Preparer

Use Only



Return of Organization Exempt From Income Tax

Form 990 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. Open to Public Department of the Treasury Internal-Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2018 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check If LINC Saint Charles Name |change |Initial |return 43-1632556 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin ated PO BOX 374 636-332-5127 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return Wentzville, MO 63385 H(a) Is this a group return F Name and address of principal officer: GARY MILLS Yes X No for subordinates? . . .

	panoi	same as C above , (H(b) Are all subordinates in	cluded? Yes Mo						
			<i>u</i>	list. (see instructions)						
J۷	J Website: ► https://lincscc.wordpress.com/ \ H(c) Group exemption number ►									
ΚF	orm o	forganization: X Corporation Trust Association Other	ear of formation: 1992 N	State of legal domicile: MO						
	rt-l	Summary								
4	1	Briefly describe the organization's mission or most significant activities LINC sup	ports disadva	ntaged						
č		families on the path to self-sufficiency.								
Activities & Governance	2	Check this box If the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.						
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9						
Ğ	4	Number of independent voting members of the governing body (Part VI. line 1b)	CEIVE	9						
SS	5	Total number of individuals employed in calendar year 2018 (Part V. line 2a)	TED 5	17						
itie	6	Number of independent voting members of the governing body (Part VI, line b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary)		1177						
ctiv	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	6 2019 18 7a	0.						
ď		Net unrelated business taxable income from Form 990-T, line 38		0.						
		OGI	EN Rrios Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)	743,875.	548,325.						
nue	9	Program service revenue (Part VIII, line 2g)	104,293.	146,546.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50.	78.						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	252.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	848,170.	694,949.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.072700	0.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
w	15	Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10)	178,736.	208,150.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
per		Total fundraising expenses (Part IX, column (D), line 25) 10, 982.		· · · · · · · · · · · · · · · · · · ·						
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,124.	498,014.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	843,860.	706,164.						
	19	Revenue less expenses. Subtract line 18 from line 12	4,310.	-11,215.						
<u>80</u>		Trevende 1000 oxportional constitution 10 from time 12	Beginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	713,031.	715,933.						
Ass	21	Total liabilities (Part X, line 26)	10,752.	24,869.						
펄鸶	22	Net assets or fund balances. Subtract line 21 from line 20	702,279.	691,064.						
_		Signature Block	1021213.	05170041						
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the hest of m	v knowledge and belief it is						
		ct, and complete Declaration of preparar (other than officer) is based on all information of which prep		y kilothoago alla bollot, it is						
	00110	Land W Library 100 Date of the minimum of which proj	02/7	2/2019						
Sia	•	Signature of officer	Date	7 8 . 1						
Sign Here		GARY MILLS, TREASURER								
ner	C	Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check	PTIN						
Paid	ì	SHAWN WILLIAMSON Hours Welliam to	2/12/19	—'L						
	ı	DIENTI HILLIAMON HIMAN	self-employ	<u>ко ротала 122</u>						

St. Louis, MO 63123

Firm's address 6240 S. Lindbergh, Ste 101

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name Fick, Eggemeyer & Williamson, CPA's

X Yes

Firm's EIN

Phone no. 314-845-7999

Form 990 (2018)

Form	990	(2018)

Form 990 (2018) LINC Saint Charles
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947((4)1) (other than a private foundation)? 1 ''Yes, 'complete Schedule A. Schedule B., Schedule of Continutions' 2 Is the organization required to complete Schedule B., Schedule of Continutions' 3 Del the organization required to complete Schedule C. Part I ' 4 Section 501(c)(3) organization. Dot the organization engage in other to rundred to public offer? If ''Yes,' complete Schedule C. Part I ' 5 Section 501(c)(3) organization. Dot the organization engage in other to rundred to rundr		•		Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contribution 2 3 Is the organization engage in interest or indente plottical campagin activities on behalf of or in opposition to candidates for public office? If "1965, complete Schedule C, Part II 5 Is the organization a Section 501(k)(6), 501(k)(5), or 501(k)(6) organization in etherol during the tax year? If "1965, complete Schedule C, Part II 6 In the organization a section 501(k)(4), 501(k)(5), or 501(k)(6) organization that receives memberathy dues, assessments, or smiler amounts as defined in Revenue Procedure 98-197 If "1965, complete Schedule C, Part III 7 Did the organization as extended in Revenue Procedure 98-197 If "1965, complete Schedule C, Part III 8 Did the organization in Revenue Procedure 98-197 If "1965, complete Schedule C, Part III 9 Did the organization maintain any donor advised funds or any similar funds or accounts? If "1965, complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical freasures, or other similar assess? If "1965, complete Schedule D, Part II 10 Did the organization maintain collections of works of art, historical freasures, or other similar assess? If "1965, complete Schedule D, Part III 11 Did the organization maintain and part in Part X, line 121, for escrow or custodial account liability, serve as a custodian for amounts in Did tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "1965, complete Schedule D, Part IVI 12 Did the organization report an amount for Investments or other satisfaction and the service of the service organization report an amount for investments. other securities in Part X, line 107 If "1965, complete Schedule D, Part IVI 13 Did the organization report an amount for investments of the tax year remembers or maintain and the part X, line 107 If "1965, complete Schedule D, Part IVI 14 Did the organization report an amount for other assets in Part X, line 107 If "1965,	1			_v	
3 Dut he organization response in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offered "I" Ves," complete Schedule C, Part I I 5 is the organization. But the organization angage in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization a section 501(p)(4), 501(p)(5), or 501(p)(5), or 501(p)(5) organization that receives membership dives, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II 5 Dut the organization nearone any donor advised funds or any semilar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Dut the organization nearone in collections of works of art, histonical freasures, or other smallar assets? If "Yes," complete Schedule D, Part II Dut 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 II Dut the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V If the organization report an amount for revestments - 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 VI Dut the organization report an amount for 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 XI Dut the organization report an amount for 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 XI Dut the organization report an amount for other salest	_				
section 50 (16)3 organization. Dot the organization engage in bibbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4			2	^	-
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II but the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dives, assessments, or similar amounts as defined in Revenue Procedure 8-19 if 'Yes,' complete Schedule C, Part II but the organization marked any donor advessed funds or any semilar 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 II Did the organization received in Ord a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization marked areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for section 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 V Did the organization report an amount for investments and equipment in Part X, line 197 If 'Yes,' complete Schedule D, Part V II If the organization services and any of the followings, and equipment in Part X, line 197 If 'Yes,' complete Schedule D, Part VII II If the organization report an amount for investments of the securities in Part X, line 197 If 'Yes,' complete Schedule D, Part VII II	3		,		v
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If "Yes," complete Schedule D, Part IV 10 10 10 10 10 10 10 1	9				
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	16			[
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complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	19				,,
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 20b		·		<u> </u>	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				 	X
			20b		
aomestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	· · · · · · · · · · · · · · · · · · ·	_		.,
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X

Form 990 (2018) LINC Saint Charles
Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		,	ĺ
	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		<u> X</u>
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		X
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			37
	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).	00-		v
a	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 An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]		ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	ĺ		l
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pal	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			
	Oneck in Concount O Contains a response of note to any line in this Part v			ليا
_	5	,	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7' * - '		
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable Did the group attendance comply with backup wi	\		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
		1c Form	gan	(2018)
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	•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 17			
b	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)			-
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	, <u> </u>		
5а	t , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b		<u></u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		,	
e ,	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		-
0	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?	ا م		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Į	t
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	- JD		
	Initiation fees and capital contributions included on Part VIII, line 12	<i>'</i>		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Ì	
11	Section 501(c)(12) organizations. Enter	,		
а	Gross income from members or shareholders	l	i	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)]	ļ	
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	,		
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.	•	ĺ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	. '	ŀ	
	organization is licensed to issue qualified health plans	• 1	1	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		- 1	3.5
	excess parachute payment(s) during the year? If "Ves " see instructions and file Form 4730. Schodule N	15		_X
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	40	ŀ	v
.5	If "Yes," complete Form 4720, Schedule O	16		<u>X</u>
	<u>, real complete din Fredi Concount C</u>			

Part VI. Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	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 9			
	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.	١ '	*	٦.
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9	,		
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 supervision			
	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?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		
	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:	<u> </u> `		
а	The governing body?	8a_	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?	8b_	<u> </u>	
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		<u> </u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40	Dul the eventual have level shorters by such as an efficiency	40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	-	X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		•
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	In 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?	٠ ,	,	
а	The organization's CEO, Executive Director, or top management official	15a	X	
	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 arrangement with a		-	
	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	4		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l 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			

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LINC Saint Charles

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Page 7

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 VI

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.

(A)	(B)			(e Pos	C)			(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per	box	, unle cer ar	ss pe	rson	is bot	th an	compensation	compensation	amount of
	week	-	T		I	1744	100,	from	from related	other
	(list any hours for	liect	Ì			_]	the organization	organizations (W-2/1099-MISC)	compensation from the
	related) e o c	stee			sate		(W-2/1099-MISC)	(44-271099-141130)	organization
	organizations	Individual trustee or director	Institutional frustee		<u>ş</u>	iad iii		(** 2.7 1000 111100)		and related
	below	dd ual	leffor	<u>ه</u>	텵	est	듈			organizations
	line)	ğ	말	Officer	Кеу етріоуее	Highest compensated employee	툴			
(1) DAVID DAY	1.00		ł							
BOARDMEMBER		X	<u>_</u>					0.	0.	0.
(2) PATRICIA SANDERS	1.00									
BOARDMEMBER		X				<u> </u>	_	0.	0.	0.
(3) KENNETH BERGMAN	1.00									
BOARDMEMBER	ļ	X	ļ	<u> </u>		ļ	ļ	0.	0.	0.
(4) GLEN LOCKLEAR	1.00	-			İ					
BOARDMEMBER		X		<u> </u>				0.	0.	0.
(5) DAN HITE	1.00	1								
BOARDMEMBER		X				_		0.	0.	0.
(6) COLE BRANSTETTER	1.00				İ					
CHAIRMAIN				X		<u> </u>		0.	0.	0.
(7) JIM MCCAUGHAN	1.00									
VICE CHAIRMAN				X				0.	0.	0.
(8) VIVIENE HERON	1.00									
SECRETARY			L	X				0.	0.	0.
(9) GARY MILLS	1.00	ļ						_	_	_
TREASURER		ļ	ļ	X				0.	0.	0.
		<u> </u>								
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
		• • •		c. note to dry III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
rvice Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed All other contributions, gifts, grand similar amounts not included about Noncash contributions included in lines of Total. Add lines 1a-1f Program Revenue	ats, and live 1f 1	548,325. 304,463. Business Code 900099	548,325. 146,546.			512 - 514
Program Service Revenue				•	146,546.			
Other Revenue	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		▶	78.	78.		
	6 a	Gross rents	(ı) Real	(ii) Personal			. ,	
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(II) Other				
	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 bless: direct expenses Net income or (loss) from fund	of 1c). See . a b			,		
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	tivities. See a b ing activities	•				
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a b s of inventory	•				,
	11 a			Business Code				
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions		. •	694,949.	146,624.	0.	0.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 12 ; ď, individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members . . THE PLANT OF THE PERSON OF THE Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 192,317. 140,778 Other salanes and wages 45,240. 6,299. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 15,833 3,724 11,590. Payroll taxes 519. 10 Fees for services (non-employees): a Management Legal Accounting d Lobbying .. Managaran and Bank at a Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 3,750 3,750 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion Office expenses 13 14 Information technology Royalties 15 19,961. 9,453. Occupancy -10,456 52. 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 21,963. 22 Depreciation, depletion, and amortization 21,963 23 14,309 .013. 13,296. Other expenses, Itemize expenses not covered 24 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.) Inkind Materials 300,133 298,800 .333. Program expenses 111,848. 111,848. c Repairs and Maintenance 6,603. 1,140. 5,463 d Supplies 5,650. 3,694. 1,950 13,797. 5,978. 5,046 e All other expenses 2,773. 706,164. 584,294 110,888. Total functional expenses. Add lines 1 through 24e 10.982. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Pai	7	Barance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	·	,	
			(A)		(B)
			Beginning of year	<u> </u>	End of year
	1	Cash - non-interest-bearing .	77,803.	1_1_	96,564.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,117.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		Figure	
		Part II of Schedule L	THE SEP STATE A SEP . A TENNE	5	Drawers was a
	6	Loans and other receivables from other disqualified persons (as defined under	The state of the s	13.6	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi	ng K		
		employers and sponsoring organizations of section 501(c)(9) voluntary	21/23/2	332	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
ets		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
`	8	Inventories for sale or use	1 004	8	1 200
	9	Prepaid expenses and deferred charges	1,094.	9	1,280.
	10a	Land, buildings, and equipment: cost or other	O CONTRACTOR OF MARKET		
			9.	10-	615 072
		Less: accumulated depreciation 10b 351,49	7. 634,134.	1	615,972.
	11	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		11	-
	12 13	Investments - other securities, see Part IV, line 11		12	
	14	Intangible assets	<u> </u>	14	
	15	Other county One Deat IV Bree 44	"	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	713,031.	16	715,933.
	17	Accounts payable and accrued expenses	5,210.		24,869.
	18	Grants payable	3/2200	18	21/0050
	19	Deferred revenue	5,542.	19	0.
	20	Tax-exempt bond liabilities	3/3.120	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ν	22	Loans and other payables to current and former officers, directors, trustees,	在400° 大大型學學學科學的	31.73	1323(
Liabilities	_	key employees, highest compensated employees, and disqualified persons			
abil		Complete Part II of Schedule L		22	
ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
l	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		1	
l		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	10,752.	26	24,869.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.		200	
auc	27	Unrestricted net assets	673,269.	27	646,944.
Fund Balances	28	Temporarily restricted net assets	29,010.	28	44,120.
<u> </u>	29	Permanently restricted net assets		29	1000
		Organizations that do not follow SFAS 117 (ASC 958), check here	一直 发展第二次的数据		
ğ		and complete lines 30 through 34.	THE STATE OF	230	
sets	30	Capital stock or trust principal, or current funds		30	
As	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	700 070	32	601 061
_	33	Total net assets or fund balances	702,279.	33	691,064.
	34	Total liabilities and net assets/fund balances	713,031.	34	715,933. Form 990 (2018)

Form	990 (2018) LINC Saint Charles	43-1	632556	Pag	<u>е 12</u>
Pa	TXI 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	694	, 94	<u> 19.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	706	,16	54.
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	,21	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	702	, 27	79.
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,	ļ			
	column (B))	10	691	<u>, 06</u>	<u>54.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		·	.	
			`	res	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_ \	-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 - 1		
	separate basis, consolidated basis, or both:		- 13d.		
	Separate basis Consolidated basis Both consolidated and separate basis		133 B	.	
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	1453		•
	consolidated basis, or both		list li	, [
	X Separate basis Consolidated basis Both consolidated and separate basis		16 A		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1	1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.	三 医肾	····∤·	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

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

2018

Open to Public Inspection

Employer identification number

LINC Saint Charles 43-1632556 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 니 Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed In your governing document? (i) Name of supported (ii) EIN (III)_Type_of_organization (v) Amount of monetary (vi) Amount-of-other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

(Form 990 or 990-EZ) 2018 LINC Saint Charles 43-1632556 Page 2 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.)

		Delett, piec	ass complete i ait	,			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		•	X = X		357	
	membership fees received. (Do not						
	include any "unusual grants.")	169,027.	174,664.	582,869.	847,868.	548,325.	2,322,753,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			!			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	169,027.	174,664.	582,869.	847,868.	548,325.	2,322,753,
5	The portion of total contributions	, , , , , , , , , , , , , , , , , , ,		SP-WENDER	期期15年7-27	* ()	
	by each person (other than a)20g	
	governmental unit or publicly	1 14	100			2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	supported organization) included					10 0 kg	
	on line 1 that exceeds 2% of the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				. 2. <u>2. 2.</u>	
	amount shown on line 11,	70000000000000000000000000000000000000			100 March 1981		
	column (f)						128,279.
6	Public support. Subtract line 5 from line 4	and the second	CALL STATE OF THE	WEST OF THE POST	MERCHANIST		2 194 474
	ction B. Total Support			7 77			2,473,373.
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	169,027.	174,664.	582,869.	847,868.	548,325.	2,322,753,
	Gross income from interest,	•			<u> </u>		2,000,700,
	dividends, payments received on						
	securities loans, rents, royalties,					,	
	and income from similar sources			25.	50.	78.	153.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				252.		252.
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	M. F. C. & B. 1871	1.在"物",1360年	经等级的	深地。 "是这一	-: 3636.4	2,323,158,
	Gross receipts from related activities,					12	442,191.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here				,	▶□_
Seg	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2018 (i	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	94.46 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14		•	15	77.18 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation .			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	zation
	meets the "facts-and-circumstances"	test The organization	tion qualifies as a j	publicly supported	lorganization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2017. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	ly supported orga	nızation	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶□
					Caba	dula A (Form 990	000 EZ\ 0040

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section'A. Public Support (a) 2014 Calendar year (or fiscal year beginning in) (b) 2015(c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 **(b)** 2015 Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016(d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on secunties 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 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) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop hére Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) % 15 16 Public support percentage from 2017 Schedule A, Part III, line 15 % 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.)

	Yes	No
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10b		
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	3248	748	15.
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1578	Ĭ, ·
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		1200	£541 -
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	国家	Nov.	13
	controlled the organization's activities. If the organization had more than one supported organization,		13.2	25.5
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			300
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	74.44.	
2	Did the organization operate for the benefit of any supported organization other than the supported	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200	5
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		7.60	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	3,31,4	Vát.	\$
	supervised, or controlled the supporting organization	2	1 (4,7	ľ
Sect	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	7477	To the	Trans.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	3	200
	or management of the supporting organization was vested in the same persons that controlled or managed		7	24.57
	the supported organization(s)	1	:24277	,,,,,,,,,,,
Sect	tion D. All Type III Supporting Organizations	i	•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3,63	* \$ ^ ! W	29.
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	11. 1	3	
	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 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2. i.
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	47~46.7	7
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1 1924	F -7 7;	30.7
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			32.
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1	,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ALEK M	7.3	製が
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		355	
	supported organizations played in this regard.	3		
Sect	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 yealsee instruction	ons).		
а	The organization satisfied the Activities Test Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
¢	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions).	
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	-30g - 1, 10 gas 14 7 18 18 18 18 18 18 18 18 18 18 18 18 18	10.55	38
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	17.50 AZ		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		353	3
	how the organization was responsive to those supported organizations, and how the organization determined		3 X 15	
	that these activities constituted substantially all of its activities.	2a		- 25.7.
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	7407	<u>ڗٷ؞ۅٷ</u> ۼ	\$ 25.
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		Sugar	- آريا
	reasons for the organization's position that its supported organization(s) would have engaged in these	122.48	33.3	1
	activities but for the organization's involvement	2b		,,
3	Parent of Supported Organizations Answer (a) and (b) below.	10 mg	沙点	136 3
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		36
	trustees of each of the supported organizations? Provide details in Part VI.	3a	, W	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		24.44	, °°
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-r-, f7	
_	· · · · · · · · · · · · · · · · · · ·			

Scho	edule A (Form 990 or 990 EZ) 2018 LINC Saint Charles		,	3- <u>1632556</u> Page 6
Pa		a Ora		3-1032330 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must con-			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
- -	Net short-term capital gain	1		
2	Recoveries of pnor-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		
	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	17. C.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	instructions for short tax year or assets held for part of year).	~1".	2 max	· · · · · · · · · · · · · · · · · · ·
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1.7.		
	factors (explain in detail in Part VI):	10 mg		
_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	7,	
4	Enter greater of line 2 or line 3	4	of the second section	

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

Schedule A (Form 990 or 990-EZ) 2018

5 Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Pa	Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	
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 organization is responsiv	e	
	(provide details in Part VI). See instructions.			١
9	Distributable amount for 2018 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-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	The state of the s		
2	Underdistributions, if any, for years prior to 2018 (reason-			Recally 1 - 1
	able cause required explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			The state of the s
a	From 2013			
	From 2014			WAR RULE X VIEW
	From 2015 .			Sales Court of a section .
	From 2016	COLUMNICATION		The first series
	From 2017		TOTAL TOTAL STATE OF THE STATE	The state of the s
	Total of lines 3a through e	W WY THE WAR COMPANY THE STATE	The state of the s	Mary and the second sec
	Applied to underdistributions of prior years	图4200 E E NEW 2300	Establic mass according has account of the other services for	Constitution of the second
	Applied to 2018 distributable amount		NA CARRENGAL TALL	A B ASSOCIATION OF THE ST. T. S. S.
 -	Carryover from 2013 not applied (see instructions)	Bar a City a rate F. Martin's Charles California		The state of the s
_ <u>-</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		TA THE THE THE TANK A STATE OF THE TANK A STAT	Salar Control of the Control of the Control
4	Distributions for 2018 from Section D,	P ALLEY OF BUILDING		B. Charlet of the Market Co.
•	line 7 \$			
	Applied to underdistributions of prior years	ALL THE RESERVE THE CONTRACTOR	they are to meth the table to the the man	But The Contract of the
	Applied to 2018 distributable amount	The state of the s		K + 25 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	Remainder. Subtract lines 4a and 4b from 4	1997 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND ARREST TO THE STATE OF THE TOTAL OF	in the control of the
5	Remaining underdistributions for years prior to 2018, if	Y. March Theresees	会・サイトニンジを必要ない。例のの気がありのデザートではよるからます。	The Thirty William she with the tree with his a
5	any. Subtract lines 3g and 4a from line 2 For result greater			Company of the Action of the Company
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018. Subtract lines 3h	William Charles and Charles an		\$1.1611.576 - 250 min 151 50 7 min
Ü	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
	Excess distributions carryover to 2019. Add lines 3	THE PARTY OF THE P	TELEVISION NAMES CONTRACTOR STATES	教験に使りなる機能があれています。こと
7	•			
	and 4c. Breakdown of line 7.	Surfactory Town Commence	BUTCHER START WESTERN TO THE	We say a so was a so to the
8		TO THE SECTION AND THE SERVICE SERVED	Resource Activities and Activities a	TO SEE THE SECOND SECON
	Excess from 2014	2016年2月2日1日 (1916年1926日) 121日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	BO PEREN BELDERA BANG BANG BANG. PERENG BELDERA BANG BANG BANG BANG BANG BANG BANG BAN	AMENDERAL WERE WAS THE RESERVE OF THE PARTY
	Excess from 2015	TO THE STATE OF TH	BERKERA BERKERA PARTIKAN BERKANDA.	SECRETARIA OFFICIONAL SECULOS
	En.ess from 2016	PARTIES OF THE WORK OF THE PERSON OF THE PARTIES AND THE PARTI		国用。這是特別的認為這個。 這個的問題。但如此是可以的。2010年7月日
	Excess from 2017			
U	Excess from 2018	的形式流向海绵的海绵等"部份		医多种性性 医克尔特氏病 医克尔特氏病 医克格特氏病 医多种原理 医克尔特氏病 医克格特氏病 医克格特氏病 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990 EZ) 2018 LINC Saint Charles	43-1632556 Page 8
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, line II, 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)	a or 17b; Part III, line 12, is 1 and 2; Part IV, Section C, rt V. Section B. line 1e. Part V
	`	
		
		

SCHEDULE D

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection.

Name of the organization

LINC Saint Charles

Employer identification number 43-1632556

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 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? 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 day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b 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 vear ▶ 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? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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 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 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

		<u>int Charle</u>				_		<u>43-16</u>	<u>32556</u>	Page 2
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the f	following th	at are a si	gnificant	use of its	collection	ıtems
	(check all that apply)									
а	Public exhibition	(ı ⊑lı	oan or exch	nange progi	rams				
b	Scholarly research	•	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how the	ey further th	ne organizat	ion's exen	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	torical treas	sures, or oth	ner sımılar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the organ	ization's co	llection?	· · · · · · · · · · · · · · · · · · ·	<u> </u>		Yes	No_
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	i gements. Compl irt X, line 21.	ete if the	organization	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for c	contributions	s or other a	ssets not	ıncluded	·		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance .						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	stodial acc	ount liabili	ty?		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	n has been i	provided or	Part XIII				
Pa	TiV Endowment Funds. Complete	f the organization ar	swered "	Yes" on For	rm 990, Par	t IV, line 1	0			
		(a) Current year	(b) Pr	or year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .				_					
f	Administrative expenses .									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
¢	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held an	d administe	ered for th	e organız	ation	_	
	by								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations				•				3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the		wment fu	ınds						
'Rai	†îŶl∛∬ Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. Se	e Form 990), Part X, I	ne 10.			
	Description of property	(a) Cost or o		(b) Cost o		1 - 7	cumulate	d	(d) Book	value
		basis (investr	nent)	basis (c		depi	reciation			
1a	Land				5,000.	A 1 1 3	J. 40/ 14.			<u>,000.</u>
b	Buildings .				2,908.		08,7			,182.
С	Leasehold improvements			48	3,561.		42,7	71.	5	,790.
d	Equipment									
<u>e</u>	Other .									
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. columi	n (B). line 10	(c.)				615	972.

Schedule D (Form 990) 2018 LINC Saint	Charles	· · · · · · · · · · · · · · · · · · ·	43	-1632556 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11b See Form 99	0, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method o	f valuation: Cost or end	l-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.)		是是是是此时间。这	网络尼拉斯斯斯斯 斯斯斯斯	and the second
Part VIII Investments - Program Related.		=		
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11c. See Form 99	0, Part X, line 13.	
(a) Description of investment	(b) Book value		f valuation: Cost or end	l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				ı
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		35 5 1 1 TO 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE REPORT OF THE PARTY OF THE	,
Part IX Other Assets.	 ::	16 2 13142 3 33	LP CO AD AP DADOS S S S	
Complete if the organization answered "Yes"	on Form 990 Part IV In	ne 11d. See Form 99	0 Part X line 15	
	Description		o, · u. · , · , · · · · · · ·	(b) Book value
(1)				
(2)				
(3)				=
(4)				
(5)	-			
(6)				
(7)	•			
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2.15.1	·		
Part X2 Other Liabilities.	: 15.7	·		
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				企业推出。 6000000000000000000000000000000000000
(2)			THE THE REST OF SAME	

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

(3) (4) (5) (6)

Schedule D (Form 990) 2018 LINC Saint Charles			32556 Page 4
Part XI Reconciliation of Revenue per Audited Financial S		per Return.	
* 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	694,949.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	8:	
a Net unrealized gains (losses) on investments	. <u>2a</u>		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	. 2c		
d Other (Describe in Part XIII.)	. 2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		3	<u>694,949.</u>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		100	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
b Other (Describe in Part XIII)	4b		
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	21	5	694,949.
Part XII Reconciliation of Expenses per Audited Financial S			
Complete if the organization answered "Yes" on Form 990, Part IV,	•	o por riotarri	•
Total expenses and losses per audited financial statements		1 1	706,164.
•	• •	" 1	700,104.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		e 25.4	
a Donated services and use of facilities	<u>2a</u>		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d	•	2e	0.
3 Subtract line 2e from line 1		3	706,164.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.		1.4, {	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	ا نیرا	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	•	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	706,164.
Part XIII Supplemental Information.		1.91	, 2020
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	1 4: Part IV lines 1h and 2h: Part	V line 4: Part X I	ine 2: Part XI
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide		1,	
Part X, Line 2:			
rait n, bine a.		•	
The Organization is exempt from income t	avog purguant to	gogtion	501/01/31
The Organization is exempt from income t	axes pursuant to	section	301(6)(3)
of the Internal December Committee Code	.		a_ e
of the Internal Revenue Service Code. T	nerefore, no pro-	vision is	made for
taxes on income.			
On January 1, 2010, the Organization ado	pted the provision	ons of Ac	<u>counting</u>
for Uncertainty in Income Taxes. This a	ccounting standar	rd requir	es that a
			_
tax position be recognized or derecogniz	ed based on a		
"more-likely-than-not" threshold. This	applies to posit:	ions take	n or
more rinery chair not concentrate rines	appried to pobie.	comb cane	01
expected to be taken in a tax return. T	he implementation	of the	atandard
expected to be taken in a tax recuin. T	THE THIPTEMETICACTOR	T OT CHE	scanuaru
has no impose on the Oussel-time!	omont of financia	.1	
has no impact on the Organization's stat	ement of financia	T DOSICI	on or
		•	
statement of activities. The Organizati	<u>on aoes not beli</u> e		
832054 10-29-18		Schedule	D (Form 990) 2018

Schedule D (Form 990) 2018 LINC Saint Charles	43-1632556 Page 5
Schedule D (Form 990) 2018 LINC Saint Charles Part XIII Supplemental Information (continued)	
statements include (or reflect) any uncertain tax positi	on. The
Organization's tax returns filed prior to 2015 are close	d.
	· · · · · · · · · · · · · · · · · · ·
	
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SCHEDULE M

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Solnspection Employer identification number

	LINC Saint Charles						43-1632556			
Par	t I. Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1		Method of noncash cont			 s	
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications		14 3 1 1 1 1 1 1 1 1 1 1							
5	Clothing and household goods		St. 1 . 3							
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
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 (SUPPLIES)	X	100	0	.FM	7				
26	Other									
27	Other									
28	Other ()									
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	ontributions						
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29		<u></u>				
								Yes	No	
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1 thro	ugh 28	, that it		·]	·	
	must hold for at least three years from the date	e of the initia	al contribution, and	I which isn't required to be	used f	or	₹ `		٠.	
	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	policy that re	equires the review	of any nonstandard contri	outions	?	31		_X_	
32a						·				
_,	contributions?						32a	<u> </u>	_X_	
b	If "Yes," describe in Part II	•		·			,74,			
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked	1	1.1	.		
	describe in Part II.							,		

Schedule M	(Form 990) 2018	LINC	Saint	Charles	43-1632556	Page 2
Part II	Supplemental	l Inform : I, columr	a tion. Pro	ovide the information required by Part I, lines 30b, 32b, and mber of contributions, the number of items received, or a	d 33, and whether the organiza	ation
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047 **2018**Open to Public

Internal Revenue Service Name of the organization Employer identification number LINC Saint Charles 43-1632556 Form 990, Part VI, Section B, line 11b: FORM 990 IS REVIEWED BY BOARD OF DIRECTORS PRIOR TO FILING Form 990, Part VI, Section B, Line 15: ALL PAY IS REVIEWED BY THE BOARD Form 990, Part VI, Section C, Line 19: AVALIABLE UPON REQUEST