)(13) rolled .ity?
		country)						Yes	No
									<u> </u>
	1								

Schedule R (Form 990) 2016 OUR LITTLE HAVEN

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 more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	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		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	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 complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

Schedule R (Form 990) 2016 OUR LITTLE HAVEN

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)	(6	a)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(€ Are partne 501(i org	all	Share of	Share of	Dispr tior	• , opor-	Code V-UBI	Genera	l or Per	rcentage
of entity		(state or foreign	(related, unrelated,	501(c)(3) s ?	total	end-of-year	tion allocat	iate tions?	amount in box 20	manag	ing ow	vnership
-		country)		Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	
			,	100				1.00					
						1							
												_	
											$\left \right $	_	
											$\left \right $		

Schedule R (Form 990) 2016

OUR LITTLE HAVEN

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

632165 09-06-16