Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

Open to Public Inspection

		The second justice tax just beginning 002 1/ 2019				
В	Check If opticable	C Name of organization HABITAT FOR HUMANITY		D Employer identific	ation number	
	Addres	S OF CE CUARTER CONTENT		V 11100111 1 2		
	Name			43-17984	88	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number			
	Final return/	2041 TOATE CENTED DOTTE	Room/suite	636-978-		
	termin ated			G Gross receipts \$	1,611,443.	
	Ameno			H(a) Is this a group re		
	Application	F Name and address of principal officer:MICHELLE WOODS	777	for subordinates		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in		
<u> </u>	Гах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)	
JI	Nebsit	e: > WWW.HABITATSTCHARLES.ORG	200	H(c) Group exemption	n number 🕨	
K	orm of	organization; X Corporation Trust Association Other	L Year	of formation: 1997 N	State of legal domicile: MO	
Pa	art I	Summary	400	46 1-6	THE PROPERTY OF	
	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	KING TO	PUT GOD'S	LOVE INTO	
Activities & Governance		ACTION, HABITAT FOR HUMANITY OF ST. CHA	RLES (COUNTY BRING	S PEOPLE	
Ë	2	Check this box 🕨 📖 if the organization discontinued its operations or dis	posed of more	e than 25% of its net as	ssets.	
Š				3	13	
<u>ن</u> مو	4	Number of independent voting members of the governing body (Part VI, line 1b	0)	4	13	
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	42	
Σ	6	Total number of volunteers (estimate if necessary)		6	1878	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
_	Ь	Net unrelated business taxable income from Form 990-T, line 39			0.	
				Prior Year	Current Year	
9		Contributions and grants (Part VIII, line 1h)		361,721.	346,125.	
Revenue		Program service revenue (Part VIII, line 2g)		1,397,164.	1,124,249.	
Æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		163.	85.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		137,529.	100,663.	
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,896,577.	1,571,122.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		725 110	0.	
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		735,110.	740,103.	
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 240,	025	U.	0.	
Ä				1,234,256.	847,277.	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,969,366.	1,587,380.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-72,789.	-16,258.	
_ <u>~</u>	18	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year		
Ssets or Balances	20	Total assets (Part X, line 16)		2,898,922.	End of Year 2,867,046.	
SS	24	Total liabilities (Part X, line 26)		756,852.	741,234.	
Net/		Net assets or fund balances. Subtract line 21 from line 20		2,142,070.	2,125,812.	
		Signature Block	*******			
		lities of perjury, I declare that I have examined this return, including accompanying sched	ules and staten	nents, and to the best of m	v knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of		•	,,,	
	-			1		
Sig	n	Signature of officer		Date		
He		MICHELLE WOODS, EXECUTIVE DIRECTOR				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Pai	d	SCOTT GABEL	ŀ	10/19/20 sett-employ	P01273685	
Pre	parer	Firm's name SFW PARTNERS, LLC		Firm's EIN	43-1764273	
Use	Only	Firm's address 1610 DES PERES RD, SUITE 300	Sale lab -			
		SAINT LOUIS, MO 63131-1891		Phone no. 31	4-569-3333	
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

3			
2019, and ending	JUN	30	, 20 20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service ➤ Do not send to the IRS. Keep for your records.
➤ Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

HARTTAT FOR HITMANT

Employer Identification number

HABITAT FOR HUMANITY OF ST. CHARLES COUNTY

43-1798488

Name and title of officer

MICHELLE WOODS

EXECUTIVE DIRECTOR

Part 1 Type of Return and Return Information (Whole Dollars Only)

For calendar year 2019, or fiscal year beginning JUL 1

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return, if you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	1,571,122.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b _	AVEL 1000
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b _	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officar's	DIN:	chack	one	hov	only

				Cha dans and a	111	Entes five avanha
X I authorize	SFW	PARTNERS,	LLC		to enter my PIN	63131

ERQ firm name

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

70	$oldsymbol{\perp}$ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed $lpha$	etum. If I have
	indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the I	RS Fed/State
	program, I will enter my PIN on the return's disclosure consent screen.	

Part III | Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

43499174274

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► SFW PARTNERS, LLC

Date > 10/19/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Officer's signature

HABITAT FOR HUMANITY OF ST. CHARLES COUNTY

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY OF ST. CHARLES COUNTY BRINGS PEOPLE TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. Describe the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code: (Code: (Code: (Companization to the program service reported: 4b (Code: (Code: (Companization to the program service reported: 4c (Code: (Code: (Code: (Companization to the program service reported: 4d (Code: (Code	-orm	990 (2019) OF ST. CHARLES COUNTY 43-1798488 Page 2
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4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses > 1,208,421.	4b	(Code:) (Expenses \$ 778,908. Including grants of \$) (Revenue \$ 799,767.) RESTORE: HABITAT FOR HUMANITY OF ST. CHARLES COUNTY OPERATES A RETAIL HARDWARE STORE WITH SALES TO THE GENERAL PUBLIC. INVENTORY IS PRIMARILY DONATED, WITH THE SALES PROCEEDS USED TO CARRY OUT THE ORGANIZATION'S MISSION. THE INVENTORY CONSISTS PRIMARILY OF BUILDING MATERIALS, FURNITURE AND APPLIANCES. THE STORE ALSO SERVES AS A RECYCLING CENTER FOR GLASS,
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,208,421.		
	4d	(Expenses \$ including grants of \$) (Revenue \$)
	4e	

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

43-1798488 OF ST. CHARLES COUNTY Page 3 Form 990 (2019) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12h X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X

X

X

19

20a

20b

110			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		7.	
	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	04-		X
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		=
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		1	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			Mas
	instructions, for applicable filing thresholds, conditions, and exceptions):	199	31013	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.
	"Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		 ^
¢	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	00-		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		1
JU	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		1
-	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	l	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			\Box
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	١
	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?		١	
Da	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Га	Check if Schedule O contains a response or note to any line in this Part V			
	Original and Contracting a response of flore to any line in this Part 4		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5	163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
•	(gambling) winnings to prize winners?	10	х	-

			1/	NI								
22	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		Yes	No								
	filed for the calendar year ending with or within the year covered by this return 2a 42											
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	Place Control								
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Catalog	х								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
TU	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x								
Ь	If "Yes," enter the name of the foreign country	70	-	1077011								
N	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		283	The same								
F.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30										
OB	A M. A.	6a		x								
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ga		 								
В		e.										
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b	Discount of	for sold								
7		7-	x									
a	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?		X	\vdash								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Α.	┯								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x								
	to file Form 8282?	7c	-									
d		150000	201125									
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	-									
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		and transfer								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		104,000	History								
_	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	0000	Sec.	la consideration								
8	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-								
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:		# 11									
а	Initiation fees and capital contributions included on Part VIII, line 12											
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1100										
11	Section 501(c)(12) organizations. Enter:	12		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
а	Gross income from members or shareholders 11a			199								
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against		37.7									
	amounts due or received from them.)	N.	447	- 4								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	100000									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		3333									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1000								
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.	130	2									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1013										
	organization is licensed to issue qualified health plans		11.88	12/24								
C	Enter the amount of reserves on hand	ROSE OF	1090									
14a		14a		X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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											
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see instructions and file Form 4720, Schedule N.	1000										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule Q.	12000		1000								

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Form 990 (2019)

OF ST. CHARLES COUNTY

43-1798488

Page

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 on 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		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a		-	73.38
	If there are material differences in voting rights among members of the governing body, or if the governing	THE RE	1000	505
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	17.57		
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, 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		X
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			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	3333	15	000
а		8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	X	$\overline{}$
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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			17
			Yes	No
10a	Oid the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L.
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b		110		07-08
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	41	
G		400	X	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14_	Did the organization have a written document retention and destruction policy?	14	A .	10000
15	Did the process for determining compensation of the following persons include a review and approval by independent			E STA
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b	Summer Co.	Α.
	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	5000	10000	v
	taxable entity during the year?	16a	Hill Street	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			1324
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			4
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(i)s only	/) avai	ilable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
	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			
	MICHELLE WOODS - (636) 978-5712			
	2041 TRADE CENTER DRIVE, ST. PETERS, MO 63376			

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average hours per	(do	not c	heck (more	than is bot	eno	Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an	d a di	irecto	x/p.n2	tee)	from	from related	other
	(list any	ĕ						the	organizations	compensation
	hours for	ndividual trustee or director				Pate		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	Past Past		22	abens		(W-2/1099-MISC)		organization and related
	below	that the	Institutional bustee		Key employes	stcon	-			organizations
	line)	Indiv	TE SE	Officer	Keye	Highest compensated employee	Former			
(1) KRISTIN BOWEN	1.00									
SECRETARY		X		X		Ξ		0.	0.	0.
(2) CHRIS HOFFMAN	1.00							_	_	_
DIRECTOR		Х				-		0.	0.	0.
(3) GREG BOSCHERT	1.00					100				
DIRECTOR		X	7					0.	0.	0.
(4) JACKIE GENO	1.00									
TREASURER	1 00	X	_	X		H		0.	0.	0.
(5) CHRIS PEDIGO	1.00	x						0.	0.	
DIRECTOR (6) GREG OLIVER	1.00	Α.					H	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) SANDRA MERANDA	1.00	^	-	-	H	┢		0.	U •	0.
DIRECTOR	1.00	x]				0.	0.	0.
(8) BRIAN RICHARDSON	1.00			\vdash		Н	Н	0.	01	0,
PRESIDENT	2.00	x		x		ш		0.	0.	0.
(9) MARK DUMAS	1.00			-	т					
DIRECTOR		x				1		0.	0.	0.
(10) DAVE FRICKE	1.00				П			in the second	- 14	
DIRECTOR		X						0.	0.	0.
(11) MAGGIE HARR	1.00									
DIRECTOR		X				_		0.	0.	0.
(12) RICK HYDE	1.00				1			make all all		
DIRECTOR		X			$oxed{oxed}$			0.	0.	0.
(13) LATONYA GROTEGEERS	1.00				_					El Year
DIRECTOR		X	1			[0]	100	0.	0.	0.
(14) MICHELLE WOODS	40.00	1						40.045		
EXECUTIVE DIR.	40.00		-	Х		-	-	48,245.	0.	0
(15) NANCY COPE	40.00	-				×	x	72,786.	0.	0.
FORMER EXECUTIVE DIR.		\vdash				╀	┞┸	12,100.	0.	U .
		1								
			1	\vdash	\vdash	+			990 4 1	
									ET DE LATE	

(A) Name and title		Average hours per week (list any § (C)							ompensated Employed (D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimate nount (other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org an	pensa rom the anizati d relate anizatio	e ion ed
						-	H						Н
	1-1-12								To		981 J		
	r – Fin		14			111					10.0		
						ŀ	-	Ξ					3
			-				├		1		11		_
			-						= =				
1b	Subtotal								121,031.	0.			0.
C	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Section A							121,031.	0.			0.
2	Total number of individuals (including compensation from the organization	but not limited to t						ho re	eceived more than \$100	0,000 of reportable		Yes	(No
3	Did the organization list any former of line 1a? If "Yes," complete Schedule J								hest compensated emp		3	X	
4 5	For any individual listed on line 1a, is that and related organizations greater than Did any person listed on line 1a received.	\$150,000? If "Yes	, " C	omp	lete	Sch	edu	e J f	or such individual		4		х
	rendered to the organization? If "Yes," tion B. Independent Contractors						-		_		5		X
1	Complete this table for your five higher the organization. Report compensation		-								-		Ш
	(A Name and bus	iness address	N	ON	E	1			(B) Description of s	services	(e Compe	C) ensatio	an
			ì									-	-
								-					
				ł		4	ī		EIIX	LAUTERA EF	ЦD		
2	Total number of independent contract	tors (including but	not	limite	ed to	o the	ose I	istec	d above) who received n	nore than			
	\$100,000 of compensation from the o	organization 🕨		0	_		0			10 (A11	Form	990	(2010

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	/B\	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1	a	Federated campaigns 1a					
e e			Membership dues 1b					
S,E		C	Fundraising events 1c	34,288.			THE COURS	
			Related organizations 1d					
S.E			Government grants (contributions) 1e					
들이		f	All other contributions, gifts, grants, and					
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	311,837.				
늘잉		9	Noncash contributions included in lines 1a-1f 1g \$	1 1				
<u> </u>		h	Total. Add lines 1a-1f		346,125.			
				Business Code		STATE STATE		
8	2		RESTORE SALES	453310	799,767.			
Program Service Revenue			AMORTIZATION OF DISCOU	525990	174,615.	174,615.		
요립			SALE OF HOMES	624200	120,299.			
E S		d	GAIN ON HOMEOWNER SALE	624200	29,568.	29,568.		
8		e			11.7			
-			All other program service revenue					
		g	Total. Add lines 2a-2f		1,124,249.			
	3		Investment income (including dividends, interest	est, and	1111/42-			
			other similar amounts)		85.	III.	1	85.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
		b	Less: rental expenses 6b					
Ш			Rental income or (loss) 6c		300 000			200 0 001 3
			Net rental income or (loss)					
	7	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	ď	Ь	Less: cost or other basis					
ŭ			and sales expenses7b		Secondary Action		40m, St. 189, 3	
eve	L.		Gain or (loss) 7c		- NG 1111-110-1-14	LIZES LIZES LIZES		
E.			Net gain or (loss)				A 1000 110	recommenda. A
Other Revenue	8	a	Gross income from fundraising events (not	14-16-			The state of the state of	
0			including \$ 34,288. of				Dell me to state all	
-0			contributions reported on line 1c). See	135 600				
				135,699.		1,550,00		
			The state of the s		95,378.			05 270
			Net income or (loss) from fundraising events		33,370.			95,378.
	9	a	Gross income from gaming activities. See		- American			10-30-01
-			Part IV, line 19 9a					11, 11, 11, 11, 11, 11, 11, 11, 11, 11,
			Less: direct expenses 9b					
	40		Net income or (loss) from gaming activities		2011		1 10 10 10	
	10	а	Gross sales of inventory, less returns					
			and allowances 10st					more than a
						Company of the Compan		
_	-	С	Net income or (loss) from sales of inventory		eriodorium autorid			E1110 - 1011 - 1
S	٠.		MISCELLANEOUS INCOME	Business Code 900099	5,285			5,285.
Teo en	11		HISCELLIAMEOUS INCOME	300033	3,403	' 		3,403
Miscellaneous Revenue		b				1	+	1
Re		C	All others are constant					
Ξ			All other revenue		5,285.		*	
_	400		Total. Add lines 11a-11d Total revenue. See instructions			1,124,249	0.	100,748.
	12		- LARGE LEAGUAGE DEC MIZH ACHONIZ			, L . L L L . L L L L L L L L L L L L L	., 0.	1 -00,/40

	990 (2019) OF ST. CHARL t IX Statement of Functional Expense			Line 21	8488 Page 1
ecti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	_			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign	=			
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	121,030.		36,309.	84,721
6	Compensation not included above to disqualified persons (as defined under section 4958(t)(1)) and		-		
7	persons described in section 4958(c)(3)(B) Other salaries and wages	554,195.	413,050.	54,828.	86,317
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	_			
9 10	Other employee benefits Payroll taxes	64,878.	44,398.	7,227.	13,253
11	Fees for services (nonemployees):	-		-1	
a b		42.	42.		
	Accounting	14,200.		14,200.	
e	Lobbying Professional fundraising services. See Part IV, line 17		\\	(- 18 comment of the	
f 9					
12	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	4,758.	647.	300.	3,811
13	Office expenses	31,679.	27,695.	1,025.	2,959
14 15	Information technology Royalties				
16	Occupancy	252,397.	225,530.	13,433.	13,434
17 18	Travel Payments of travel or entertainment expenses	11,553.	10,479.	329.	745
10	for any federal, state, or local public officials		et 41 1031		
19	Conferences, conventions, and meetings	104.	26.		78
20 21	Interest Payments to affiliates	16,772.	16,677.		95
22	Depreciation, depletion, and amortization	30,825.	26,971.	1,283.	2,571
23	Insurance	99,747.	86,437.	4,781.	8,529
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	HOME CONSTRUCTION COSTS	210,067.	210,067.		
b		90,500.	76,452.	2,870.	11,178
C		34,890. 29,539.	20,811. 29,539.	991.	13,088
d	All other expenses	29,539.	19,600.	548.	50
e 25	Total functional expenses. Add lines 1 through 24e	1,587,380.	1,208,421.	138,124.	240,83
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		, , , , , , , , , , , , , , , , , , ,		•
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20

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	Check if Schedule O contains a response or	note to any l	ine in this Part X			
		- 01		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			291,893.	1	361,095
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Loans and other receivables from any curren					
	trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of t		5			
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			1,739,327.	7	1,758,623
8	Inventories for sale or use				8	3,672
9					9	
10a	Land, buildings, and equipment: cost or other					S
	basis. Complete Part VI of Schedule D		311,230.			
b	Less: accumulated depreciation	10b	156,193.	165,348.	10c	155,037
11	Investments - publicly traded securities		Russia State Co.		11	
12	Investments - other securities. See Part IV, lii				12	5,079
13	Investments - program-related. See Part IV, li	ne 11		 - · · · · · · · · · · · · · · · · ·	13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	702,354.	15	583,540		
16	Total assets. Add lines 1 through 15 (must a	2,898,922.	16	2,867,046		
17	Accounts payable and accrued expenses	246,749.	17	222,625		
18	Grants payable	·	18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple			99,368.	21	49,479
22	Loans and other payables to any current or t				10000	
	trustee, key employee, creator or founder, so		The second second		53 U S	
	controlled entity or family member of any of				22	
23	Secured mortgages and notes payable to ur			410,735.	23	469,130
24	Unsecured notes and loans payable to unrel				24	
25	Other liabilities (including federal income tax					
	parties, and other liabilities not included on li					
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			756,852.	26	741,234
	Organizations that follow FASB ASC 958,	check here	▶ X	HVTL SVOVENS	ances (
	and complete lines 27, 28, 32, and 33.					
27				2,022,039.	27	2,031,702
28	Net assets with donor restrictions			120,031.	28	94,110
	Organizations that do not follow FASB AS			III II	92000	
	and complete lines 29 through 33.	0 000, 01100	K IIIGI O		SER	
29	Capital stock or trust principal, or current fur	de			29	
30	Paid-in or capital surplus, or land, building, o				30	
31	Retained earnings, endowment, accumulate				31	
32	Total net assets or fund balances			2,142,070.	32	2,125,812
33	Total liabilities and net assets/fund balances			2,898,922.	33	2,867,046

HABITAT FOR HUMANITY OF ST. CHARLES COUNTY

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -16, 258. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Sconsolidated basis Both consolidated and separate basis. consolidated basis, or both: Separate basis Sconsolidated basis Both consolidated and separate basis. consolidated basis Sconsolidated basis Both consolidated and separate basis. consolidated basis Sconsolidated basis Both consolidated and separate basis. consol		990 (2019) OF ST. CHARLES COUNTY	43-1798	488	Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12)	Pai		11-1			
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -16, 258. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Very straight of the displayments of the subtract line 2 from line 1 5 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 on Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2, 125, 812. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 18 Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Separate basis Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Separate basis Consolidated Deconsolidated Deconsolidated Deconsolidated Deconsolidated Deconsolidated Deconsolidated D		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -16, 258. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 Very straight of the displayments of the subtract line 2 from line 1 5 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 on Schedule O) 9 0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 2, 125, 812. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 18 Separate basis, consolidated basis, or both: Separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Separate basis Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Separate basis X Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Separate basis Consolidated Deconsolidated Deconsolidated Deconsolidated Deconsolidated Deconsolidated Deconsolidated D		Table 1 (Section 1)	. 1	57	1 1	22
Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No Yes No Yes No Yes No Yes No Yes No Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Sconsolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Sconsolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Sconsolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Sconsolidated basis Both consolidated and s			$\overline{}$			
Separate basis Consolidated basis, or both: Separate basis, basis, o						
6 Donated services and use of facilities 6 7 7 8 Prior period adjustments 7 8 Prior period adjustments 8 9 0 0 1 1 1 1 1 1 1 1				, 14.	4,U	70.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.4 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,125,812. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	_	Net unrealized gains (losses) on investments	<u> </u>			
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	_					
9 Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	7		·			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No	8	Prior period adjustments				
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2 X	9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 1		0.
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	10		_	- Vi		
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		column (B))	10 2	,12	5,8	12.
1 Accounting method used to prepare the Form 990:	Pa	T XIII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2a X X				\Box	Yes	No
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2a X X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				10.8
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			TWO
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2b X		separate basis, consolidated basis, or both:				
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X		Separate basis Consolidated basis Both consolidated and separate basis				Was !
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consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X				10-53		- G
Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X						10 3
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
review, or compilation of its financial statements and selection of an independent accountant?	c	·	audit	Service Color	19073120	
	·			20	X	
if the organization changed entrier its oversight process or selection process during the tax year, explain on Schedule C.				-26		6000
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	30			(MDMC2)		100000
	Jd			20		l x
Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	-			38		 ^
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	0			0.6		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HABITAT FOR HUMANITY

OF ST. CHARLES COUNTY

Employer identification number 43-1798488

Part I 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: 5 l 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). \mathbf{X} 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (III) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see Instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support					TOIL IN	H. WITHSON
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	452,690.	593,942.	883,085.	361,721.	346,125.	2,637,563.
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			1			
4	Total. Add lines 1 through 3	452,690.	593,942.	883,085.	361,721.	346,125.	2,637,563.
	The portion of total contributions	a interession to make	fromulada 31	I must tarrent		Transcensor Store	
	by each person (other than a					1 3 3 3 5 5	
	governmental unit or publicly					11 3 MAGES, 1	
	supported organization) included	No. 1					
	on line 1 that exceeds 2% of the		the day of the		William Property To		
	amount shown on line 11.						
	column (f)						622,266.
	Public support, Subtract line 5 from line 4.					200	2.015.297.
	ction B. Total Support						2,013,231.
	ndar year (or fiscal year beginning in)	(a) 2015	/b) 2016	(=) 2017	/-I\ 0019	(=).0010	(f) Total
		452,690.	(b) 2016 593, 942.	(c) 2017 883, 085.	(d) 2018 361,721.	(e) 2019 346,125.	2,637,563,
	Amounts from line 4	432,030.	333,342.	003,003.	301,721.	340,123.	2,037,303.
٥					-		
	dividends, payments received on	-					
	securities loans, rents, royalties,	78.	127.	351.	163.	85.	804.
_	and income from similar sources	70.	147.	221.	103.	65.	004.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on					10-10-1	
10	Other income. Do not include gain						
	or loss from the sale of capital	0 072	7 607	04 040	F 100	E 205	44 606
	assets (Explain in Part VI.)	2,273.	7,697.	24,242.	5,199.	5,285.	44,696.
	Total support. Add lines 7 through 10	200	AVER THE SECOND	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- C- TEXAS HESION	SCORES CONTRACTOR	2,683,063.
	Gross receipts from related activities,						,888,643.
13	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
C	organization, check this box and stor						
	ction C. Computation of Publ						75 11
	Public support percentage for 2019 (14	75.11 %
	Public support percentage from 2018					15	73.58 %
16a	33 1/3% support test - 2019. If the	_					(married)
	stop here. The organization qualifies	as a publicly supp	orted organization				X
t	33 1/3% support test - 2018. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	nis box and stop I	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		
Ŀ	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	heck this box and	stop here. Explain	n in Part VI how the	20130
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	
18	Private foundation. If the organization						
					Sch	adule A /Form 990	or 000 E7) 2010

Schedule A (Form 990 or 990-EZ) 2019 OF ST. CHARLES COUNTY

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						
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and						40
membership fees received. (Do not						
include any "unusual grants.")		T RIDIT ET	Ting Sinn	1 226		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
		-0.00 W	-		1	
iness under section 513			=6 11 11	(CALCOLI		= 11
4 Tax revenues levied for the organ-					311	-34
ization's benefit and either paid to					_	
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						W. 1116
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			J 100			
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	•					
10a Gross income from interest.						
dividends, payments received on						
securities loans, rents, royalties,		1	1			
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					IX-A == -	
11 Net income from unrelated business					47.00	4.1
activities not included in line 10b,			ms 7 3	Pulling Street		Committee of
whether or not the business is regularly carried on					The second	
12 Other income. Do not include gain			D DI DE			
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			1 1 1 1 1 1 1 1 1	SS HEILER HE		
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2019 (li	ne 8, column (f),	divided by line 13,	column (f))		15	
16 Public support percentage from 2018	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves	tment Incon	ne Percentage				
17 Investment income percentage for 20				orio amenos aleitorios	17	
18 Investment income percentage from 2						9
			on line 14 and lin			
19a 33 1/3% support tests - 2019. If the						17 IS HOT
	iostop here. The	e organization qual	mes as a publicly:	supported organia	zation	
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2018. If the	organization did			107		_
	organization did			107		

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	Δ	ΔΙΙ	Supporting	Organizat	ione
SECHULL	М.	\sim 111	Supporting	Or yar IIZar	HOHE

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	1000	12.0	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1000	UB	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	14343		138
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			0
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	3a	100	2000
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		Sal	
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	195		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4000		1200
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			We
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	Come	5.33	4350
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	1,35(6)	70000	1988
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		200	1407
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	The state of		200
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	12.70		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,	16 375	100	
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	Warn.	1880	360
	was accomplished (such as by amendment to the organizing document).	5a	-	-
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	Fra 776	111111111111111111111111111111111111111	0.9
_	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		m
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1110000	1333	1000
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class	100000	1	4.3
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	3.5	93	
	support or benefit one or more of the filing organization's supported organizations? If "Yes, " provide detail in	11,000	5772	2011
	Part VI.	6	NO OWN	-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		Dept.	730
•	(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).	7		1000
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	5	100	179-31
•	if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		Quant
0-	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1 1000	1900
Jd	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	200		l list
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	Do		-
l.		9a		1 300000
D	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.	Oh	N. Services	00000
_		9b	1 1000	I (CLINE)
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.	0-		time.
100		9c		10000
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	S 101		

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 OF ST. CHARLES COUNTY

11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or Indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 5 A family member of a person described in (a) above? If "Yes" to a. b., or c, provide detail in Part VI. 11b C A 39% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b., or c, provide detail in Part VI. 11c C A 29% controlled entity of a person described by (a) or (b) above? If "Yes" to a. b., or c, provide detail in Part VI. 11c C Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or efact at least a majority of the organization activities or controlled the organization activities. If the organization activities or furnishes were allocated among the supported organization, describe his Part VI. how the supported organization defectors or trustees denoted arong the supported organization, describe his persons and what conditions or restrictions. Part v. prove the supported organization of the tax year analysis of the supported organization of the through the supported organization of the through the persons or restrictions. Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. 5 Section C. Type II Supporting Organizations 1 Were an organization provide to each of its supported organization(s) the fave the supported organization or trustees during the supported organization(s). 2 Section D. All Type III Supporting Organizations was vested in the same persons that controlled or managed the supported organization provide to each of its supported organization, and the confidence organization was a spinificant voice in the organization share was supported organization and provide organization and provided orga	r ai	Supporting Organizations (continued).			
a A person who directly or indirectly controls, either alone or together with persons described in (s) and (c) below, the powering body of a supported organization? b A family member of a person described in (s) or (s) above? c A 35% controlled entity of a person described in (s) or (s) above? A 35% controlled entity of a person described in (s) or (s) above? I Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No." describe he part 1/h now the supported organizations have the power to regularly appoint or elect at least a majority of the organization and organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization search to the bornell of any supported organization? If "Yes," explain in Pert VI how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization (s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supported organization's power and the supported organization (s)? If "No." describe in Part VI how control or management of the supported organization in the sure persons that controlled or managed the supported organization in sure year. 1 Did the organization provide to each of its supported organizations, by the list that of the organization is power and the supported or				Yes	No
below, the governing body of a supported organization? b. A family member of a person described in (a) or (b) above? c. A 35% controlled entity of a person described in (a) or (b) above? f. The controlled on			JE. 7		
b A family member of a person described in (pla of by above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to requirely appoint or elect at least a majority of the organization's directors or trustees at elities during the tax yes. If "No," describe in Part VI how the supported organization's directors or trustees at elities during the tax yes." If "No," describe in Part VI how the supported organization's elities with the supported organization, describe how the powers to appoint endoir remove directors or trustees are altered among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax yes. 2 Did the organization operate for the benefit of any supported organization of the thin the supported organization(s) that operated, supervised, or controlled the supporting organization of the thin the supported organization(s) that operated, supervised, or controlled the supporting organizations 1 Were a majority of the organization's directors or trustees of sach of the organization's supported organization(s) that operated, supervised, or controlled the supporting organizations 1 Were a majority of the organization's directors or trustees of sach of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization's supported organization organization or management of the supporting organization organization organization organization organization or management of the supporting organization o	a		V-	10220	20.00
c 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. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the urginations and what conditions or restrictions, if any, applied to suph onever allowing the supported organization and what conditions or restrictions, if any, applied to suph onever allowing the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of personal organization of the trust organization and what conditions or restrictions, if any, applied to suph powers during the tax year. 3 Per VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization of "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization of the organization of the organizations of the organizations as supported organization(s) If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or management of the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the provided? 2 Were any of the organization organization and the supported organization's provided? 3 By reason of the relat					
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tax year/ if "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations activities. If we organization are set with a conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization's tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (ii) a copy of the Form 990 that was most recently field as of the date of notification, and ii) every organization's governing documents in effect on the date of notification, and iii) "No," explain in Part VI how the organization surfacion of the relationship described in (i), did the organization's in "No," explain in Part VI in we the organization surfacion of the relationship described in (i), did the organization's with the supported organization's assets at all times during the tax year? If "Yes," describe in Part VI the order the organization's supported organization supported organization's supported organization's supported organization's law a significant voice in the method that the organization was responsive If "Yes," exclude in Part VI the order the organization's supported organization's in	7		1 30		
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Section E. Type III Functionally Integrated Supporting Organizations 1		significant voice in the organization's investment policies and in directing the use of the organization's	13-94	4	
Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Parent of Supported Organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	J. BAI		
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B Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. B Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer (a) and (b) below.		1000	
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		12227		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	b				1886
			3b		

Schedule A (Form 990 or 990-EZ) 2019 OF ST. CHARLES COUNTY 43-1798488 Page 6

t V Type III Non-Functionally Integrated 509(a)(3) Supportin			STATE OF STREET
Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on h	Nov. 20, 1970 (explain in	Part VI). See instructions. A
other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or	62 1 00		
collection of gross income or for management, conservation, or			OF IT THE ALL THE
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7	1-1-2-1-1-1	Emplification (Res. 10)
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	WI STATE		Promise senses with
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		-
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other	100		
factors (explain in detail in Part VI):			EMBLACK LAND
Acquisition indebtedness applicable to non-exempt-use assets	2	91	102
Subtract line 2 from line 1d.	3	1	
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		To the second
Income tax imposed in prior year	5	les les resigions de la company	
Distributable Amount. Subtract line 5 from line 4, unless subject to	1		11 =0 01010=1
emergency temporary reduction (see instructions).	6		
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co on A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) Ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Seron A - Adjusted Net Income Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 2 2 2 3 3 3 4 4 4 4 4 4 5 5 5 6 5 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E. on A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 On B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1 a Average monthly value of other non-exempt-use assets 1 to Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (and line 7 to line 6) 8 Inc C - Distributable Amount (from Section A, line 8, Column A) 1 Enter 55% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 5 Enter greater of line 2 or line 3. 1 Lincome tax imposed in prior year 1 for line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 OF ST. CHARLES COUNTY 43-1798488 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 OF ST. CHARLES COUNTY Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12;

43-1798488 Page 8

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2015 AMOUNT: |\$ 2,273. 2016 AMOUNT: \$ 7,697. 2017 AMOUNT: \$ 24,242. 2018 AMOUNT: \$ 5,199. 2019 AMOUNT: \$ 5,285.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CITI FOUNDATION	150,000.	96,339
GM FOUNDATION	67,500.	13,839
SOLID WASTE MANAGEMENT	215,510.	161,849
HABITAT FOR HUMANITY INTERNATIONAL	64,804.	11,143
ST. LOUIS COUNTY OFFICE OF COMMUNITY DEVELOPMENT	392,757.	339,096
	č)	83
3		
		622.266

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number Name of the organization HABITAT FOR HUMANITY OF ST. CHARLES COUNTY 43-1798488 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔲 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts 1, 11, and III. I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ 🕨 \$ _

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
HABITAT FOR HUMANITY
OF ST. CHARLES COUNTY

Employer identification number

43-1798488

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ONE COURT SQUARE 43RD FLOOR LONG ISLAND, NY 11120	s15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SOLID WASTE MANAGEMENT 7535 SUSSEX AVE MAPLEWOOD, MO 63143	s31,870.	Person X Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ST. LOUIS COUNTY COMMUNITY ASSISTANCE BOARD 201 N SECOND ST., STE 420 ST. CHARLES, MO 63301	\$15,925 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SCHNEIDER ELECTRIC 6115 EVELINE ST. ST. LOUIS, MO 63139	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TEDRA MARTIN 110 CLINTON CT. ST. PETERS, MO 63376	\$7,826.	Person X Payrotl
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization
HABITAT FOR HUMANITY
OF ST. CHARLES COUNTY

Employer identification number

43-1798488

Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
277 EH = (1 1)	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (g) FMV (or estimate) (See instructions.) (h) Description of noncash property given (g) (h) Description of noncash property given (h) Description of noncash property given (h) (h) (h) (h) (h) (h) (h) (h

Name of organization

Employer identification number

HABITAT FOR HUMANITY

	. CHARLES COUNTY			43-1798488
Part III	Exclusively religious, charitable, etc., contributions any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, ci	through (e) and the following line ent	ry For organizations	
	Use duplicate copies of Part III if additional s	pace is needed.	(Linux desertes and	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
				Here,
			_	
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	insferor to transferee
	- 0		100	
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
			_	
=	-22	(e) Transfer of gift		*==
	Transferee's name, address, ar	d ZiP + 4	Relationship of tra	ansferor to tr <u>ansferee</u>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	<u> </u>	
	Transferee's name, address, at	nd ZIP + 4	Relationship of tra	ansferor to transferee
			ette-greene tille alle	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of git		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee

SCHEDULE D

(Form 990)

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

HABITAT FOR HUMANITY

OF ST. CHARLES COUNTY

Employer identification number 43-1798488

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and oth	er accounts
1	Total number at end of year	following any and any any and any	fall aug aug au	
2	Aggregate value of contributions to (during year)		THE WINDSHIP SAFE	mall management
3	Aggregate value of grants from (during year)	-		1.4.
4	Aggregate value at end of year		- Bara	
5	Did the organization inform all donors and donor advisors in v	witing that the sesets held in don	or advised funds	
3	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			1183 - 110
	for charitable purposes and not for the benefit of the donor o		•	
	impermissible private benefit?			Yes No
Pa		anization answered "Yes" on For	n 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	. —	ation of a historically important	land area
	Protection of natural habitat	. —	ation of a certified historic struc	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in ti	ne form of a conservation ease	ment on the last
_	day of the tax year.			e End of the Tax Yea
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic str			
	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminate	d by the organization during th	e tax
_	year >	,		
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,			uring the year
	•	· · · · · · · · · · · · · · · · · · ·		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing c	onservation easements during	the year
	> \$	3		•
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of sec	ion 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes 🔲 N
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the foot		·	
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures	, or Other Similar Asse	ts.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stat	ement and balance sheet worl	(S
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or resea	rch in furtherance of public	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes th	ese items.	
Ь	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue stateme	ent and balance sheet works of	f -
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990. Part X			
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for		
		asures, or other similar assets for SC 958 relating to these items:	financial gain, provide	

HABITAT FOR HUMANITY OF ST. CHARLES COUNTY Schedule D (Form 990) 2019 43-1798488 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Other___ Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included X No Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 10 d Additions during the year **1d** e Distributions during the year 1e f Ending balance 1f X Yes 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V | Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment b Permanent endowment c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land

178,332.

132,898

Schedule D (Form 990) 2019

95,727

155,037.

82,605.

73,588

b Buildings

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	_		_			
OF	S	т.	CH	ARL	ES	COUNTY

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-	vear market value
1) Financial derivatives	1-,	(-)	,
2) Closely held equity interests			
3) Other			
(A)			
(B)		-	
(C)			
(D)		<u> </u>	
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	- Com OOO Post IV lies	110 Con Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	vear market value
	12, 2001, 10100	fall control or characters page as althou	,
(1)	<u> </u>		
(2)			
(3)			
(4)	· · ·		
(5)			
(6)	<u> </u>		
(7)			
(8)		***	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		11.10 5 000 5 17 17	
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1) ESCROW (2) OTHER RECEIVABLES			97,796
AN OTHER RECEIVABLES			14 017
	7700		
(3) HOME CONSTRUCTION IN PROG	RESS		461,769
(3) HOME CONSTRUCTION IN PROG. (4) SECURITY DEPOSIT	RESS		461,769
(3) HOME CONSTRUCTION IN PROG. (4) SECURITY DEPOSIT (5)	RESS		461,769
(3) HOME CONSTRUCTION IN PROG. (4) SECURITY DEPOSIT (5) (6)	RESS		461,769
(3) HOME CONSTRUCTION IN PROGREGATION (4) SECURITY DEPOSIT (5) (6) (7)	RESS		461,769
(3) HOME CONSTRUCTION IN PROG. (4) SECURITY DEPOSIT (5) (6)	RESS		461,769
(3) HOME CONSTRUCTION IN PROGRETAL SECURITY DEPOSIT (5) (6) (7) (8) (9)			14,917 461,769 9,058
(3) HOME CONSTRUCTION IN PROGRESS. (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line			461,769
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		461,769 9,058
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROG. (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	e 15.)		461,769 9,058
(3) HOME CONSTRUCTION IN PROG. (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRETARY SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.)		461,769 9,058 583,540
(3) HOME CONSTRUCTION IN PROGRAM (4) SECURITY DEPOSIT (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	e 15.)		461,769 9,058 583,540

Pa	Reconciliation of Revenue per Audited Financial Statemer	nts With I	Revenue per R	eturn	
	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	1,611,442.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities				
C	Recoveries of prior year grants	2c	10.000	~ S	
d	Other (Describe in Part XIII.)	2d	40,320.		
е	Add lines 2a through 2d			2e	40,320.
3	Subtract line 2e from line 1			3	1,571,122.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 = 1 =	_	105	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			= 0
C	Add lines 4a and 4b			4c	
5 D-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) It XII Reconciliation of Expenses per Audited Financial Stateme	mto Mith	Evnancean	5 Dotu	
Га		ents with	Expenses per	Hetui	m.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				1,627,700.
1	Total expenses and losses per audited financial statements			1	1,027,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;	2a			
a	Donated services and use of facilities			65	
b	Prior year adjustments	2b		12	
C	Other losses	2c 2d	40,320.		
d			•	0.	40,320.
3				2e	1,587,380.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	1,307,300.
•		4a		-23	
a	Other (Describe in Part XIII.)				
				40	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	1,587,380.
	rt XIII Supplemental Information.	-		_5	1,307,300.
_	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1h s	nd 2h: Part V. line	4. Part	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			7, F CIL.	A, illio E, rait Al,
	and the last term and the last				
\neg					
PA	RT IV, LINE 2B:				
			•		
PU	RSUANT TO THE MORTGAGE PROMISSORY NOTES, TH	IE ORGA	ANIZATION	IS I	REQUIRED TO
DE	POSIT MONTHLY PAYMENTS INTO AN ESCROW ACCOU	OT TM	PAY FOR R	EAL	ESTATE
	Total 16				
TA	KES AND HOMEOWNERS' INSURANCE. THIS ACCOUNT	IS R	ESTRICTED	IN 1	NATURE, AND
					Tel (0)
TH	E ORGANIZATION CANNOT USE THE ACCOUNT FOR C	PERAT:	ING ACTIVI	TIE	S.
_	-1,9-10 (t)		- 120		
PA	RT X, LINE 2:				
TH	E ORGANIZATION ACCOUNTS FOR ANY UNCERTAIN T	AX PO	SITIONS IN	AC	CORDANCE
		25 85000			
WI	TH THE INCOME TAXES TOPIC OF THE FASB ASC.	THE T	OPIC PRESC	RIB	es a
-				-	
RE	COGNITION THRESHOLD AND MEASUREMENT PROCESS	FOR 1	INANCIAL	STA'	PEMENT
ייונו	COCNITATION OF INTERPRETATIONS TO TOUR	OD 5311	DECEMBED TO	DE .	73 W 73 7 3
KE	COGNITION OF UNCERTAIN TAX POSITIONS TAKEN	OK EX	ECTED TO	מם '	TAKEN IN A
ψъ	X RETURN. IN EVALUATING THE ORGANIZATIONS F	wanta ys	CUNTILE T	ים תון	מא איי איי איי איי מיי מיי
TU	U VETOVA: IN EAUTOWITHG THE OMOUNTSWITCHI	annine L	DIVIDO' T	ᄺᄯᄓ	VE VETWITOND

Schedule D (Form 990) 2019 OF ST. CHARLES COUNTY 43-1798488 [Part XIII Supplemental Information (continued)	Page 5
AND TAX PLANNING STRATEGIES ARE CONSIDERED. THE ORGANIZATION BELIEVES I	—— Т
IS NOT EXPOSED TO ANY CURRENT OR FUTURE TAX LIABILITY BASED ON ITS CURR	ENT
OPERATIONS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	Ш
FUNDRAISING EVENTS EXPENSES 40,	320
	1
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS EXPENSES 40,	320
	-

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

HABITAT FOR HUMANITY

Employer identification number

Name of the organization 43-1798488 OF ST. CHARLES COUNTY

	Complete if the organization answer	ered "Y	es" or	Form 990, Part IV,	ine 17. Form 990-E2	filers are not
required to complete this part Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations	ed funds through any of the following the following the solicitation of the solicitati	tion of tion of fundra t (includerofess	non-g gover ising ling o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	75a - 47 S
(i) Name and address of individual or entity (fundralser)	(II) Activity	(iii) fundr have con contribu	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	▶ oution	s or has been notifie	d it is exempt from r	egistration
·						
	*	_		-		
				2.5%		W-11-1-11-12-12-1
						1.00
					42	<u> </u>
11 CASSA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		errovou;	2			

Schedule G (Form 990 or 990 EZ) 2019 OF ST. CHARLES COUNTY 43-1798488 Page 2

| Part II | Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

100		of fundraising event contributions and gr	(a) Event #1 CELEBRATION OF TREES	(b) Event #2 WOMEN BUILD	(c) Other events	(d) Total events (add col. (a) through col. (e))
<u>a</u>			(event type)	(event type)	(total number)	001. (0)/
Revenue	1	Gross receipts	117,522.	31,510.	20,955.	169,987.
	2	Less: Contributions	34,288.	=		34,288.
	3	Gross income (line 1 minus line 2)	83,234.	31,510.	20,955.	135,699.
	4	Cash prizes				
۲ 0	5	Noncash prizes				
esuadı	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	24,276.	_		24,276.
5	8	Entertainment		-		
	9	Entertainment Other direct expenses	6,048.	155.	9,842.	16,045.
	I -	Direct expense summary. Add lines 4 through				40,321.
	11	Net income summary. Subtract line 10 from 9	line 3, column (d)		>	95,378.
Pa	irt]	Gaming. Complete if the organization	answered "Yes" on Forr	n 990, Part IV, line 19, or a	eported more than	75
	_	\$15,000 on Form 990-EZ, line 6a.		I make the transfer of the		
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				omgesprogressive amge		con (a) through con (o),
æ	1	Gross revenue				
	Ť	3,000,100,100				
Sast	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			1-1-	
	5	Other direct expenses		1.00		
			Yes %	Yes %	Yes%	STANSAL TO VILLE
	6	Volunteer labor	□ No	No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			<u> </u>
		nter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a "No," explain:		states?		Yes No
	_					
40	- W	ere any of the organization's gaming licenses i	revoked, suspended, or	terminated during the tax	year?	Yes No
			-	_		
		"Yes," explain:	-	_		70
			-	_		

Schedule G (Form 990 or 990-EZ) 2019 OF ST. CHARLES COUNTY	43-1798488 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entit	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events book	s and records;
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming re-	venue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ a	nd the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name >	
Address >	
16 Gaming manager information:	
Marco N	
Name	
Outline with the first terms of	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
☐ Director/officer ☐ Employee ☐ Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds	
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	ns or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	s (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.
➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HABITAT FOR HUMANITY OF ST. CHARLES COUNTY

Questions Regarding Compensation

Employer identification number 43-1798488

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	0.70		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			1000
	First-class or charter travel Housing allowance or residence for personal use		=1/1	
	Travel for companions Payments for business use of personal residence			maxy
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		2	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	200	1122	
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	_	
2			15	
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	-	
	tradition, and otherwise the otto product, regulating the notice of the fall		-	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		90	100 miles
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		-	
	establish compensation of the CEO/Executive Director, but explain in Part III.			- 4
	Compensation committee Written employment contract			17.8
	Independent compensation consultant Compensation survey or study	1.24	110	1 4
	Form 990 of other organizations Approval by the board or compensation committee		90	1
		9	1000	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	N. T.		77.77
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5				1000
	contingent on the revenues of:	1/4		
а	The organization?	5a	-	X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.		1.70	00000
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	3.3		THE CO
	contingent on the net earnings of:		8	1007
a	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			- Mary
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		US TO	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	200	-	
	Regulations section 53.4958-6(c)?	9		

OF ST. CHARLES COUNTY

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

43-1798488

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

					other deferred	henefite	(C)-(U)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(01/01/01	9. o
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HABITAT FOR HUMANITY OF ST. CHARLES COUNTY

Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information

Page 3

43-1798488

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

HABITAT FOR HUMANITY

Employer identification number 43-1798488

OF ST. CHARLES COUNTY 43-1798488 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TOGETHER TO BUILD HOMES, COMMUNITIES, AND HOPE. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11A EXPLANATION - A PRELIMINARY COPY OF THE 990 WAS GIVEN TO THE BOARD OF DIRECTORS AND MANAGEMENT FOR REVIEW BEFORE THE 990 WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: DOCUMENTS ARE REVIEWED AND SIGNED BY EACH MEMBER OF BOARD AND STAFF AT ANNUAL BOARD RETREAT IN MARCH. FORM 990, PART VI, SECTION B, LINE 15A: STAFF JOB DESCRIPTION AND REVIEWS ARE COMPLETED JULY THROUGH SEPTEMBER. THE EXECUTIVE DIRECTOR IS REVIEWED BY THE EXECUTIVE COMMITTEE AND THEN BY THE BOARD OF DIRECTORS. COMPENSATION FOR THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION FOR THE STAFF IS INCLUDED IN THE BUDGET AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S ANNUAL REPORT IS POSTED ONLINE. ALL OTHER FINANCIAL AND GOVERNING DOCUMENTS ARE AVAILABLE BY REQUEST. FORM 990, PART XII, LINE 2C:

DOCUMENTS ARE REVIEWED AND SIGNED BY EACH MEMBER OF THE BOARD AND STAFF

AT ANNUAL BOARD RETREAT IN MARCH.



HABITAT FOR HUMANITY OF ST. CHARLES COUNTY

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020.

An electronic version of your return has been placed on our secure ShareFile system. You should have received an email from us explaining how to access the electronic file. If you have not received an email or if you have trouble accessing the file, contact our office at (314) 569-3333 or SFW@sfwpartnersllc.com for assistance. Please note that in order to enhance security, files will only be available for 30 days. Therefore, download the files within 30 days and save them to a personal storage device.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY