### 2949309706905

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

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

Department of the Treasury

Intern	nal Revenu	venue Service De Go to www.irs.gov/Form990 for instructions and the latest information.							
A F	or the	2017 calend	dar year, or tax year beginning			ending			
B c	heck if pplicable	C Name o	of organization				D Employer identific	ation number	
	Address change	LINC	Saint Charles						
	Name change		usiness as				43-16	532556	
$\overline{}$	Initial	Number	E Telephone number						
$\overline{}$	Final return/	PO E		332-5127					
	termin- ated		town, state or province, country, and	ZIP or foreign post	tal code	<del></del>	G Gross receipts \$	848,170.	
	Amende return		zville, MO 63385				H(a) Is this a group re		
一	Applica-		and address of principal officer.GAR	Y MILLS			for subordinates		
-	pending		as C above			ハカ	H(b) Are all subordinates in		
ı T	ax-exen			◀ (insert no.)	4947(a)(1)	or 527	1	list (see instructions)	
			os://lincscc.wordpr		<u> </u>	<u> </u>	H(c) Group exemption	•	
					ner 🕨	1 Year		State of legal domicile: MO	
		Summary		<u> </u>		12.00.	01.01.11.a.1011. 2332,11		
			be the organization's mission or most	significant activitie	s LINC	Suppo	rts disadva	ntaged	
Governance			es on the path to s				<u> </u>		
īa.	. –		ox I if the organization discor				than 25% of its net as	sets	
ver	ı		oting members of the governing body		nio oi diapo.	oca or more	3	11	
တိ	1		dependent voting members of the gov		VI line 1h)		4	11	
Activities &	1		of individuals employed in calendar y		•		5	14	
ţ	)		of volunteers (estimate if necessary)	eai 2017 (Fait V, I	iiie Zaj		1	0	
₹ .	ţ		ed business revenue from Part VIII, co	h.ma (C) kao 10			6	0.	
Ą				, ,,			7a	0.	
	D IN	et unrelateo	business taxable income from Form	990-1, iiile 34		<del></del>	7b		
Revenue		antrib. itiana	and events (Dort VIII less 1h)			<del> </del>	Prior Year	Current Year	
			and grants (Part VIII, line 1h)				582,869.	743,575.	
	1	-	ice revenue (Part VIII, line 2g)			<u> </u>	87,660.	104,293.	
Re	ì		come (Part VIII, column (A), lines 3, 4,			ļ	25.	50.	
	ľ		e (Part VIII, column (A), lines 5, 6d, 8c,				0.	252.	
			add lines 8 through 11 (must equal		A), line 12)		670,554.	848,170.	
	1		milar amounts paid (Part IX, column (/				0.	0.	
	1	•	to or for members (Part IX, column (A	•		ļ	0.	0.	
ses		-	r compensation, employee benefits (F		, lines 5-10)	ļ	162,868.	178,736.	
ens	į.		fundraising fees (Part IX, column (A), Ii	•			0.	<u> </u>	
Expenses	1		sing expenses (Part IX, column (D), line		<u> 15,5</u>				
ш	l		es (Part IX, column (A), lines 11a-11d,		ECEIVE.		526,087.	665,124.	
	ſ		es Add lines 13-17 (must equal Part I)	1 1	25)	<u>:</u>	688,955.	843,860.	
	19 R	evenue less	expenses Subtract line 18 from line	12   8   MA	<del>2 2 3 7.</del>	18 1	-18,401.	4,310.	
Sec	1			"   WIA	1\ 2 0 20	Be	ginning of Current Year	End of Year	
aga	20 To	otal assets (	Part X, line 16)			<u></u>	708,435.	713,031.	
Se.	20 To 21 To -22 N	otal liabilities	s (Part X, line 26)	1 00	3DEN U		10,466.	10,752.	
بيرخ	=22 N		fund balances Subtract line 21 from	line 20			697,969.	702,279.	
		Signatur						<del></del>	
			declare that I have examined this return,					y knowledge and belief, it is	
		and complete	Orclaration of preparer (other than office	r) is based on all info	ormation of wh	nich preparer	has any knowledge.		
{	₹		Vary W/15	·	···		3/19/	2018	
Sigi	ñ   J	•	e of ottoer				Date / /		
Her	e	GARY							
냴	<u> </u>	Type or	print name and title						
Her Paid	<u> </u>		parer's name	Preparer's signature	11	· I	Date Check	PTIN	
Páid	ķ <u>s</u>		VILLIAMSON	Shawn	Welli	auro	3/4//8 self-employ		
Pçer	arer F		▶ Fick, Eggemeyer		son, C	PA's	Firm's EIN	37-1231621	
		Firm's address	s 6240 S. Lindberg	h, Ste 10	1				
			St. Louis, MO 63	123			Phone no 31	4-845-7999	
May	the IRS	S discuss th	is return with the preparer shown abo	ve? (see instruction	ons)			X Yes No	

	rt III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
•	LINC supports disadvantaged families on the path to self-sufficiency.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	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 measured by expenses
	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
4-	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 608,340 · including grants of \$ ) (Revenue \$ 104,595 · )
4a	(Code) (Expenses \$ 608,340. including grants of \$) (Revenue \$104,595.)  INDIVIDUAL AND FAMILY ASSISTANCE - RENT, MORTGAGE, AUTO, FOOD,
	SHELTER, EDUCATIONAL, HOLIDAY AND MISCELLANEOUS HOUSEHOLD ASSISTANCE
	PROVIDED TO NEEDY INDIVIDUALS AND FAMILIES.
	INOVIDED TO REEDI INDIVIDUADO AND FAMILIED.
4b	(Code) (Expenses \$109,537. including grants of \$ ) (Revenue \$)
	COMMUNITY ACTIVITIES AND SERVICES - TRANSPORTATION SERVICES, LIFE
	SKILLS AND JOB READINESS CLASSES, COMMUNITY EVENTS AND ACTIVITIES,
	SUMMER DAY CAMP, SUPPORT GROUPS AND ON THE JOB TRAINING.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	Other program converse (Passache in Cahadula O.)
4d	Other program services (Describe in Schedule O)
4:	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 717,877.
<u>4e</u>	Total program service expenses ► 717,877.
	Form <b>990</b> (2017)

orm	990	(201)	7)

Form 990 (2017) LINC Saint Charles
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)?	ŀ	1	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l	
	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			7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98 197 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			X
~	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Δ_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			Ì
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<b></b>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			\ 
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			- T-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	11d		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11a		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
'	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			[
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	l		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	İ		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		}	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1	1	v
	complete Schedule G, Part III	[ 19	990	(2017)

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<b>↓</b>	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	ļ
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cu	ırrent		ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as	of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complet	e		
	Schedule K. If "No", go to line 25a	24a	<b> </b>	X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b	ļ	ļ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defe	ase		[
	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	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		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	ete	]	]
	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	)	}	Ì
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Y	es,"	}	}
	complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	)	}	1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member.	oer	1	1
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	)	ľ	
	instructions for applicable filing thresholds, conditions, and exceptions)		1	
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, P	Part IV 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	n officer,	}	1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	on	ł	1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	}	1	1
	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	1	1	İ
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	}
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, at	nd		1
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled e	ntity		}
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		}

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2017)

X

X

36

37

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

Note. All Form 990 filers are required to complete Schedule O

36

Part 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 2 0 Enter the number of Forms W-2G included in line 1a. Enter -O- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 14 filed for the calendar year ending with or within the year covered by this return 2a X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes." enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017) LINC Saint Charles 43-1632556 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	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 11		1	
	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 0			
	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ا ہا		v
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	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 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	6		X
7a				
10	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 4		
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<del></del>		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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)	}	l I	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ì		)
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l	l	
	exempt status with respect to such arrangements?	16b	L	L
Sec	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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Angela McAllister - 636-332-5127			
	PO BOX 374, Wentzville, MO 63385			

Earm	$\alpha \alpha \Lambda$	(2017)	

#### LINC Saint Charles

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization		orga	nıza			npe	nsa	ted any current officer, o	director, or trustee	<del></del>
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	h an	compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARY WHEELER	1.00		)							
BOARDMEMBER	1.00	X	<u> </u>	-	-	-	-	0.	0.	0.
(2) KENNETH BERGMAN	1.00	X	Ì		Ì			0.	0.	0.
BOARDMEMBER (3) DAVID DAY	1.00	^	-	-	-	-	-	<del>                                     </del>	<u> </u>	0.
(3) DAVID DAY BOARDMEMBER	1.00	Х	l		ļ			0.	0.	0.
(4) PATRICIA SANDERS	1.00		<del>                                     </del>	_	$\vdash$	$\vdash$	<del>                                     </del>			
BOARDMEMBER		$\mathbf{x}$					ļ	0.	0.	0.
(5) SANDRA LAWSON	1.00					<u> </u>	<u> </u>			
BOARDMEMBER		X					İ	0.	0.	0.
(6) COLE BRANSTETTER	1.00									
BOARDMEMBER		X			L			0.	0.	0.
(7) GLEN LOCKLEAR	1.00									i
BOARDMEMBER		X						0.	0.	0.
(8) RHONDA DICKHERBER	1.00									
CHAIRMAIN		_		X	_	<u> </u>	<u> </u>	0.	0.	0.
(9) JIM MCCAUGHAN	1.00		Ì		i				_	
VICE CHAIRMAN				X		_	_	0.	0.	0.
(10) VIVIENE HERON	1.00									_
SECRETARY			<u> </u>	X	_		<u> </u>	0.	0.	0.
(11) GARY MILLS	1.00		[	,,						
TREASURER		-	-	X		-		0.	0.	0.
	<del></del>	1	ĺ							
	·	├	-	-		}—		<del> </del>	<del></del>	
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								{		
	<del></del>		<del>  -  </del>	-	-	-	-	<del> </del>		<del></del>
		1								
		L								
			<u> </u>				l			

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	/40		Pos				Reportable	Reportable	.	Es	stimate	ed
		hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	วก	an	nount	of
		week	offi	cerar	d a d	recto	or/trus	tee)	from	from related	t		other	
		(list any	ector		ĺ				the	organization	1		pensa	
		hours for	5	يوا	l		E E	Ì	organization	(W-2/1099 MI	SC)		om the	
		related	stee	l is			Bells		(W·2/1099-MISC)			_	anızatı	
		organizations below	Individual trustee or director	institutional trustee		Key employee	Highest compensated employee						d relate	
		line)	divid	Stifut	Officer	y ell	e ge	Former		1		orga	anızatı	Ulis
		<del> </del>	트	트	8	활	= 5	- E	<del> </del>	<u> </u>				
		ļ	1											
		<del> </del>		├	-		⊢	<u> </u>	<del> </del>					
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						<u> </u>	<del> </del>		ļ	<u> </u>				
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		L						[	Į.	1				
			Ĺ_		_				L			L		
		L	]	Ì										
		l	<u> </u>											
1b	Sub-total							<b></b>	0.		0.			0.
С	Total from continuation sheets to Part Vi	II, Section A						<b>&gt;</b>	0.		0.			0.
	Total (add lines 1b and 1c)	•						<b>•</b>	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	oove	e) wt	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization						•			•				0
			_										Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee.	or	highest compensated e	mplovee on				
•	line 1a? If "Yes," complete Schedule J for s			, ,,,	,		,,00,	·	riigrioot oorriporibatea o			3		х
4	For any individual listed on line 1a, is the su		le co	mn	ensa	ation	anr	i ati	har compansation from	the organization				
•	and related organizations greater than \$150									ino organization		4	( )	х
5	Did any person listed on line 1a receive or a			•						idual for services				<del> </del>
J	rendered to the organization? If "Yes," com					-		Ciai	ed organization or indiv	ludai ioi services	,	5		x
Sec	tion B. Independent Contractors	piete ochedule	- 0 1	UI 31	1011	pers	5011		··				L	-47
1	Complete this table for your five highest co	mnensated inc	1en		nt o	ont	racto	re +	hat received more than	\$100,000 of con	npano	ation !	from	
•	the organization Report compensation for										npens	auon	10111	
		trie Caleridai y	ear	enui	ny v	VILIT	OI W	1		year			C)	
	(A) Name and business	address	NI	INC	7			- }	(B) Description of s	ervices	C		رہ ensatio	n
		<del></del>	147	DIAT	<u></u>									
								ļ			,			
	<del></del>		—							<del></del>				
								-}						
								-						
									<del></del>		-			
								١						
2	Total number of independent contractors (i	ncluding but a	ot l	mite	d to	the	مو اید	L	l above) who received a	nore than				
-	\$100,000 of compensation from the organi		J. 11		J 10		5 <del>e</del> 11:		above, who received h	ioie triaff				
	+ or gompondation from the Organi						<u>~</u>							

43-1632556

	_	Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
	<del></del>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		1a 1b			revendo		312-314
ا ق	c	_	1c					
ar A	d	- · · · · ·	1d					
S,E	e							
ig iz	f	All other contributions, gifts, gran						
t E		similar amounts not included abo	i i	743,575.				
E S	g	Noncash contributions included in lines	1a-1f \$	515,426.		Ì		
<u>8</u> 8	h	Total. Add lines 1a-1f		<b>&gt;</b>	743,575.			
8	2 a	Program Revenue	<u> </u>	Business Code 900099	104,293.	104,293.		
Program Service Revenue	b							
en S	С							<del> </del>
e a	d							
5	е							<del> </del>
٦	f	All other program service reve	enue		104 000			<del> </del>
		Total. Add lines 2a-2f			104,293.			<del> </del>
j	3	Investment income (including	dividends, inter	_	Ε0	F.0		
Ì		other similar amounts)		•	50.	50.		-
Ì	4	Income from investment of tax	x-exempt bona t	proceeds		<del> </del>		<del> </del>
	5	Royalties	(ı) Real	(II) Personal				+
	6 a	Gross rents	ly near	(ii) Fersonar	İ			
	b		ļ		1			
-	c							
		Net rental income or (loss)	·	<u> </u>				
		Gross amount from sales of	(i) Securities	(II) Other			<del></del>	
}		assets other than inventory	() 5353.1.55	1 77 51.15		}		
ļ	b	Less cost or other basis						
)		and sales expenses		1		'		
j	С	Gain or (loss)						
f	d	Net gain or (loss)						
ايو	8 a	Gross income from fundraisin	g events (not					
e G		including \$	of		İ			į
ě		contributions reported on line	1c) See		i			
ē		Part IV, line 18	а					
Other Revenue		Less direct expenses	b	L				
_		Net income or (loss) from fund	-					
Ì	9 a	Gross income from gaming ad	ctivities See					
)		Part IV, line 19	a					Ì
}		Less direct expenses	b	· L				1
}		Net income or (loss) from garr Gross sales of inventory, less	-					<del> </del>
1	IU a	and allowances						
1	h	Less cost of goods sold	a b					1
1		Net income or (loss) from sale	-	<u> </u>				1
ļ		Miscellaneous Revenu		Business Code				<del> </del>
ļ	11 a	REIMBURSEMENTS	· · · · · · · · · · · · · · · · · · ·	561499	252.	252.		1
ı	b		<del></del>					
	c							
]	d	All other revenue						
1	е	Total. Add lines 11a-11d		<b></b>	252.			
	12	Total revenue. See instructions		<b>&gt;</b>	848,170.	104,595.	0	
73200	9 11-28	3-17			-			Form <b>990</b> (2017)

Form 990 (2017) LINC Saint Charles
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	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	<del>i</del>			
5	Compensation of current officers, directors,	166 050	101 000	20 054	4 000
	trustees, and key employees  Compensation not included above, to disqualified	166,059.	121,223.	39,854.	4,982.
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	· · · · · · · · · · · · · · · · · · ·			
•	section 401(k) and 403(b) employer contributions)		}		
9	Other employee benefits				<del></del>
10	Payroll taxes	12,677.	9,635.	2,662.	380.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,750.		3,750.	· · · · · · · · · · · · · · · · · · ·
d	Lobbying		·		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	17,175.		17,175.	<del></del>
16	Occupancy Travel	1/,1/5.		11,113.	
17 18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	l			
19	Conferences, conventions, and meetings			<del></del>	<del></del>
20	Interest				
21	Payments to affiliates			<del>-</del>	
22	Depreciation, depletion, and amortization	22,184.			
23	Insurance	14,118.	988.	13,130.	
24	Other expenses Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	······································			
а	Inkind Materials	507,876.	498,774.		9,102.
b	Program expenses	69,402.	69,402.		
С	Repairs and Maintenance	9,235.	5,228.	4,007.	. <del> </del>
d	Inkind Services	7,550.	7,550.		<del> </del>
	All other expenses	13,834.	5,077.	7,645.	$\frac{1,112}{}$
25	Total functional expenses. Add lines 1 through 24e	843,860.	717,877.	88,223.	15,576.
26	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				
	COOCO OCCUPATION IN THE REPORT OF A STORE OF		1		

Form 990 (2017)
Part X Balance Sheet

Pai	τ χ	Check if Schedule O contains a response or not	e to any line in this Part Y			
		Check it Schedule O Contains a response of no	e to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		47,262.	1	77,803.
	2	Savings and temporary cash investments	ļ-	41,402.	2	77,003.
	3	Pledges and grants receivable, net	·		3	
	4	Accounts receivable, net	-	1,715.	4	0.
	5	Loans and other receivables from current and for	1,113.	-		
	,	trustees, key employees, and highest compensa	· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L.	ated employees Complete		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under		<del></del>	
:		section 4958(f)(1)), persons described in section	, ,			
		employers and sponsoring organizations of sec		1		
S		employees' beneficiary organizations (see instr).	· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net	Complete Fait if Or Con E	<del></del>	7	
As	8	Inventories for sale or use	}		8	
	9	Prepaid expenses and deferred charges			9	
	_	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a 978,919.			
	h	Less accumulated depreciation	10b 344,785.	653,457.	10c	634,134.
	11	Investments - publicly traded securities	344,703.	033/13/1	11	
	12	Investments - other securities See Part IV, line	6,001.	12	0.	
	13	Investments - program-related See Part IV, line	0,001.	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	0.	15	1,094.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	708,435.	16	713,031.
	17	Accounts payable and accrued expenses		6,866.	17	5,210.
	18	Grants payable		18		
	19	Deferred revenue	3,600.	19	5,542.	
	20	Tax-exempt bond liabilities	Ī		20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
တ္	22	Loans and other payables to current and former	F			
Labilities		key employees, highest compensated employee		i		
abil	1	Complete Part II of Schedule L	,		22	
ت	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on lines	i		Ì	
	ı	Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		10,466.	26	10,752.
		Organizations that follow SFAS 117 (ASC 958	), check here ▶ X and			
တ္	!	complete lines 27 through 29, and lines 33 an	d 34.			
ü	27	Unrestricted net assets	}	674,522.	27	673,269.
Sala	28	Temporarily restricted net assets	23,447.	28	29,010.	
d E	29	Permanently restricted net assets			29	
בַּ		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲 🏻			- <del></del>
ŏ	I	and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds	Į		30	
455	31	Paid-in or capital surplus, or land, building, or ed	uipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	·· = = <del></del>
Z	33	Total net assets or fund balances	[	697,969.	33	702,279.
	34	Total liabilities and net assets/fund balances		708,435.	34	_713,031.

orm	1990(2017) LINC Saint Charles	43-163	<u> 2556 </u>	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	Total revenue (must equal Part VIII, column (A), line 12)	1		,170.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,860.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	4	<u>,310.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	697	<u>,969.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>702</u>	<u>,279.</u>
Pa	rt XII Financial Statements and Reporting			<del></del>
	Check if Schedule O contains a response or note to any line in this Part XII			
			<u> </u>	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		1 1	}
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	} }	Ì
	separate basis, consolidated basis, or both		1 1	1
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			l
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		}
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1	}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit	1 1	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	}	)
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		LINC	Saint Cha	rles				4	3-1 <u>632556</u>	
Pa	rt I	Reason for Public (	Charity Status (A	All organizations must co	omplete the	s part ) Se	e instruction			
he	organi	zation is not a private found								
1		A church, convention of ch		_	-		n(A)(i).		$\sim 1$	
2		A school described in secti					70 707		O	
3	$\Box$	A hospital or a cooperative		·			i)			
4	Ħ	A medical research organiz	· -				•	Yui) Enter i	the hospital's name.	
*		city, and state	ation operated in con	ijanotion with a nospital	described	in section	11 170(0)(1)(1)	Mini, Cino	ano noopharo namo,	
5		An organization operated for	or the benefit of a col	llege or university owner	d or operat	od by a g	overnmentalı	init describ	ed in	
3		section 170(b)(1)(A)(iv). (C		lege of university owner	o operat	ed by a go	Jverimentare	Jim describ	ca III	
_				andal wast dagards and		10/E 1/41/A1	<i>t</i> . 3			
6	믕	A federal, state, or local gov						ha wanaral	muhlim dagarihad in	
1	LXJ	An organization that norma		ntial part of its support i	rom a govi	ernmentai	unit or from t	ne general	public described in	
_		section 170(b)(1)(A)(vi). (C	•							
8		A community trust describe				_				
9		An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state o	f the college	e or	
		university								
10	$\Box$	An organization that norma								
		activities related to its exen	•	•					•	nt
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine:	sses acqu	ired by the or	ganızatıon	after June 30, 1975	
		See section 509(a)(2), (Cor	·							
11		An organization organized a	and operated exclusi	vely to test for public sa	ifety.See s	section 50	)9(a)(4).			
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ins of, or to c	arry out the	purposes of one or	
		more publicly supported or	ganızatıons describe	d in section 509(a)(1) o	r section (	509(a)(2)	See section :	509(a)(3). C	theck the box in	
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	iplete lines	s 12e, 12f, an	d 12g		
а	L	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s),	typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or truste	ees of the s	upporting	
		organization You must o	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.						
С	. [	Type III functionally inte			in connect	tion with, a	and functiona	illy integrate	ed with,	
		its supported organizatio						, ,		
d		Type III non-functionally						rted organi	zation(s)	
		that is not functionally int								
		requirement (see instruct								
е	. [	Check this box if the orga						II Type III		
·		functionally integrated, or					. 1,50 ., 1,50	, туро		
f	Ente	er the number of supported of		nany integrated dapport	ing organiz	Lution				_
		ride the following information	•	nd organization(s)					L	
		) Name of supported	(ii) EIN	(iii) Type of organization	in your govern	nization listed	(v) Amount o	f monetary	(vi) Amount of other	<del>,</del> —
		organization		(described on lines 1-10	Yes	No No	support (see i	nstructions)	support (see instructio	ns)
				above (see instructions))		- 10-				_
						į	}			
		<del></del>			<u> </u>	<del></del>	<del> </del>			_
		<del></del>		<del></del>		<del></del>	-			
					}		<b>}</b>		1	
			<del> </del>		<del> </del>	<b></b>	<del> </del>		<del> </del>	
					{	1	1			
		<del></del>	ļ	<del> </del>	<del> </del>	<del> </del>				
					1		}			
					<del> </del>	ļ	<del> </del>			
Tot	al				l	l	l		1	

## Schedule A (Form 990 or 990-EZ) 2017 LINC Saint Charles 43-1632556 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	108,185.	169,027.	174,664.	582,869.	847,868.	1,882,613.
2	Tax revenues levied for the organ-	ļ					
	ization's benefit and either paid to						
	or expended on its behalf	L					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	108,185.	169,027.	174,664.	582,869.	847,868.	1,882,613.
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					1	
	amount shown on line 11,						
	column (f)						429,320.
6	Public support. Subtract line 5 from line 4						1 453 293
	ction B. Total Support	·			L		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	108,185.	169,027.	174,664.	582,869.	847,868.	1,882,613.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,				į		
	and income from similar sources				25.	50.	75.
9	Net income from unrelated business						
·	activities, whether or not the	[					
	business is regularly carried on	į			1	252.	252.
10	Other income Do not include gain	i					
	or loss from the sale of capital					}	
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·					1,882,940,
	Gross receipts from related activities,	etc (see instruction			<del></del>	12	356,467.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ev vear as a sectio	<del></del>	3307 407 .
10	organization, check this box and stop		mot, second, till	u, iouriii, or mirrie	ix year as a sectio	11 30 1(0)(3)	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage	<del></del>			
	Public support percentage for 2017 (			column (fl)		14	77.18 %
	Public support percentage from 2016	* *		(1)		15	67.46 %
	33 1/3% support test - 2017. If the			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies					10.0, 01.0011 1.110 20	<b>▶</b> [X]
ŀ	33 1/3% support test - 2016. If the		-		line 15 is 33 1/3%	or more check th	
	and stop here. The organization qual				1110 13 13 03 17070	, 6, 111616, 611661( 11	<b>&gt;</b> [
17:	10% -facts-and-circumstances tes	•			13 162 or 16h	and line 14 is 10%	or more
1,,	and if the organization meets the "fac						
	meets the "facts and-circumstances"			-	•	it viriow the organ	IIZALION
L		-	•		•	17a and line 15 ···	10% or
	<ul> <li>10% -facts-and-circumstances tes more, and if the organization meets the</li> </ul>						
							, 
40	organization meets the "facts-and-circ			•			
10	Private foundation. If the organization	in did flot check a	DOX OF THE 13, 16	a, 100, 1/a, or 1/t	o, check this box a	ino see instruction	3 7

Schedule A (Form 990 or 990-EZ) 2017 LINC Saint Charles

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

	(Complete only if you checked			organization failed	to qualify under	Part II If the organiz	ation fails to
Sacti	on A. Public Support	alow, please comp	nete Part II)				
	<del></del>			T	T	1 10017	
	ar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	ifts, grants, contributions, and					100	
	embership fees received (Do not			1	ا ا		
	clude any "unusual grants ")					<del> </del>	
rr fo ai	ross receipts from admissions, lerchandise sold or services per- ormed, or facilities furnished in large activity that is related to the reganization's tax-exempt purpose						
3 G	ross receipts from activities that						
a	re not an unrelated trade or bus-	ļ		1	1		
เท	ess under section 513			,			
4 T	ax revenues levied for the organ-			/			
IZ	ation's benefit and either paid to				1		
0	r expended on its behalf			<b>! !</b>			
5 Ti	he value of services or facilities			1			
-	irnished by a governmental unit to	1			1		
	ne organization without charge			1	}		
	otal. Add lines 1 through 5			/	<del> </del>	<del> </del>	
	mounts included on lines 1, 2, and						<del></del>
	received from disqualified persons		ĺ				
	nounts included on lines 2 and 3 received		<i>'</i>				
fro ex	om other than disqualified persons that cceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
	dd lines 7a and 7b			<u> </u>	<del> </del>	<del> </del>	_ <del></del>
	ublic support. (Subtract line 7c from line 6)		/			<del> </del>	
	on B. Total Support		/	<del></del>	<del></del>		<del></del>
	ar year (or fiscal year beginning in)	(a) 2013 /	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	mounts from line 6	(4)2010	(0) 2014	(0)2015	(4) 2010	(6) 2017	(i) Total
<b>10a</b> G d si	ross income from interest, invidends, payments received on ecurities loans, rents, royalties, and income from similar sources	/					
<b>b</b> U	nrelated business taxable income	/		l			
(fe	ess section 511 taxes) from businesses	/		-	ŧ		
a	equired after June 30, 1975	_ /					
сА	dd lines 10a and 10b	7					
a w	et income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on						
12 O	other income Do not include gain r loss from the sale of capital ssets (Explain in Part VI)						
	otal support (Add lines 9, 10c, 11, and 12)						
	irst five years. If the Form 990 is for	the organization's	first, second, the	rd, fourth, or fifth to	ax year as a sect	on 501(c)(3) organiz	ation,
	heck this box and stop here			, ,	,		▶□
Secti	on C. Computation of Publi	c Support Pe	rcentage				
	ublic support percentage for 2017 (li			column (f))		15	
	ublic support percentage from 2016		•			16	
	ion D. Computation of Inves			)		'%	
	ivestment income percentage for 20					17	
	ivestment income percentage from 2			me ro, column (i))			
	· · · · · · · · · · · · · · · · · · ·			on line 44 44	46 m	18   23 1/39/ and line :	17 to pot
	3 1/3% support tests - 2017. If the						11151101
b 3	nore than 33 1/3%, check this box ar 3 1/3% support tests - 2016. If the	organization did n	ot check a box o	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	<b>P</b> ∟ and
	ne 18 is not more than 33 1/3%, che						▶∟
20 P	rivate foundation. If the organization	n did not check a	box on line 14, 19	9a. or 19b. check th	his box and see i	nstructions	▶∟

#### 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?
- 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)
- 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 )

		Yes	No
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	3c		
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	10b	<u></u>	<u> </u>
۱9	90 or 9	90-EZ	) 2017

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rai	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	110		1
_	below, the governing body of a supported organization?	11a	<del> </del>	<del> </del> -
	A family member of a person described in (a) above?	11b	<del> </del>	
	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. tion B. Type I Supporting Organizations	11c	<u></u>	L
000	tion D. Type i capporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	1.0
•	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	]		1
	controlled the organization's activities. If the organization had more than one supported organization,	İ	ĺ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<b>\</b>		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 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 carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	————— <del>*</del> —-	<u> </u>	L
			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	Ì		]
	the supported organization(s)	1	ì	Ì
Sec	tion D. All Type III Supporting Organizations		<u> </u>	·
			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	•	}	1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		İ
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			ł
	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			
	significant voice in the organization's investment policies and in directing the use of the organization's		ĺ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		}	l
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in:	structions).		
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	lity (see instruction	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		İ	
	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	l		l
	that these activities constituted substantially all of its activities	2a	ļ	ļ
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			1
	activities but for the organization's involvement	_2b	1	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.		1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			}
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	[		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u></u>

	dule A (Form 990 or 990 EZ) 2017 LINC Saint Charles			43-1632556 Page 6
Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on l	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes 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	1 1		
	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)	ĺ		
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)			Į.
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		ļ
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		T
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ıon C - Dıstributable 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		<del></del>	
	emergency temporary reduction (see instructions)	6		1
7	Check here if the current year is the organization's first as a non functional		ed Type III supporting or	ganization (see
	(matrix at a ma)			<del>-</del> ,

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Tune III Non Europianally Integrated 500			3-1632556 Page 7
		(a)(3) Supporting Orga	anizations (continuea)	
	on D - Distributions	Current Year		
1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	!		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	
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	ne organization is responsive	)	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount		4	,,,,
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Dıstributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions	<u></u>		
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
_ C	From 2014			
_d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
1	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7\$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
a	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

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

#### **SCHEDULE D**

(Form 990)

Department of the Treasury

### Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

Name of the organization

**Employer identification number** 

43-1632556 <u>LINC Saint Charles</u> Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 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 7 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)? 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 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 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 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

b Assets included in Form 990, Part X

	dule D (Form 990) 2	017 LINC Sa	int Charle	S				43-	<u> 163255</u>	6 Page 2
Pai	rt III   Organiza	tions Maintaining C	collections of A	rt, Hist	orical Tr	easures, d	or Othe	er Similar As	sets(conti	nued)
3	Using the organization	tion's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a s	ignificant use of	its collection	n items
	(check all that appl	y)								
а	Public exhibi	tion	c	ו 🗀 נ	oan or exc	hange progra	ams			
b	Scholarly res	earch	e	, 🗀 c	Other			<del></del>		
С	Preservation	for future generations								
4	Provide a descripti	on of the organization's c	ollections and explai	in how the	ey further t	he organizati	on's exe	mpt purpose in	Part XIII	
5	During the year, did	the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	er sımıla	r assets		
		funds rather than to be m							Yes	No
Pa		and Custodial Arran		ete if the	organizatio	n answered '	'Yes" on	Form 990, Part	IV, line 9, o	r
		amount on Form 990, Pa			<del></del>					
1a		an agent, trustee, custod	ian or other intermed	diary for c	contribution	s or other as	sets not	ıncluded		Г—¬
	on Form 990, Part								L Yes	L No
þ	If "Yes," explain the	e arrangement in Part XIII	and complete the fo	ollowing ta	able					<del></del>
								<del></del>	Amour	<u>it</u>
C	Beginning balance							1c		
d	Additions during th	•						1d		
e	Distributions during	g the year						1e	<del></del>	
7	Ending balance		000 D +V 1							
2a	-	n include an amount on F						•	Yes	⊢ No
		e arrangement in Part XIII ent Funds. Complete i								
	2.10001.11	one rando: Complete i	(a) Current year					(d) Three years b	ack (a) For	ır years back
4.	Boginning of year h	adana	(a) Current year	(b) Pr	or year	(c) Two year	S Dack	(a) Three years b	ack (e) FOE	I years back
1a		diance	<del></del>	<del> </del>						
b	Contributions	roupes sound leaves		<del> </del>						
C		nings, gains, and losses		<del> </del>						
d	Grants or scholarsh	·								
е	Other expenditures	s for facilities		Ì			Ì		Ì	
	and programs			<del> </del>						
f	•									
g	End of year balance	•		// 1		<u> </u>				
2		ted percentage of the cur	rent year end baland		I, column (a	i)) neid as				
a	Permanent endowr	or quasi endowment	%	%						
b	Temporarily restrict		% %							
C		n lines 2a, 2b, and 2c sho								
20		ent funds not in the posse	•	ation that	t ara bald a	nd administa	rad far t	ha araanization		
Ja	_	ent idilas not in the posse	ssion of the organiz	auon mai	l are rielo a	no aoministe	rea ioi i	ne organization		Yes No
	(ı) unrelated orgai	nizations							3a(ı)	
	(ii) related organiz									1 - 1
h	• •	ations i), are the related organiza	itions listed as rose:	rod on Sa	shadula Da				3a(ii) 3b	<del> </del>
4		I the intended uses of the							<u> </u>	ll
		ildings, and Equipm		AMUIDIII II	uilus					
		the organization answere		0 Part IV	line 11a S	See Form 990	Part X	line 10		
		on of property	(a) Cost or o	$\overline{}$		or other		ccumulated	(d) Bo	ok value
	Description	on or property	basis (investi	I		(other)		preciation	(u) bot	A VAIUE
10	Land	<del></del>	223.0 (			6,000.		F. 30.4	16	6,000.
	Buildings					0,774.	<del></del>	288,762.		$\frac{50,000}{52,012}$
		ments		<del></del>		0,114.		200,102.	40	<u>6,014.</u>
		monto	<b>———</b>						<b></b>	
	Other		<del></del>			2,145.		56,023.	<del></del>	6,122.
		gh 1e. (Column (d) must e	ogual Form 000 Po→	Y 60/1/2				<u>• € ≥ ∪ , ∪ ç .</u>	6.	0,1 <u>22.</u> 34 134

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Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (b) must equal Form 990, Part X, col (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		_
(8)		

Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15	
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (h) must equal Form 900, Part Y, col. (R) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

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

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

Sche	dule D (Form 990) 2017 LINC Saint Charles		43-10	<u> 32556</u>	Page 4	
Pai	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rev	renue per Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	'a				
1	Total revenue, gains, and other support per audited financial statements		1	848,	170.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
a	Net unrealized gains (losses) on investments	2a				
ь	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII )	2d			Λ	
e	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	818	$\frac{0.}{170.}$	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	040	, 1 , 0 ,	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	4b				
c	Add lines 4a and 4b	<u> </u>	4c		0.	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	848	,170.	
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ments With Ex	penses per Returr			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a				
1	Total expenses and losses per audited financial statements		1	843	860.	
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				
е	Add lines 2a through 2d		2e		0.	
3	Subtract line 2e from line 1		3	843	,860.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	f I				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII )	_4b_			•	
С	Add lines 4a and 4b		4c	0.4.2	0.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information.	<del>-</del> -	5	843	<u>,860.</u>	
		ut IV lean 15 and 6	Oh Dort V June 4 Dort V	line 2 Port 1		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ac			ille 2, Fait /	^1,	
	to and 15, and 1 at An, most to and 45 7 100 complete this part to provide any at	anional internation				
				<del></del>	<del></del>	
Par	ct X, Line 2:					
The	e Organization is exempt from income taxe	s pursuant	to section	501(c	<u>) (3)</u>	
_		_		_	_	
<u>ot</u>	the Internal Revenue Service Code. Ther	efore, no	provision i	s made	tor_	
tax	kes on income.		<del></del>			
Ωn	January 1, 2010, the Organization adopte	d the prov	rigions of A	ccount:	ina	
<u> </u>	danuary 1, 2010, the organization adopte	a che pro	VISIONS OF A	ccounc.	1119	
for	Uncertainty in Income Taxes. This acco	unting sta	andard requi	res tha	at a	
		<u> </u>				
tax	position be recognized or derecognized	based on a	a			
"mo	pre-likely-than-not" threshold. This app	lies to po	ositions tak	en or		
expected to be taken in a tax return. The implementation of the standard						
_						
has	s no impact on the Organization's stateme	nt of fina	ancial posit	ion or		
- L	stament of auticities my of the	<b>.</b>		<b>e</b> l		
	statement of activities. The Organization does not believe its financial					
73205	4 10-09-17		Schedu	le D (Form 9	JYU) 2017	

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statements include (or reflect) any uncertain tax position	n. The
Organization's tax returns filed prior to 2013 are closed	•

## SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

OMB No 1545-0047

2017

Open To Public

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

43-1632556 LINC Saint Charles Types of Property Part I (d) (a) (b) (c) Number of Noncash contribution Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 3 Art - Fractional interests 4 Books and publications Clothing and household goods 5 Cars and other vehicles 6 7 Boats and planes Intellectual property R Securities Publicly traded 9 Securities Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities · Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 0.FMV 100 Other (SUPPLIES 25 Other 26 Other > 27 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017 LINC Saint Charles 43-1632556 Page 2
Part II	<b>Supplemental Information.</b> 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 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.

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

Open to Public Inspection

Name of the organization  LINC Saint Charles	Employer identification number 43-1632556
Form 990, Part VI, Section B, line 11b:	
FORM 990 IS REVIEWED BY BOARD OF DIRECTORS PRIOR TO FILI	NG
Form 990, Part VI, Section B, Line 15: ALL PAY IS REVIEWED BY THE BOARD	
ALL PAI IS REVIEWED BY THE BOARD	
Form 990, Part VI, Section C, Line 19:	
AVALIABLE UPON REQUEST	
	<del> </del>