

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 7/01 , 2015, and ending 6/30 , 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C HABITAT FOR HUMANITY OF ST. CHARLES COUNTY 186 MID RIVERS CENTER ST. PETERS, MO 63376 F Name and address of principal officer: NANCY COPE SAME AS C ABOVE	D Employer identification number 43-1798488 E Telephone number (636) 978-5712 G Gross receipts \$ 1,552,820.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
J Website: ▶ WWW.HABITATSTCHARLES.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1997 M State of legal domicile: MO

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY OF ST. CHARLES COUNTY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE.</u>	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a).....	3 20
	4	Number of independent voting members of the governing body (Part VI, line 1b).....	4 20
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a).....	5 23
	6	Total number of volunteers (estimate if necessary).....	6 2,000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12.....	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34.....	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h).....	414,245. 452,690.
	9	Program service revenue (Part VIII, line 2g).....	813,229. 1,039,870.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	77,353. 78.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	52,497. 29,638.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	1,357,324. 1,522,276.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	
	14	Benefits paid to or for members (Part IX, column (A), line 4).....	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	475,863. 487,064.
	16a	Professional fundraising fees (Part IX, column (A), line 11e).....	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 130,012.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	867,188. 879,756.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	1,343,051. 1,366,820.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12.....	14,273. 155,456.
	20	Total assets (Part X, line 16).....	2,093,449. 2,296,699.
	21	Total liabilities (Part X, line 26).....	512,981. 590,775.
	22	Net assets or fund balances. Subtract line 21 from line 20.....	1,580,468. 1,705,924.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date
	NANCY COPE <small>Type or print name and title.</small>	EXECUTIVE DIRECTOR

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	RICHARD F. WAIGAND		
	Firm's name ▶ SFW PARTNERS, LLC	Firm's address ▶ 1610 DES PERES RD STE 300 SAINT LOUIS, MO 63131-1891	

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