



**SAINT LOUIS MENTAL HEALTH BOARD  
PERMANENT SUPPORTIVE HOUSING DEVELOPMENT INITIATIVE  
APPLICATION FOR FUNDING**

**GENERAL APPLICANT INFORMATION**

DATE: May 25, 2023

1. APPLICANT AGENCY LEGAL NAME: Sanctuary In the Ordinary
2. TAX IDENTIFICATION NUMBER: 43-1622145
3. STREET ADDRESS: 3012 Lafayette Ave
4. CITY/STATE/ZIP CODE: St Louis, MO 63104
5. TELEPHONE NUMBER: (313) 213-5453      6. FAX NUMBER: N/A
7. EXECUTIVE DIRECTOR NAME: Jeff Buck
8. CONTACT PERSON NAME: Jeff Buck
9. CONTACT PERSON TITLE: Executive Director
10. CONTACT PERSON EMAIL: jeffbuck@sitohousing.org
11. DATE OF INCORPORATION: Aug 10, 1998
12. IS YOUR AGENCY A NONPROFIT AND/OR 501(c)(3)?       YES      NO  
a. IF NO, PLEASE EXPLAIN: N/A

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13. PRIMARY AGENCY SERVICE FIELD(S): Sanctuary In the Ordinary creates dignified affordable rental housing and compassionately rents the apartments to low income residents in St Louis.
14. ANNUAL AGENCY OPERATING BUDGET: 2023 Operating Budget is \$243,750
15. NUMBER OF HOUSING DEVELOPMENT SITES OWNED, IF ANY: 3
16. NUMBER OF HOUSING DEVELOPMENT SITES MANAGED, IF ANY: 3

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17. OTHER HOUSING-RELATED OPERATIONS (please explain): SITO partners with human service providers like St Patrick Center and the Independence Center to provide good, clean, safe and dignified housing for their clients.

**PROJECT INFORMATION**

18. NAME OF PROPOSED PROJECT: 4050 Delmar - Supportive Housing

19. LEGAL NAME OF APPLICANT ENTITY: Sanctuary In the Ordinary

20. PROJECT PROPERTY ADDRESS: 4050 Delmar, St Louis, MO 63108

21. NEIGHBORHOOD: Central West End 22. WARD & ALDERMAN: Ward 9 Michael Browning

23. EXISTING ZONING: G - Local Commercial and Office 24. CHANGES TO ZONING NEEDED: YES  NO

(Attach site map and list of property addresses)

25. MHB FUNDING REQUEST: \$ 125,000

26. HAVE THERE BEEN ANY CHANGES IN YOUR PROJECT PROPOSAL SINCE THE SUBMISSION OF THE LOI? YES

PLEASE EXPLAIN: Revised the scope of the target population. See Attached for more details

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27. PROVIDE A GENERAL DESCRIPTION OF PROJECT AND EXPLAIN WHY IT IS IMPORTANT TO THE COMMUNITY: \_\_\_\_\_

See Attached

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28. DOES YOUR ORGANIZATION HAVE SITE CONTROL OF THE PROPOSED PROJECT PROPERTY?  YES  NO

a. IF NO, PLEASE DESCRIBE THE PLAN, STEPS AND COST TO ACQUIRE IT: N/A

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29. PROVIDE A GENERAL DESCRIPTION OF THE TARGET POPULATION FOR THIS HOUSING DEVELOPMENT: \_\_\_\_\_

See attached

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30. PROVIDE A SPECIFIC DESCRIPTION OF THE BEHAVIORAL HEALTH SUPPORTIVE SERVICES THAT WILL BE OFFERED AT THE PROJECT, INCLUDING WHO WILL PROVIDE THE SERVICES, IF NOT THE AGENCY APPLYING FOR FUNDING; THE GOAL OF THE SERVICES; THE PROJECTED END RESULT FOR THE CONSUMERS; AND WHICH OF THE MHB IMPACT AREAS FOR MENTAL HEALTH IT MEETS: See Attached

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31. DOES THE APPLICANT CURRENTLY PROVIDE SUPPORTIVE HOUSING? IF YES, PLEASE DESCRIBE: Yes, See Attached

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32. PROVIDE A GENERAL DESCRIPTION OF HOW YOU HAVE OR WILL ENGAGE CONSUMERS OF BEHAVIORAL HEALTH SERVICES IN THE PLANNING PROCESS FOR THIS HOUSING DEVELOPMENT: See Attached

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(attach additional page(s) for the above statements if necessary)

33. COMPLETE THE TABLE BELOW REGARDING THE PROPOSED UNIT MIX OF THE PROJECT:

UNIT TYPE	# OF PERMANENT HOUSING UNITS
STUDIO	17 studio units, 8-10 to be permanent supportive housing (5 funded by this MHB grant), remaining to be general affordable rental units
1 BR	
2 BR	
3 BR	

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Other (specify size)	
TOTAL	17

34. DOES THIS PROJECT INCLUDE LOW INCOME TAX CREDIT FINANCING?      YES      ~~NO~~      UNSURE  
 a. IF YES, ATTACH COPY OF TENTATIVE RESERVATION, AND NOTE TYPE OF CREDIT:      9%      4% (with bonds)

35. DOES THIS PROJECT INCLUDE HISTORIC TAX CREDIT FINANCING?      YES      ~~NO~~      UNSURE

36. CONSTRUCTION TYPE:                  NEW      RE~~X~~AB

37. ANTICIPATED DATE FUNDS NEEDED \_ASAP - Will start rehab immediately once funding is confirmed\_\_\_\_\_

38. DESCRIBE SITE CONDITIONS, INCLUDING ENVIRONMENTAL CONCERNS, IF ANY: \_\_See Attached\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

39. DESCRIBE NEIGHBORHOOD CONDITIONS: \_\_See Attached\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

40. STATE YOUR ESTIMATED TIMEFRAME FOR THE FOLLOWING:

41. INITIAL CLOSING: \_\_July 7, 2023\_\_\_\_\_

42. BEGIN CONSTRUCTION: \_July 10, 2023\_\_\_\_\_

43. COMPLETE CONSTRUCTION: \_\_Dec 15, 2023\_\_\_\_\_

44. FULLY LEASE ALL UNITS: \_\_Jan 1, 2024\_\_\_\_\_

41. WHAT BARRIERS OR OTHER OBSTACLES DO YOU ANTICIPATE DURING THE DEVELOPMENT PROCESS? \_\_\_\_\_

Because SITO has completed the full rehab of 3 units in this building, we do not anticipate any obstacles. We have contractors that know how to properly complete the work. We experienced a few challenges regarding the plumbing, electrical and prior rehab quality in the first rehabs. We overcame those obstacles and now know how to deal with them. The prior rehabs were done one at a time, so we could learn and improve each rehab. Now that we know what to expect we plan to complete multiple units simultaneously which will speed up the process and provide some economic efficiency.

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42. PLEASE LIST POTENTIAL MORTGAGE DEBT LENDERS OR GRANT PROVIDERS (FROM THE PRIVATE AND/OR PUBLIC SECTORS) CONTACTED AND THEIR PHONE NUMBERS. PROVIDE COPIES OF PRELIMINARY COMMITMENT LETTERS, IF ANY: \_\_\_No additional debt or grants will be required to complete this work\_\_\_\_\_

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43. WILL THE PROJECT REQUIRE OPERATING SUBSIDY FUNDS? YES  ~~NO~~

a. IF YES, DESCRIBE ENTITY EXPECTED TO PROVIDE SUBSIDY AND PROVIDE COPIES OF COMMITMENT LETTERS, IF ANY:

\_\_\_N/A\_\_\_\_\_

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44. DOES APPLICANT HAVE PARTNERS IN THIS PROJECT? ~~YES~~ NO

a. IF YES, NAME OF PARTNER(S): James Gleeson\_\_\_\_\_

b. IF YES, IS PARTNER A FOR-PROFIT ENTITY? ~~YES~~ NO

c. IF YES, DESCRIBE ROLES OF EACH PARTNER DURING AND AFTER PROJECT COMPLETION: \_\_\_\_\_  
\_\_\_James Gleeson is a silent partner that is a 50% owner of the property. For additional information see the answer to question #4 in attached *Answers to Follow-Up Questions* \_\_\_\_\_

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45. IDENTIFY MEMBERS OF THE DEVELOPMENT TEAM, LISTING A NAME AND CONTACT NUMBER:

a. ARCHITECT \_\_\_N/A\_\_\_\_\_

b. GENERAL CONTRACTOR \_\_\_Sanctuary In the Ordinary - Jeff Buck\_\_\_\_\_

c. CONSULTANT \_\_\_N/A\_\_\_\_\_

d. PROPERTY MANAGER \_\_\_PMI Stl Metro\_\_\_\_\_

e. BEHAVIORAL HEALTH SERVICE PROVIDER \_\_\_St Patrick Center\_\_\_\_\_

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f. OTHER KEY PARTNER (DESCRIBE ROLE) \_\_\_\_\_

g. ATTORNEY \_\_\_Thom Yates\_\_\_\_\_

h. ACCOUNTANT \_\_Randle & Associates, LLC, CPAs\_\_\_\_\_

**46. PERCENT PARTICIPATION MWBE CERTIFIED BUSINESS ENTERPRISES:**

\_\_90% Certified Minority-Owned Business Enterprise(s)

List certified MBE participating in project: Because of the nature of this project SITO will use small minority contractors. Because of their size they have not gone through the certification process. They have self certified as minority owned business (this has been acceptable to the St Louis AHC). They are Richard Shucks, Ed White, Shaun Brown


\_\_\_0\_% Certified Women-Owned Business Enterprise(s)

List certified WBE participating in project:\_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:**

1. Project pro forma (including projected Sources and Uses of Funds and Operating Cash Flow)
2. Certificate of Incorporation and Certificate of Good Standing
3. Most recent agency financial statements and management letter (audited and internal)
4. Income tax return (form 990) for last fiscal year
5. Site control documentation, if available, site map and list of addresses
6. Experience Summary/Resume for each listed member of the development team
7. Property Inspection Report

**I hereby certify that all of the information contained in this application is true and accurate to the best of my knowledge.**

SIGNATURE:  \_\_\_\_\_ DATE: May 30, 2023

TITLE: \_Executive Director\_\_\_\_\_

PRINTED NAME: \_\_Jeff Buck\_\_\_\_\_

APPLICANT AGENCY: \_Sanctuary In the Ordinary\_\_\_\_\_

**APPLICANT CHECKLIST FOR HOUSING DEVELOPMENT FUNDING CONSIDERATION**

TYPE AND SCALE OF PROJECT

Type of housing  
Type of construction  
Number of units  
Bedroom mix  
Projected rental rates and operating subsidy

SITE CONSIDERATIONS

Location  
Current ownership  
Current tax status  
Current environmental status  
Preliminary title report  
Estimated acquisition cost  
Plan for approaching the seller or sellers  
Zoning issues and political support for changes if necessary

DESIGN AND CONSTRUCTION CONSIDERATIONS

Rehabilitation, new construction, or both  
Architect to be selected  
Special physical site or project considerations

BEHAVIORAL HEALTH SERVICES

Provider of services  
Appropriateness for targeted population/residents

FINANCING

Projected sources and uses of funds  
Identify potential private, public and/or philanthropic sector funds to be applied for  
Meetings with some of the proposed sources  
Preliminary letters of support/commitment

DEVELOPMENT TEAM

Co-Developer, if applicable  
Architect  
Contractor  
Attorney  
Accountant  
Property Manager  
Consultant  
Environmental Consultant  
M/WBE Participants

SPECIAL CIRCUMSTANCES OR CONSIDERATIONS

Consumer involvement in planning process  
Max 80% total project costs covered by MHB funding source, up to \$250,000

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Expanded Answers to Application Questions

26. HAVE THERE BEEN ANY CHANGES IN YOUR PROJECT PROPOSAL SINCE THE SUBMISSION OF THE LOI? YES

PLEASE EXPLAIN:

Sanctuary In the Ordinary's LOI stated the renovated apartments would be used solely for St Patrick Center's (SPC's) population of veterans who are recovering from homelessness. While veterans are and will continue to make up a substantial population of the clients served by this project, SITO prefers to broaden the population to any client of SPC who is recovering from homelessness. The issue of providing good, dignified permanent supportive housing is so large that SITO would prefer to not limit the use of these funds to a subset of the overall population in need. If the St Louis Mental Health Board requires that these funds be used only for veterans, then SITO will comply with that request.

27. PROVIDE A GENERAL DESCRIPTION OF PROJECT AND EXPLAIN WHY IT IS IMPORTANT TO THE COMMUNITY:

Sanctuary In the Ordinary is requesting from the St Louis Mental Health Board a grant of \$125,000 to enable SITO to rehabilitate five (5) apartments in an existing, operating 17-unit apartment building for the express purpose of making these apartments available to the clients of our partner St Patrick Center.

In September of 2022, Sanctuary In the Ordinary (SITO) entered into a partnership that provided SITO 50% ownership and full rights and responsibilities to renovate and operate the apartment building at 4050 Delmar Blvd. When SITO entered the partnership, the apartment units were in a range of conditions from unlivable to modestly renovated and rented. To date, SITO has fully renovated three apartments and modestly renovated another three of the apartments. The full renovations included remodeling the bathroom, remodeling the kitchen, repairing, patching, and painting the walls, installing new flooring and replacing or repairing all doors (see figures 1 - 5). The fully renovated apartments are rented to St Patrick Center clients who are veterans that are recovering from homelessness. The three modestly renovated apartments are rented to clients of The Independence Center and St Patrick Center who are also recovering from homelessness.

The reason the three modestly renovated apartments were rented to the St Patrick Center and Independence Center clients prior to the completion of a full renovation was the urgency of the need. While the modestly renovated apartments are adequate, they

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are not to the same “dignified” level as the fully renovated apartments. The human service providers (St Patrick Center and Independence Center) had a critical need to find decent housing for their clients. This need continues to and will continue to, exist. Those responsible for housing placement say they will fill every apartment that SITO can make available. There is an enormous need for this type of supportive housing, especially housing offered by a compassionate landlord such as SITO and in such a good location for tenants. The building is 500 ft from St. Patrick Center’s Freedom Place which provides services and support to these clients. From the bus stop 250 feet from the building the tenants can take a 20 min bus ride to St Patrick Center. Additionally, the building is 0.7 miles from the VA Medical Center (6 min bus ride) and less than a half mile from a grocery, pharmacy, and other services. Our latest Independence Center tenant found a job at the nearby retail center within a week of moving in.

This grant request seeks funds to complete the full renovation of five (5) more apartments which will be permanent supportive housing dedicated to clients of St. Patrick Center. SITO’s role is to renovate the apartments to a clean, safe, and dignified condition and to serve as the property manager providing compassionate and competent management of the facility and tenant experience. Our partner, St. Patrick Center will select the tenants and provide the behavioral services. SITO and St. Patrick Center work collaboratively to assure synergy in the provision of behavioral services and the rental experience. The goal of both agencies is to help the clients address their physical and mental health needs to enable them to have a comfortable, stable, dignified life for as long as they wish in their home at 4050 Delmar.

**29. PROVIDE A GENERAL DESCRIPTION OF THE TARGET POPULATION FOR THIS HOUSING DEVELOPMENT:**

The housing provided by this grant will house St Patrick Center's clients who recently suffered from being unhoused. Before being placed in the Delmar apartments they will have successfully gone through the first phase of recovering from homelessness. Following the Housing First model, having safe, stable housing is vital to ensuring continued and long-term success in other aspects of life: finding stable employment, stable income, success in drug treatment, and improved physical and mental health. The intent is the apartments at 4050 Delmar will be the client’s home for as long as he or she wants.

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30. PROVIDE A SPECIFIC DESCRIPTION OF THE BEHAVIORAL HEALTH SUPPORTIVE SERVICES THAT WILL BE OFFERED AT THE PROJECT, INCLUDING WHO WILL PROVIDE THE SERVICES, IF NOT THE AGENCY APPLYING FOR FUNDING; THE GOAL OF THE SERVICES; THE PROJECTED END RESULT FOR THE CONSUMERS; AND WHICH OF THE MHB IMPACT AREAS FOR MENTAL HEALTH IT MEETS:

Before being placed in the apartments the tenants will be determined to be able to live semi-independently along with the support of regular (approx. daily) touch points with their SPC counselor and continued participation in clinical programs to address any physical or mental health issues or addiction. The clients will receive financial support through SPC until they can live stably on their own. They will be welcome to remain in the Delmar apartments for as long as they wish.

The communities served by St. Patrick Center (SPC) often face enormous challenges, including unrelenting poverty, histories of trauma exacerbated by stressors of life on the streets, histories of incarceration, and severe substance use/ mental illness. With support from SPC, including providing stable housing, many clients can take the initiative to improve their lives by attending programs and adhering to treatment plans, enabling them to become healthy, productive citizens and contributing to the community.

St. Patrick Center has many services designed around clients' needs. The Shamrock Club Day Treatment Program, SPC's cornerstone PSH program, offers access to comprehensive mental health and/or substance use services that utilize best practices to help clients transform their lives. Shamrock Club helps clients establish stability in their lives through access to valuable resources including healthcare, psychiatric treatment, prescription medication, counseling, 12-Step meetings, drug and alcohol education meetings, meditation sessions, and Ignatian spirituality sessions. Clients may "drop in" from 8:30 AM to 3:00PM any weekday to access tailored services and work toward individual goals related to sobriety, stability, and self-sufficiency. Shamrock Club hosts a medical doctor every Monday through a partnership with Affinia Healthcare and Washington University who provides basic primary and preventive care services and refers out for lab work.

Intensive Case Management (ICM) is a key feature of The Shamrock Club Day Treatment Program. ICM is a multi-disciplinary approach that helps clients establish financial stability, access mental health counseling and substance use treatment identify and access community resources.

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The Assertive Community Treatment Program (ACT) provides 24/7 assistance to clients who are impacted by severe mental health issues. ACT utilizes an intensive, community-based, 24/7 approach to providing case management to clients. SPC offers two ACT teams that serve clients who experience severe mental/behavioral health issues. The ACT program is staffed by counselors, nurses, and a psychiatrist. In addition to providing in-home psychiatric treatment, mental health counseling and substance use treatment, the ACT team assists clients with grocery shopping, bill paying, budgeting, making and keeping appointments, vocational and peer support, and engaging in recreational opportunities in the community.

Hospital to Healthy Housing (H2HH) provides intensive case coordination, and wrap-around support to individuals with chronic, complex health conditions who experience homelessness and exhibit high utilization of emergency departments. Two of the current tenants at 4050 Delmar are participants in the H2HH program. SPC's partnership with BHN, BJC Healthcare, and Mercy and SSM-SLU Hospitals resulted in the launch of H2HH as a homeless services coordination network in 2021, following an innovative 2-year pilot program. H2HH serves approximately 40 individuals each year. Two of the current tenants at 4050 Delmar are participants in the H2HH program.

31. DOES THE APPLICANT CURRENTLY PROVIDE SUPPORTIVE HOUSING? IF YES, PLEASE DESCRIBE:

SITO currently provides supportive housing in cooperation with human service provider partners such as St Patrick Center, The Independence Center, and The International Institute. In these partnerships, SITO is responsible for property management and normal tenant services while our partner provides the special services their clients require.

SITO has decades of experience in providing competent, compassionate property management to the low-income population of the City of St Louis. SITO's purpose in being, as a 501 (c)(3) charitable organization, is to create and rent dignified, affordable apartments to those in the city that often don't have access to a decent place to live. SITO knows how to balance the important needs of the tenant population with the need to have a fiscally solid and sustainable organization. Additionally, SITO renovates its buildings with an emphasis on durability and continues to manage the properties in a way to make them last. SITO management regularly inspects every unit and building to assess the condition and to identify and plan for preventative maintenance to improve

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the longevity of the units and try to avoid unexpected and avoidable maintenance issues.

St Patrick Center has over 40 years of experience providing homeless services to Eastern Missouri and is central to the region's Continuum of Care. In FY2022, St. Patrick Center helped over 3,000 families and individual clients experiencing homelessness using the Housing First model. St. Patrick Center partners with a range of agencies for social service, healthcare, and mental health services, including Affinia and Barnes Jewish.

32. PROVIDE A GENERAL DESCRIPTION OF HOW YOU HAVE OR WILL ENGAGE CONSUMERS OF BEHAVIORAL HEALTH SERVICES IN THE PLANNING PROCESS FOR THIS HOUSING DEVELOPMENT:

As noted in this application, three apartments have been thoroughly rehabbed and those apartments are currently rented to SPC clients. These clients have been in their new homes for 4 – 6 weeks now. Prior to initiating the rehab of additional apartments with these grant funds, SITO management along with the support of SPC case managers will talk with the current tenants about their experience in the apartments. This feedback may provide ways SITO can adjust the design of the rehab to yield a better result for the tenants.

Additionally, St Patrick Center has a Consumer Advisory Board (CAB) that consists of consumers who are currently in programs or have graduated from St. Patrick Center programs. Peers who are St. Patrick Center staff also attend CAB meetings. The advisory board's purpose is to recognize the organization's strengths, weaknesses, and challenges, as well as opportunities and threats to accomplishing its defined and evolving mission. CAB members serve as community representatives and advise on services provided, give feedback and recommendations to agency staff, and the governing board, and advocate for consumers concerning the services delivered by the agency. CABs empower consumers to speak up and have concerns addressed.

The learnings from the CAB are integrated into St Patrick Center's best practices. These best practices guide our case managers and other staff as they manage programs and provide care to our clients. The case workers and managers responsible for the clients who are and will be tenants at 4050 Delmar regularly collaborate with the SITO staff. Through this collaboration, outputs and learnings from the CAB related to property management will be passed on to SITO.

38. DESCRIBE SITE CONDITIONS, INCLUDING ENVIRONMENTAL CONCERNS, IF ANY:

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### Expanded Answers to Application Questions

The building at 4050 Delmar is a multistory apartment building with 17 studio apartments. (see fig 6). The front portion of the 1<sup>st</sup> floor contains 2 apartments that are slightly larger than the other 15. The upper 3 floors have five apartments each. Figure 2 and 3 show the typical configuration of the end apartments with nice corner windows. The funds from this grant will pay to rehab at least 2 end apartments. Figures 1, 4 and 5 show the typical configuration of the three center apartments which are all similar in layout.

The building itself is a 100-year-old structurally sound fully masonry building. The plumbing, including the sewer lateral, has all been updated to copper and PVC. The electrical has circuit breakers (likely updated from original fuses) and while old is functional and adequate. All of the windows in the apartments were replaced with new, energy-efficient windows earlier this year.

The site map (figure 7) shows the location of the building on Delmar just east of Sarah. The next road to the East, not shown on the map, is Vandeventer Ave. The two plots to the west (4052 and 4054) are owned along with 4050 Delmar. It is envisioned that these plots might be used for a community garden for the tenants.

#### 39. DESCRIBE NEIGHBORHOOD CONDITIONS:

There are new houses on either side of the building and across the street (figs 8 – 9) which are representative of the improvements in the area. (note the image of 4050 Delmar in Fig 8 is prior to the replacement of all the apartment windows). While a few dilapidated buildings remain in the area, generally the area is filled with new or renovated homes and apartments as the area is improving as the northern border of the Central West End and the Northwest corner of housing for SLU.

Two blocks south on Sarah is a commercial center with a grocery store, pharmacy and multiple restaurants and stores. This offers easy access to most things the tenants need for day-to-day living.

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*Figure 1 - 4050 Delmar - Apt 202*



*Figure 2 - 4050 Delmar - Apt 205*

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*Figure 3 - 4050 Delmar - Apt 205*



*Figure 4 - 4050 Delmar - Apt 304*

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Figure 5 - 4050 Delmar - Apr 304



Figure 6 - 4050 Delmar

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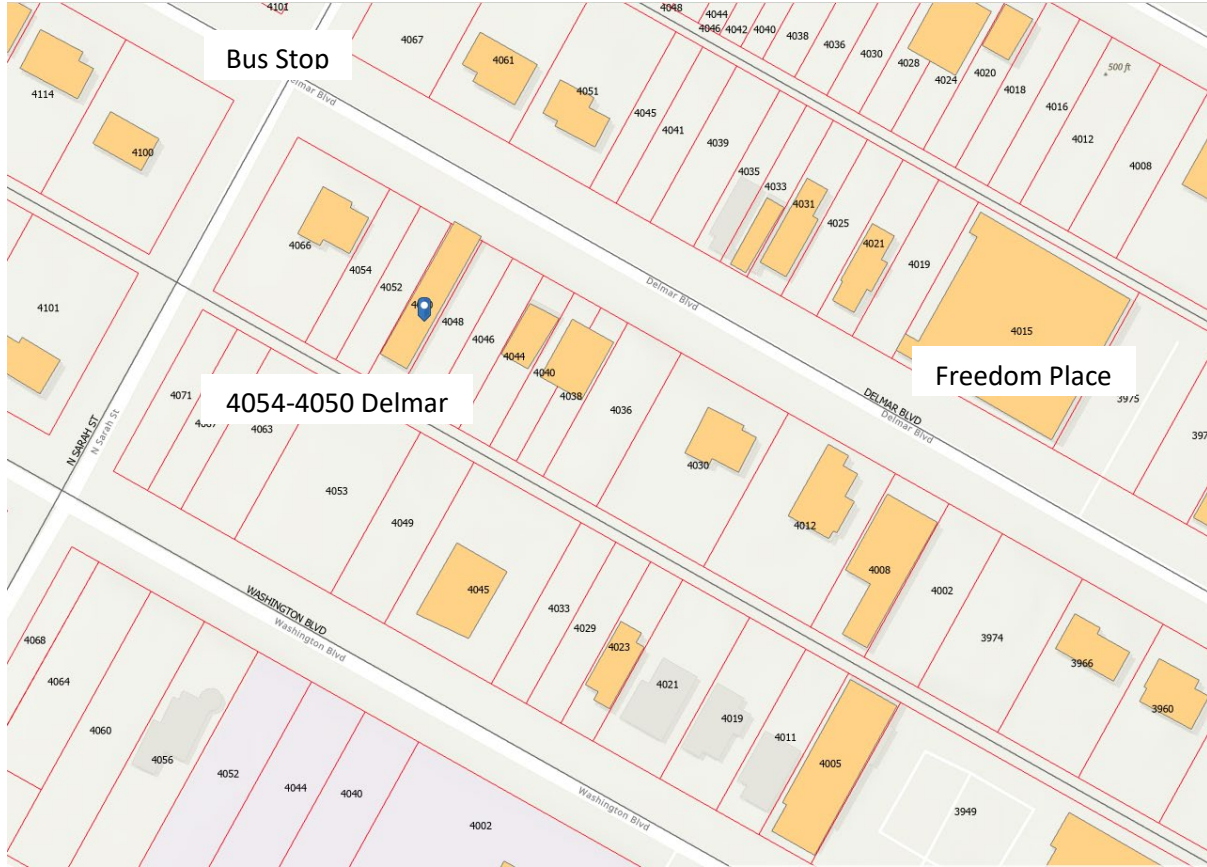


Figure 7 - 4050 Delmar Site Map



Figure 8 - 4050 Delmar Neighbors

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*Figure 9 - 4050 Delmar - Neighbors (across Delmar)*

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Additional Documents

1. Project pro forma (including projected Sources and Uses of Funds and Operating Cash Flow)
2. Certificate of Incorporation and Certificate of Good Standing
3. Most recent agency financial statements and management letter (audited and internal)
  - a. Statement of Activity year-to-date through April
  - b. Current balance sheet
  - c. SITO's auditor is late in completing the audit. The audit can be provided when complete
4. Income tax return (form 990) for last fiscal year
  - a. 2021 tax return
  - b. Because of SITO's accountant delay, SITO filed an extension for 2022 - attached
5. Site control documentation, if available, site map and list of addresses
  - a. See application for the answer to question 38 and figure 7
6. Experience Summary/Resume for each listed member of the development team
  - a. Resume of Jeff Buck attached
7. Property Inspection Report
  - a. Inspection report from July 2021 is attached. Numerous improvements and repairs have been completed in the 2 years since this inspection was completed.

## Sources and Uses

### Property Address(es): 4050 Delmar Blvd

(Choose Only Those Items Pertinent to Project)

#### PURCHASE, ACQUISITION & RE-DEVELOPMENT

BUDGET EXPENSE ITEM	MHB PROPOSED REQUEST	GRAND TOTAL AMOUNT	COMMENTS
<b>ACQUISITION</b>			
Purchase Price			
Other			
<b>TOTAL ACQUISITION COSTS</b>			
<b>CONSTRUCTION</b>			
Materials	50,000	170,000	
Labor	52,000	176,800	
Project Management	7,000	23,800	
Other Construction			
<b>Subtotal Building Improvements</b>	<b>109,000</b>	<b>370,600</b>	
Contingency	7,000	23,800	
<b>TOTAL CONSTRUCTION</b>	<b>116,000</b>	<b>394,400</b>	
<b>PROFESSIONAL FEES</b>			
Architect			
Soils Testing			
Engineering			
Inspection Fees	1,500	5,100	
<b>TOTAL PROFESSIONAL FEES</b>	<b>1,500</b>	<b>5,100</b>	
<b>FINANCING FEES</b>			
Construction Interest			
Construction Period Insurance	1,500	5,100	
Holding costs (utilities and other)			
Title Insurance and closing costs			
Environmental Audit			
Survey			
Replacement Insurance			
Appraisal			
Market Study			
<b>TOTAL FINANCING FEES</b>	<b>1,500</b>	<b>5,100</b>	
<b>LEGAL &amp; ORGANIZATIONAL</b>			
Attorney(s)			
Accounting/ Cost Certification	1,500	5,100	
Development Consultant			
Contingency	1,500	5,100	
Emergency reserve			
Other- marketing/ advertising/rent up			
<b>TOTAL LEGAL &amp; ORGANIZATIONAL</b>	<b>3,000</b>	<b>10,200</b>	
<b>TOTAL CONSULTANT/DEVELOPER FEE</b>	<b>3,000</b>	<b>10,200</b>	
<b>TOTAL PROJECT EXPENSES</b>	<b>\$125,000</b>	<b>\$425,000</b>	
<b>SOURCES OF CAPITAL</b>			
STL MHB Grant	125,000	125,000	
Neeb Family Foundation		14,000	For rehab of 3 completed units
Multiple Individuals		14,000	For rehab of 3 completed units
TBD		75,000	Future gifts/grants to rehab ~ 3 units
TBD		75,000	Future gifts/grants to rehab ~ 3 units
TBD		75,000	Future gifts/grants to rehab ~ 3 units
In-Kind Donations		2,000	For rehab of 3 completed units
Equity		45,000	For rehab of 3 completed units
Loans			
<b>TOTAL SOURCES</b>	<b>\$125,000.00</b>	<b>\$425,000.00</b>	
	<b>\$0.00</b>	<b>\$0.00</b>	

# Annual Operating Budget

## Property Address(es):

4050 Delmar Blvd

ADDRESS #2

(Choose Only Those Items Pertinent to Project)

### Operating Revenue/Income

Rental Income (7% vacancy rate) \$123,318.00

Source:

Source:

Source:

#### GRAND TOTAL OPERATING REVENUE

**\$123,318.00**

**\$0.00**

### Administrative

Legal \$1,500.00

Property Manager \$12,323.00

Audit \$3,500.00

Marketing/Advertising/Annual events

Office Supplies

Telephone

Site Manager

Management (?%)

City Occupancy permits

Bank Charges (if mortgage) \$43,152.00

Office - Security monitoring and internet

Other

#### Subtotal Administrative

**\$60,475.00**

**\$0.00**

### Maintenance

Custodial \$2,000.00

Maintenance Staff

Pest Control \$2,500.00

Groundskeeping ( lawn and snow) \$2,200.00

Repair/interior and exterior \$8,500.00

Security monitor

Other \$1,000.00

Maintenance Reserve (plumbing, electric, HVAC) \$5,100.00

#### Subtotal Maintenance

**\$21,300.00**

**\$0.00**

### Utilities

Electric (pd by owner) \$3,300.00

Water \$3,840.00

Sewer \$7,680.00

Trash Pickup \$1,500.00

Other (gas) \$6,432.00

#### Subtotal Utilities

**\$22,752.00**

**\$0.00**

### Taxes/Insurance

Property Taxes \$4,729.00

Property/Liability Insurance \$5,400.00

#### Subtotal Taxes & Insurance

**\$10,129.00**

#### GRAND TOTAL OPERATING EXPENSES

**\$114,656.00**

**\$0.00**



**State of Missouri**  
**John R. Ashcroft, Secretary of State**  
 Corporations Division  
 PO Box 778 / 600 W. Main St., Rm. 322  
 Jefferson City, MO 65102

**N00046176**  
**Date Filed: 5/23/2022**  
**John R. Ashcroft**  
**Missouri Secretary of State**

**Articles of Amendment  
 for a Nonprofit Corporation**

*(Submit with filing fee of \$10,00)*

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

1. The name of corporation is SANCTUARY IN THE ORDINARY Charter #: N00046176

All articles are amended and replaced in their entirety.

2. The amendment was adopted on: 3/22/2022 and changed article(s) entirety. To state as follows:  
*Month/day/year*

See Amended and Restated Articles of Incorporation of Sanctuary in the Ordinary

New Name (if applicable) \_\_\_\_\_

3. If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5):

4. If approval by members was required, check here and provide the following information:

A. Number of memberships outstanding 8.00

B. Complete either C or D:

C. Number of votes for and against amendment(s) by class was:

Class:	Number entitled to vote:	Number voting for:	Number voting against:
_____	_____	_____	_____

D. Number of undisputed votes cast for amendment(s) was sufficient for approval, and was:

Class:	Number Voting undisputed:
<u>General</u>	<u>6</u>

The number of votes cast in favor of the amendments(s) by each class was sufficient for approval by that class.

5. If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained:

6. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: \_\_\_\_\_

*(Date may not be more than 90 days after the filing date in this office)*

In Affirmations thereof, the facts state above are true and correct.

(The undersigned understands that false statement made in this filing are subject to the penalties provided under Section 575.040, RSMo)

<u>James Roos</u> <i>Authorized Signature of officer or chairman of the board</i>	<u>JAMES ROOS</u> <i>Printed Name</i>	<u>SECRETARY</u> <i>Title</i>	<u>05/23/2022</u> <i>Date of Signature</i>
--	--	----------------------------------	---

Name and address to return filed document:

Name: Lucas Delort

Address: Email: delortl@gmail.com

City, State, and Zip Code: \_\_\_\_\_

# **Amended and Restated Articles of Incorporation of SANCTUARY IN THE ORDINARY**

## **ARTICLE I**

The name of the corporation is Sanctuary in the Ordinary (the "Corporation").

## **ARTICLE II**

The Corporation is a Public Benefit Corporation.

## **ARTICLE III**

The period of duration of the Corporation is perpetual.

## **ARTICLE IV**

The registered agent is William T. Zorn, 2200 Pestalozzi Street, St. Louis, MO 63118

## **ARTICLE V**

The Corporation has no "members" as defined in Chapter 355.181 of the Missouri Revised Statutes.

## **ARTICLE VI**

Upon the dissolution of the Corporation, and after paying or making provisions for the payment of all the liabilities of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding section of any future federal tax code (the "Code"), or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction of the city or county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said court shall determine, which are organized and operated exclusively for such purposes.

## **ARTICLE VII**

The Corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Code, as amended (or the corresponding future provision). Without limiting the generality of the immediately preceding sentence, the Corporation is organized to foster low-income housing in metropolitan St. Louis that meets the housing needs of the poor, distressed and underprivileged; combats community deterioration; and lessens neighborhood tensions.

## **ARTICLE XIII**

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its directors, officers, or other private persons, except that the Corporation is authorized and

empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth here.

#### **ARTICLE IX**

No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

#### **ARTICLE X**

Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Code, or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Code.

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**


## CERTIFICATE OF AMENDMENT AND RESTATEMENT

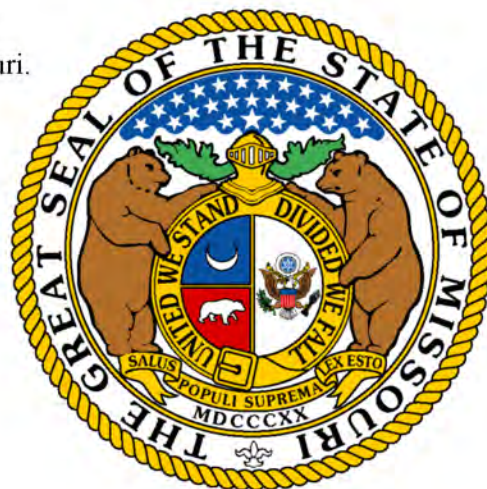
WHEREAS,

*SANCTUARY IN THE ORDINARY*  
*N00046176*

a corporation organized under the Missouri Nonprofit Corporation Law has delivered to me Articles of Amendment and Restatement of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment and Restatement of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended and restated in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this 23rd day of May, 2022.

  
Secretary of State



# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

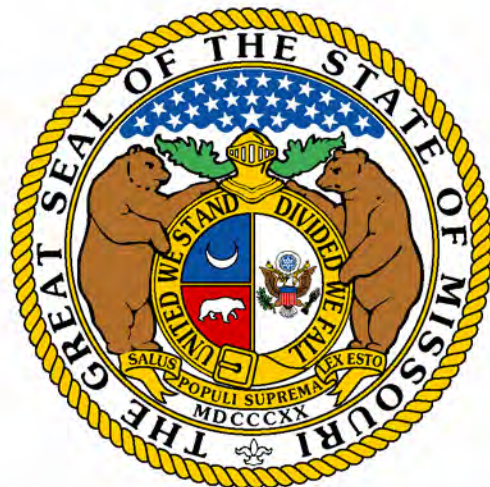
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

***SANCTUARY IN THE ORDINARY***  
***N00046176***

was created under the laws of this State on the 24th day of June, 1992, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 2nd day of May, 2023.

  
Secretary of State



Certification Number: CERT-05022023-0064

**Sanctuary In The Ordinary**  
**Statement of Activity**  
January - April, 2023

	<b>Total</b>
<b>Revenue</b>	
<b>OTHER INCOME</b>	
DONATIONS	28,780.25
<b>TENANT CHARGES</b>	
5630 Tenant Late Fees	80.00
<b>Total TENANT CHARGES</b>	<b>\$ 80.00</b>
<b>Total OTHER INCOME</b>	<b>\$ 28,860.25</b>
<b>RENTAL INCOME</b>	42,674.00
Unapplied Cash Payment Revenue	13,770.00
<b>Total Revenue</b>	<b>\$ 85,304.25</b>
<b>Gross Profit</b>	<b>\$ 85,304.25</b>
<b>Expenditures</b>	
00000 Ask My Accountant	4,278.57
7420 OFFICE SUPPLIES/EXPENSES	807.88
7445 INSURANCE EXPENSE, D & O	1,208.00
<b>ADVERTISING</b>	
7500 Advertising & Promotion	190.08
7510 Printing,Publications,Postage	430.80
<b>Total ADVERTISING</b>	<b>\$ 620.88</b>
<b>FEES FOR SERVICE (Prof. Fees)</b>	
6445 Legal Fees	256.25
7610 Accounting Fees	58.86
7615 Professional Fees Non Legal	133.00
<b>Total FEES FOR SERVICE (Prof. Fees)</b>	<b>\$ 448.11</b>
<b>INTEREST EXPENSE</b>	
8510 Mortgage Interest Bank	10,544.93
8545 Other Financing Expense	5.00
<b>Total INTEREST EXPENSE</b>	<b>\$ 10,549.93</b>
<b>OTHER DEDUCTIONS</b>	
<b>GENERAL &amp; ADMINISTRATIVE</b>	
7410 Vehicle Operation	495.89
7650 Meals	50.69
7700 Miscellaneous Expense	147.21
Processing Fees	6.03
6305 Fees Bank	21.86
<b>Total Processing Fees</b>	<b>\$ 27.89</b>
<b>Total GENERAL &amp; ADMINISTRATIVE</b>	<b>\$ 721.68</b>

<b>RENTAL PROPERTY EXPENSES</b>	
6320 Insurance, FEC/Liab/EQ	3,439.21
6420 Management Fees Rent Commission	2,663.85
6430 Utilities	6,605.21
Repairs & Maintenance	2,574.12
6210 Building Repairs	1,129.61
6215 Labor & Expenses	800.00
6220 Materials/Services Purchased	749.82
<b>Total Repairs &amp; Maintenance</b>	<b>\$ 5,253.55</b>
<b>Total RENTAL PROPERTY EXPENSES</b>	<b>\$ 17,961.82</b>
<b>Total OTHER DEDUCTIONS</b>	<b>\$ 18,683.50</b>
Payroll	25,000.00
6510 Employer Social Security	1,550.00
6520 Employer Medicare	362.48
<b>Total Payroll</b>	<b>\$ 26,912.48</b>
<b>Total Expenditures</b>	<b>\$ 63,509.35</b>
<b>Net Operating Revenue</b>	<b>\$ 21,794.90</b>
<b>Other Revenue</b>	
<b>GAIN/LOSS PROPERTY SALES</b>	
Property Sale Expenses	-1,580.00
<b>Total GAIN/LOSS PROPERTY SALES</b>	<b>-\$ 1,580.00</b>
<b>Total Other Revenue</b>	<b>-\$ 1,580.00</b>
<b>Net Other Revenue</b>	<b>-\$ 1,580.00</b>
<b>Net Revenue</b>	<b>\$ 20,214.90</b>

Thursday, May 25, 2023 07:46:31 AM GMT-7 - Cash Basis

**SITO**  
**Balance Sheet Prev Year Comparison**  
As of May 25, 2023

	As of May 25, 2023	Total As of May 25, 2022 (PP)	Change
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Bank Accounts</b>			
BANK ACCOUNTS	0.00	0.00	0.00
1105 General Escrow- Pulaski Bank	1,460.00	0.00	1,460.00
SITO Gen Chkg, Simmons	121,981.08	275,992.64	-154,011.56
<b>Total BANK ACCOUNTS</b>	<b>\$ 123,441.08</b>	<b>\$ 275,992.64</b>	<b>-\$ 152,551.56</b>
x5640 MidWest BankCentre - Delmar	895.78	0.00	895.78
<b>Total Bank Accounts</b>	<b>\$ 124,336.86</b>	<b>\$ 275,992.64</b>	<b>-\$ 151,655.78</b>
<b>Total Current Assets</b>	<b>\$ 124,336.86</b>	<b>\$ 275,992.64</b>	<b>-\$ 151,655.78</b>
<b>Fixed Assets</b>			
1610 Land	35,856.50	35,856.50	0.00
<b>Depreciable Assets (Net)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
Accumulated Depreciation	-9,062.78	-9,062.78	0.00
Cost & Improvements	0.00	0.00	0.00
1615 Buildings	230,590.50	150,690.50	79,900.00
1620 Cap Improvements	462,457.09	246,683.23	215,773.86
1640 Furniture and Fixtures	5,339.96	5,339.96	0.00
<b>Total Cost &amp; Improvements</b>	<b>\$ 698,387.55</b>	<b>\$ 402,713.69</b>	<b>\$ 295,673.86</b>
<b>Total Depreciable Assets (Net)</b>	<b>\$ 689,324.77</b>	<b>\$ 393,650.91</b>	<b>\$ 295,673.86</b>
<b>Total Fixed Assets</b>	<b>\$ 725,181.27</b>	<b>\$ 429,507.41</b>	<b>\$ 295,673.86</b>
<b>TOTAL ASSETS</b>	<b>\$ 849,518.13</b>	<b>\$ 705,500.05</b>	<b>\$ 144,018.08</b>
<b>LIABILITIES AND EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Credit Cards</b>			
6035322645187430 Home Depot - Jeff	876.50	0.00	876.50
<b>Total Credit Cards</b>	<b>\$ 876.50</b>	<b>\$ 0.00</b>	<b>\$ 876.50</b>
<b>Other Current Liabilities</b>			
PAYABLES - RELATED ENTITIES	0.00	0.00	0.00
2241 Kingsland Properties LLC	-74.99	0.00	-74.99
2243 Roos, James	61,685.19	80,000.00	-18,314.81
2245 Payroll	-3,364.06	0.00	-3,364.06
2246 PMI St Louis	1,362.80	0.00	1,362.80
2247 PMI STL Metro	2,048.19	0.00	2,048.19
<b>Total PAYABLES - RELATED ENTITIES</b>	<b>\$ 61,657.13</b>	<b>\$ 80,000.00</b>	<b>-\$ 18,342.87</b>
<b>Total Other Current Liabilities</b>	<b>\$ 61,657.13</b>	<b>\$ 80,000.00</b>	<b>-\$ 18,342.87</b>
<b>Total Current Liabilities</b>	<b>\$ 62,533.63</b>	<b>\$ 80,000.00</b>	<b>-\$ 17,466.37</b>
<b>Long-Term Liabilities</b>			
SECURED LOANS	-12,410.55	0.00	-12,410.55

2013 Midwest Bank Centre #161360001	278,307.34	286,857.13	-8,549.79
<b>Total SECURED LOANS</b>	<b>\$ 265,896.79</b>	<b>\$ 286,857.13</b>	<b>-\$ 20,960.34</b>
<b>UNSECURED LOANS-INDIVIDUALS</b>	28,500.00	0.00	28,500.00
Cheryl/Kenneth Bauer	10,000.00	10,000.00	0.00
David/Lois Hauschild	10,000.00	10,000.00	0.00
Delort, Lucas	6,000.00	0.00	6,000.00
James Roos	0.00	30,000.00	-30,000.00
James/Mary Kriegshauser	10,000.00	10,000.00	0.00
Jeff & Greta Buck	30,000.00	30,000.00	0.00
John & Judith Stieve Trustees	10,000.00	10,000.00	0.00
Mark Scharff	3,000.00	3,000.00	0.00
Mary and Frank Hellwig	10,000.00	10,000.00	0.00
Marypat Ehlmann	3,000.00	3,000.00	0.00
Robert/Janet Fitzpatrick	5,000.00	5,000.00	0.00
Theodore/Abigail Wuerffel	5,000.00	5,000.00	0.00
Thomas Weinz	10,000.00	10,000.00	0.00
Timothy R. Walther	10,000.00	10,000.00	0.00
<b>Total UNSECURED LOANS-INDIVIDUALS</b>	<b>\$ 150,500.00</b>	<b>\$ 146,000.00</b>	<b>\$ 4,500.00</b>
<b>Total Long-Term Liabilities</b>	<b>\$ 416,396.79</b>	<b>\$ 432,857.13</b>	<b>-\$ 16,460.34</b>
<b>Total Liabilities</b>	<b>\$ 478,930.42</b>	<b>\$ 512,857.13</b>	<b>-\$ 33,926.71</b>
<b>Equity</b>			
30000 Opening Balance Equity	-3,876.50	0.00	-3,876.50
32000 Unrestricted Net Assets	363,883.73	189,877.56	174,006.17
Net Revenue	10,580.48	2,765.36	7,815.12
<b>Total Equity</b>	<b>\$ 370,587.71</b>	<b>\$ 192,642.92</b>	<b>\$ 177,944.79</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 849,518.13</b>	<b>\$ 705,500.05</b>	<b>\$ 144,018.08</b>

Thursday, May 25, 2023 07:49:22 AM GMT-7 - Cash Basis

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2021, or fiscal year beginning ... 2021, and ending ... 20 .....

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer Sanctuary in the Ordinary EIN or SSN 43-1622145

Name and title of officer or person subject to tax James Roos Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 3 columns: Line number (1a-10a), Description (Form 990 check here, Total revenue, Total tax, etc.), and Amount (222,255 for line 1b).

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize R.A. Peters, CPA to enter my PIN 72727 as my signature

on the tax year 2021 electronically filed return. 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 IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return.

Signature of officer or person subject to tax Date 06/13/22

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.

43793272727

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 Robert A. Peters, CPA Date 06/13/22

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

Form **990**

**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

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning** , **and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Sanctuary in the Ordinary</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;"><b>3012 Lafayette Avenue</b></p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>St. Louis MO 63104</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>43-1622145</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>314-805-4206</b></p> <b>G</b> Gross receipts \$ <b>222,255</b>
--	---	---

<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>James Roos</b> <b>3012 Lafayette</b> <b>St. Louis MO 63104</b></p>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
---	---

<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ▶ <b>N/A</b>
--	--------------------------------

<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation:	<b>M</b> State of legal domicile: <b>MO</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>To help meet the housing needs of the poor, distressed and underprivileged families of St. Louis</b></p>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>7</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,300</b>	<b>210,064</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>12,191</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,300</b>	<b>222,255</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		<b>900</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		<b>0</b>
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>2,630</b>	<b>33,606</b>	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>2,630</b>	<b>34,506</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>670</b>	<b>187,749</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,958</b>	<b>404,328</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>829</b>	<b>214,450</b>
		<b>2,129</b>	<b>189,878</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>James Roos</b></p>	Date <p style="text-align: center;"><b>Executive Director</b></p>
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Robert A. Peters, CPA</b>	Preparer's signature <b>Robert A. Peters, CPA</b>	Date <b>06/16/22</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01419871</b>
	Firm's name ▶ <b>R.A. Peters, CPA</b>			Firm's EIN ▶ <b>43-1444406</b>	
	Firm's address ▶ <b>49 N Gore Ave Saint Louis, MO 63119</b>			Phone no. <b>314-968-8894</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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



**1** Briefly describe the organization's mission:

**To help meet the housing needs of the poor, distressed and underprivileged families of St. Louis**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **900** including grants of \$ **900** ) (Revenue \$ )

**To help meet the housing needs of the poor, distressed and underprivileged families of St. Louis.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ **19,833** including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **20,733**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

**Part IV Checklist of Required Schedules** *(continued)*

		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	17
1b	0

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	0		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>			
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>X</b>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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, and financial 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

**James Roos**  
**St. Louis**

**3012 Lafayette**

**MO 63104**

**314-805-4206**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>James Roos</b> ..... <b>Executive Director</b>	0.00 ..... 0.00	X		X				0	0	0
(2) <b>Jeffrey A Buck</b> ..... <b>President</b>	0.00 ..... 0.00	X		X				0	0	0
(3) <b>Jim Lutz</b> ..... <b>Vice President</b>	0.00 ..... 0.00	X		X				0	0	0
(4) <b>Richard Neitzel</b> ..... <b>Treasury</b>	0.00 ..... 0.00	X		X				0	0	0
(5) <b>Teresa Danieleley</b> ..... <b>Board Member</b>	0.00 ..... 0.00	X						0	0	0
(6) <b>Anthony D'Agostino</b> ..... <b>Board Member</b>	0.00 ..... 0.00	X						0	0	0
(7) <b>Irvin Hamilton</b> ..... <b>Board Member</b>	0.00 ..... 0.00	X						0	0	0
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Subtotal, c Total from continuation sheets to Part VII, Section A, d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question number, Question text, Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	210,064			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 5,140			
	<b>h Total.</b> Add lines 1a-1f			210,064		
<b>Program Service Revenue</b>	<b>2a</b> Residential Rental Income	Business Code	12,191	12,191		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f			12,191		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)					
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
<b>12 Total revenue.</b> See instructions			222,255	12,191	0	0

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>600</b>	<b>600</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>300</b>	<b>300</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>681</b>		<b>681</b>	
<b>c</b> Accounting	<b>789</b>		<b>789</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>3,309</b>		<b>3,309</b>	
<b>12</b> Advertising and promotion	<b>840</b>		<b>840</b>	
<b>13</b> Office expenses	<b>3,288</b>		<b>3,288</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>6,607</b>	<b>6,607</b>		
<b>17</b> Travel	<b>1,010</b>		<b>1,010</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>9,063</b>	<b>9,063</b>		
<b>23</b> Insurance	<b>3,531</b>		<b>3,531</b>	
<b>24</b> 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 O.)				
<b>a Repairs</b>	<b>1,670</b>	<b>1,670</b>		
<b>b Mgmt Fees</b>	<b>1,530</b>	<b>1,530</b>		
<b>c Security</b>	<b>795</b>	<b>795</b>		
<b>d -Nat'l Low Inc Hsg Dues</b>	<b>225</b>		<b>225</b>	
<b>e All other expenses</b>	<b>268</b>	<b>168</b>	<b>100</b>	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>34,506</b>	<b>20,733</b>	<b>13,773</b>	<b>0</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing	2,958	1	18,294	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4	6,508	
	5	Loans and other receivables from 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		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	388,589		
	b	Less: accumulated depreciation	10b	9,063	10c	379,526
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,958	16	404,328		
<b>Liabilities</b>	17	Accounts payable and accrued expenses	829	17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other 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		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24	119,450	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	95,000	
	26	<b>Total liabilities.</b> Add lines 17 through 25	829	26	214,450	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/>					
	<b>and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions		27		
	28	Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/>					
	<b>and complete lines 29 through 33.</b>					
	29	Capital stock or trust principal, or current funds		29		
30	Paid-in or capital surplus, or land, building, or equipment fund		30			
31	Retained earnings, endowment, accumulated income, or other funds	2,129	31	189,878		
32	<b>Total net assets or fund balances</b>	2,129	32	189,878		
33	<b>Total liabilities and net assets/fund balances</b>	2,958	33	404,328		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>222,255</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>34,506</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>187,749</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,129</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>189,878</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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 either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

**Open to Public Inspection**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Sanctuary in the Ordinary**

Employer identification number

**43-1622145**

**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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,775	775		3,300	210,064	219,914
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	169,435	120,614			12,191	302,240
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513			3,849			3,849
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	175,210	121,389	3,849	3,300	222,255	526,003
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						526,003

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6	175,210	121,389	3,849	3,300	222,255	526,003
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	175,210	121,389	3,849	3,300	222,255	526,003

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	100.00 %
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15	<b>16</b>	100.00 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</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? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D – Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
<b>9</b> Distributable amount for 2021 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016 .....			
<b>b</b> From 2017 .....			
<b>c</b> From 2018 .....			
<b>d</b> From 2019 .....			
<b>e</b> From 2020 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017 .....			
<b>b</b> Excess from 2018 .....			
<b>c</b> Excess from 2019 .....			
<b>d</b> Excess from 2020 .....			
<b>e</b> Excess from 2021 .....			





Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

Notice	CP211A
Tax period	December 31, 2022
Notice date	April 24, 2023
Employer ID number	43-1622145
To contact us	Phone 877-829-5500

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SANCTUARY IN THE ORDINARY  
3012 LAFAYETTE AVE  
SAINT LOUIS MO 63104-1412

*Rec 4-18-23*

076327

Important information about your December 31, 2022, Form 990

## We approved your Form 8868, Application for Automatic Extension of Time to File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2022, Form 990, Return of Organization Exempt From Income Tax. Your new due date is November 15, 2023.

### What you need to do

File your December 31, 2022, Form 990 by November 15, 2023. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit [www.irs.gov/charities](http://www.irs.gov/charities) to learn about approved e-file providers, the types of returns you can file electronically, and whether you're required to file electronically.

### Additional information

- Visit [www.irs.gov/cp211a](http://www.irs.gov/cp211a).
- Find tax forms or publications by visiting [www.irs.gov/forms](http://www.irs.gov/forms) or calling 800-TAX-FORM (800-829-3676).
- Keep this notice for your records.

# JEFFREY A. BUCK

44 Oak Terrace ♦ Webster Groves, MO 63119 ♦ Phone: 313.213.5453 ♦ jabuck51@gmail.com

## *Successful Business Leader, Ready to Serve*

Summary: Senior business executive with global experience leading diverse organizations within a \$1B manufacturing company that has over 15,000 employees world-wide. A proven leader with the ability to collaborate at all levels of the organization, to cast a vision and drive results in highly complex, dynamic environments. Career advancement in a series of increasingly accountable leadership roles including President of North American Sales and Engineering, President of EMEA Business Unit, Vice President of Sales – The Americas, Vice President of Sales and Engineering, Vice President of Sales and Marketing, and Engineering Manager. A proven executive, manager, mentor, motivator and leader.

### CORE COMPETENCIES INCLUDE:

Strategic Planning ♦ Process Development ♦ Team Leadership & Motivation  
Business Development ♦ Employee Engagement ♦ Market Analysis ♦ Negotiation

## EXPERIENCE & ACHIEVEMENTS

### SANCTUARY IN THE ORDINARY

Executive Director ♦ St Louis MO, June 2022 – Present

Responsible for managing all aspects of **Sanctuary In the Ordinary's** work in acquiring, rehabbing and renting affordable rental apartments to low-income residents in the city of St Louis.

### ELECTRICAL COMPONENTS INTERNATIONAL, INC.

President of Merger and Acquisition Integration ♦ St Louis MO, June 2021 – Mar 2022

Responsible for managing and coordinating all processes and tasks required to integrate newly acquired companies into ECI. Used my 14 years of global experience to define and execute the integration plans covering finance, human resources, IT, sales, engineering, operations, purchasing, quality and customer service.

- ♦ Completed the integration of Omni Connections International, an \$80M company with its headquarters in California and operations in China and the Philippines.
- ♦ Completed the integration of Promark, a \$40M company based in Montreal Canada. As part of this integration led the collaboration of sales and manufacturing to rapidly grow business in the commercial electric vehicle market.
- ♦ Worked on the integration of two other \$10M companies

President of North American Sales and Engineering ♦ St Louis MO, Dec 2019 – June 2021

Responsible for all commercial and customer facing engineering for \$800M North American business of St Louis based global producer of wire harnesses and electrical assemblies to multiple markets including consumer and commercial appliance, construction and agriculture equipment, automotive and commercial electronics. Manage 29-person sales group, 53-person engineering group, 33-person global costing and quoting group and global sales forecasting and pricing. Customers include Whirlpool, GE Appliances, Doosan Bobcat, Polaris, Carrier, Trane, GM, Toyota, Viking Range and Caterpillar.

- ♦ Member of Senior Leadership Team that managed the organization through the Covid-19 crisis which included the forced shutdown by the Mexican Government of 85% of the manufacturing capacity for 3 weeks.
- ♦ Professionalized multiple aspects of the commercial organization.
- ♦ Selected and implemented web-based tools and analysis to optimize costing and quoting processes.
- ♦ Revamped sales forecasting process to provide transparency, visibility, and accountability.

President of EMEA Business Unit ♦ Munich Germany, Sept 2015 – Nov 2019

Relocated, with family, to Germany to take full P&L responsibility for newly created \$80M Europe, Middle East and Africa, EMEA, Business Unit. Oversaw manufacturing facilities in Morocco, Spain, Poland and England with over 2,500 employees. Customers in multiple markets were located throughout western and central Europe.

- ♦ Unified estranged groups into a high performing leadership team.
- ♦ Led development of vision and 5-year strategic plan for business unit.
- ♦ Developed new business with several multinational companies as well as Europe's premier appliance manufacturer, Miele.
- ♦ Worked with management team to develop and deploy systems to improve management of quoting, inventory control, pricing, and business reporting.
- ♦ Organized annual business meeting for approx. 50 key management from throughout EMEA organization. Meeting topics included team building, problem solving, vision and mission messaging and included cultural activities in the city where the meeting was held.

Vice President of Sales – The Americas ♦ Farmington Hills, MI 2007 - 2015

Managed sales group for North and South America for the then \$500M global producer of wire harnesses and electrical assemblies to multiple markets. Retained when ECI purchased NOMA in February 2007.

NOMA, A DIVISION OF GENTEK, INC., Westland, MI ♦ 2006 - 2007

Vice President of Sales and Engineering

GT TECHNOLOGIES – VALVE TRAIN GROUP, A DIVISION OF GENTEK, INC., Westland, MI ♦ 1998 – 2006

Vice President of Sales and Marketing and Director of Product Development

NTN BEARING CORPORATION OF AMERICA, Southfield, MI – Engineering Manager - BCA Automotive Products and Wheel Bearing Engineering

FEDERAL-MOGUL CORPORATION; BALL BEARING PRODUCTS DIVISION, Southfield, MI - Engineering Manager - Automotive Components & Systems and Application Engineer

DELCO CHASSIS DIVISION OF GENERAL MOTORS; ANTILOCK BRAKE SYSTEMS GROUP, Milford, MI - ABS Platform and Release Engineer for Saturn ABS, ABS Vehicle System Engineer and ABS Hydraulic Systems Engineer

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## EDUCATION

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Masters of Christian Leadership, Dubuque Theological Seminary (July 2022 – Present)

Master of Science in Mechanical Engineering, University of Michigan

Bachelor of Science in Mechanical Engineering, Purdue University

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## VOLUNTEER ACTIVITIES

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President, Board of Directors – Sanctuary In the Ordinary ♦ St Louis, MO, 2021 – May 2022  
Sanctuary In the Ordinary's (SITO) mission is to retain, rehab and rent clean, safe, dignified affordable housing in the city of St Louis to address the chronic shortage of housing for the **city's** low-income residents.

Lay Preacher – Peace Church ♦ Munich Germany, 2017 - 2019  
As a member of this very diverse, English speaking congregation, I was given the opportunity to periodically preach and lead worship every 6-8 weeks. Also initiated and led a Sunday morning Bible study.

Project Coordinator – Detroit Mission Trips ♦ 2013, 2014, 2015  
Working in collaboration with Central Detroit Christian Community Development Corporation, designed and led teams that constructed wheelchair ramps for disabled homeowners in downtown Detroit during Westminster Presbyterian **Church's annual mission trip.**

Co-Founder of Get Fit Club ♦ Ypsilanti, MI, 2012 - 2015  
Co-founded and led a running and walking group in collaboration with Hope Clinic. The group of volunteers and clients of Hope Clinic of all ages met every Saturday from Spring to Fall to exercise in a nearby park.

Co-Chair Team Hope ♦ Ypsilanti, MI, 2007 - 2014  
Co-chaired a fundraising group that participated in an annual 1-mile, 5k & 10k run and walk to raise funds for Hope Clinic. Responsibilities included promoting participation by local church members and by Hope Clinic clients, obtaining charitable donations (running shirts etc) for participants, organizing pre-race praise service and collecting donations from sponsors.

Westminster Presbyterian Church ♦ Ann Arbor, MI 1990 - 2016

- ♦ Elder
- ♦ Treasurer & Finance Committee Member
- ♦ Administration Committee Co-Chair
- ♦ Adult Education Committee Member, Leader, Teacher
- ♦ Co-Leader of high school Sunday school
- ♦ Co-Chair of Holy Conversations church visioning and revitalization task force

Day of Service Founder ♦ ECI Inc, Michigan Office, 2012 - 2015

Initiated a voluntary day of community service as part of my **company's** annual sales meeting. Included participants from throughout the US, Canada and Mexico. Worked with Motor City Blight Busters, Central Detroit Christian Community Development Corp., and Hope Clinic to identify and coordinate work projects. After my relocation to Europe, the manager of the Detroit office has continued the annual tradition with his staff.

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## HOBBIES

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- ♦ Theology
- ♦ Home Improvement
- ♦ Swimming and Biking
- ♦ Playing Guitar



## Inspection Report

**Mark Whiting**



**4050 Delmar  
St. Louis MO**

**Sage Inspections, LLC**

**Norm Tyler  
4649 Littlebury  
St. Louis, MO 63128  
314-704-6834**

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<b>Date:</b> 7/28/2021	<b>Time:</b> 09:00 AM	<b>Report ID:</b> Whiting - 4050 Delmar
<b>Property:</b> 4050 Delmar St. Louis MO	<b>Customer:</b> Mark Whiting	<b>Real Estate Professional:</b>

### Comment Key or Definitions

The following definitions of comment descriptions represent this inspection report. All comments by the inspector should be considered before purchasing this home. Any recommendations by the inspector to repair or replace suggests a second opinion or further inspection by a qualified contractor. Inspector is not licensed nor qualified to identify hazardous substances including lead, asbestos or others. If concerned seek a qualified expert to evaluate and follow their recommendations. Any recommendation to correct any issue should be understood to mean a person qualified to perform them. Some items may only require a homeowner's casual efforts and others may need specifically skilled and/or licensed professionals. Some may require the issuance of local permits which vary by project and jurisdiction. Due diligence should be done by whomsoever assumes responsibility for repairing or replacing any condition to determine the level of skill required for any such corrective action. Receipts and lien waivers should be secured for all work performed, for warranty purposes and to avoid delays in closing. All costs associated with further inspection fees and repair or replacement of item, component or unit should be considered before you purchase the property.

**Inspected (IN)** = I visually observed the item, component or unit and if no other comments were made then it appeared to be functioning as intended allowing for normal wear and tear.

**Not Inspected (NI)** = I did not inspect this item, component or unit and made no representations of whether or not it was functioning as intended and will state a reason for not inspecting.

**Not Present (NP)** = This item, component or unit is not in this home or building.

**Repair or Replace (RR)** = The item, component or unit is not functioning as intended, or needs further inspection by a qualified contractor. Items, components or units that can be repaired to satisfactory condition may not need replacement.

**Photos** - Photos and graphics are often used to illustrate an EXAMPLE of a problem that may occur in several places or to show a general area. Always correct all occurrences of conditions, do not rely on the example photograph for specifics or as indicator that only what is shown in the photo is relevant.

**Municipal/Occupancy Inspections** - If applicable, many homes will require an inspection in order to obtain an occupancy permit prior to being able to move in. Often it is the seller's responsibility to secure that inspection. Such municipal inspections often look for issues and code violations specific to their own, often changing, rules/regulations. You are encouraged to expedite that inspection to uncover any impediments to getting clear occupancy. While there can be some overlap of the things evaluated, THIS inspection is focused on function and condition. It is not a local code compliance check in any way.

*Should you need a contractor referral, a list of companies that may be of help can be found at <http://www.sageinspect.com/helpful-links/>. Always do your own due diligence and get several bids.*

**Exclusive Use:** *This report has been prepared specifically and exclusively for use by the original client to aid in their due diligence regarding property as reported on below. Expectations of the original client, conversations, off-report discussions and passage of time, make any 3rd party access to, or interpretation, of information in the report incomplete at best. In some cases where an inspection is abbreviated or terminated early at the Original Customer's request, significant defects may still exist at the time of inspection EVEN IF OTHERWISE INDICATED AS INSPECTED. Reports can be relative and subjective, tailored to the individual needs of the Original Customer. Report remains the copyrighted property of Sage Inspections, LLC with limited license for use by the original client solely to aid in the knowledge of the property and/or to aid in negotiations for acquisition/financing. it should not be used to promote or the resale of the property nor can it be used by 3rd parties for any purposes without express consent by Sage Inspections, LLC. Do not share this report in part or whole with financial institutions or insurance companies without specific advice by your realtor to do so. Some information may interfere with your loan/insurance. It is THEIR responsibility to seek appraisals or information independently and not rely on 3rd party inspections. Please report any attempts to improperly use this report to market or represent the property in any way.*

**General Expectations - Investment/Rental** = Due to the nature of the inspection, specific conditions of the house, possible lack of some utilities and expectations on the limited scope of the inspection, the use of the checkbox "INspected", for the purpose of this report, should be viewed to mean visually evaluated and obvious signs of problems or complete failure were

not apparent to the inspector. Customer is aware of these limitations and understands that detailing the numerous and obvious defects would be technically exhaustive and not helpful. Only the substantively obvious problems identified by the inspector will be called out as "repair or replace" for this report.

When a property is intended as rental, many items will need attention practically each time a unit is turned over. Things such as fresh paint, thorough overall cleaning, carpet shampoo/cleaning, minor repairs/adjustments to doors and cabinets and occasional window/glass repairs. You should budget for these eventualities even though not detailed herein. This report intended to identify items in severe disrepair, major component failure, or any item observed in need of extraordinary attention that should be addressed that would otherwise not be obvious to the casual observer.

Due to the nature of the inspection, specific conditions of the house, lack of some utilities and expectations on the limited scope of the inspection, the use of the checkbox "**IN**spected", for the purpose of this report, should be viewed to mean visually evaluated and obvious signs of problems or complete failure were not apparent to the inspector. Customer is aware of these limitations and understands that detailing the numerous and obvious defects would be technically exhaustive and not helpful. Only the substantively obvious problems identified by the inspector will be called out as "repair or replace" for this report.

**Standards of Practice:**

Non-Standard Customer Specific

**In Attendance:**

Customer and their agent

**Type of building:**

Multi-family

**Approximate age of building:**

Over 80 Years

**Temperature:**

Over 90 (F)

**Weather:**

Clear

**Ground/Soil surface condition:**

Damp

**Rain in last 3 days:**

Yes

## General Summary



Sage Inspections, LLC

4649 Littlebury  
St. Louis, MO 63128  
314-704-6834

**Customer**  
Mark Whiting

**Address**  
4050 Delmar  
St. Louis MO

The following items or discoveries indicate that these systems or components **do not function as intended** or **adversely affects the habitability of the dwelling**; or **warrants further investigation by a specialist**, or **requires subsequent observation**. This Summary is not the entire report. The complete report may include additional information of concern to the customer. It is recommended that the customer **read the complete report**.

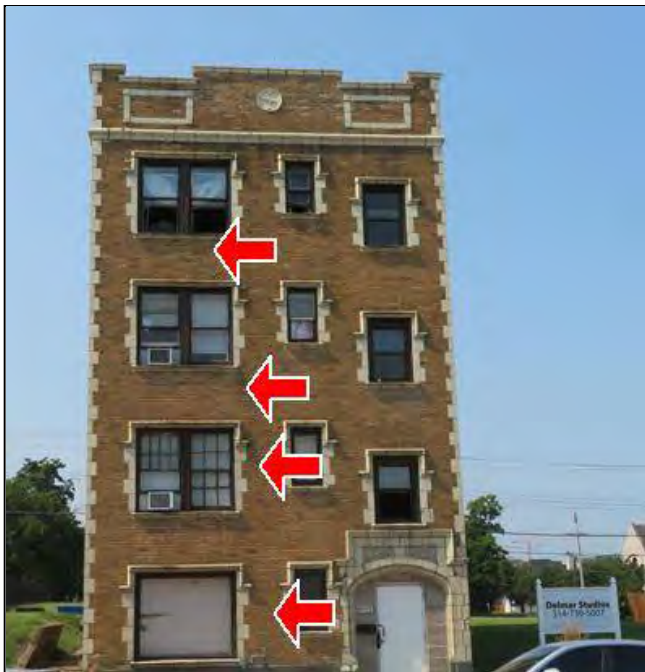
## 2. Exterior



### 2.0 Wall Cladding Flashing and Trim

#### Inspected, Repair or Replace

Spot tuckpointing needed at some exterior locations and window areas. Have a qualified person evaluate and correct as needed.

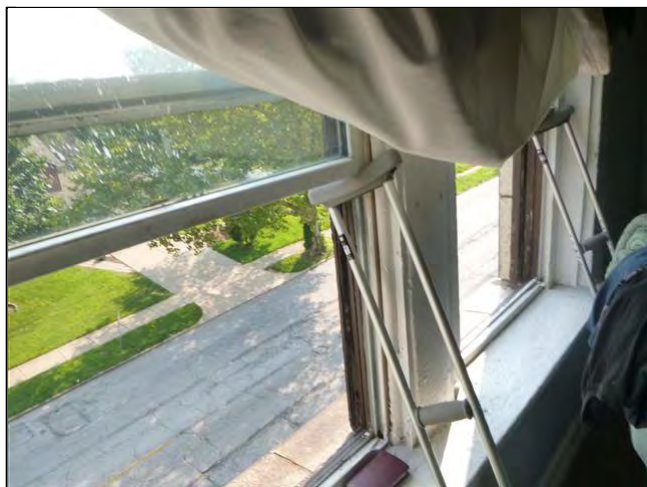


2.0 1

### 2.1 Windows

#### Inspected, Repair or Replace

Window replacements needed throughout. See photos for a few examples but they all need replacing. Budget accordingly



2.1 1 Even the relatively newer ones are in terrible shape. Crutches: Ironic AND useful in 301



2.1 2 Hammer time - 301



2.1 3 303 has ONE nice window...



2.1 4 ..and this one

**Vegetation, Grading, Drainage, Driveways, Patio Floor, Walkways and Retaining Walls (With respect to their effect on the condition of the building)**

**Inspected, Repair or Replace**

Retaining wall at walkway and garage entrance needs repairs. The walkway one... I have no idea how it is still standing



2.4 1



2.4 2 what magic holds this?

**3. Garage**

**3.0 Garage Floor**

**Repair or Replace**

Garage floor and adjoining areas need repouring/repairs to cover excavation for sewer laterals.



3.0 1

**3.1 Garage Door (s)**

**Repair or Replace**

Door was secured and inoperable - Cables missing/damaged. Have a qualified person evaluate and correct as needed.



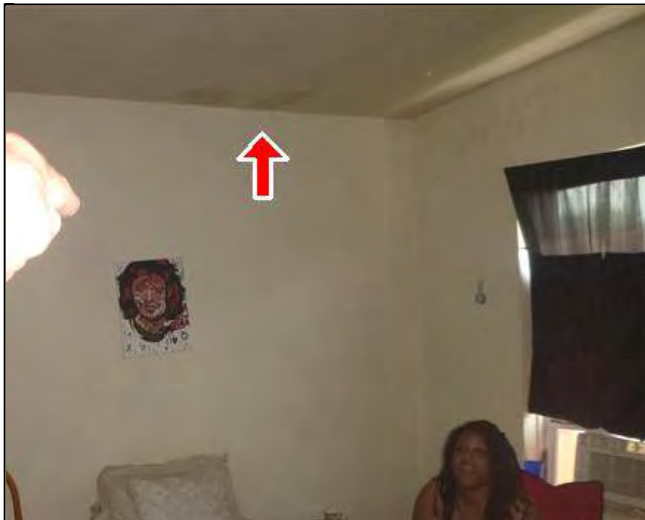
3.1 1

## 4. Interiors

### 4.0 Ceilings

#### Inspected, Repair or Replace

(1) Staining/leakage at ceilings at all units at 3rd floor. Have a qualified roofer evaluate ponding areas and flashings and any other penetration points and correct as needed. Some wall base staining may be tuckpointing related as well.



4.0 1 One of many areas of roof-based staining in 303

(2) Identify and correct any loose/leaking plumbing devices and or radiator distribution lines of units above these and address as needed.

1, 201, 202, 203



4.0 2 201 Bath



4.0 3 202 Living room

#### 4.1 Walls

##### Inspected

Staining/leakage at walls in several units. Addressing windows and spot tuck pointing will prevent recurrence. Identifying and correcting loose/leaking plumbing device of units above these is critical. units 101, 201, 301 at the front of building. I'd start high and work low to identify and correct



4.1 1

#### 4.4 Counters and Cabinets (representative number)

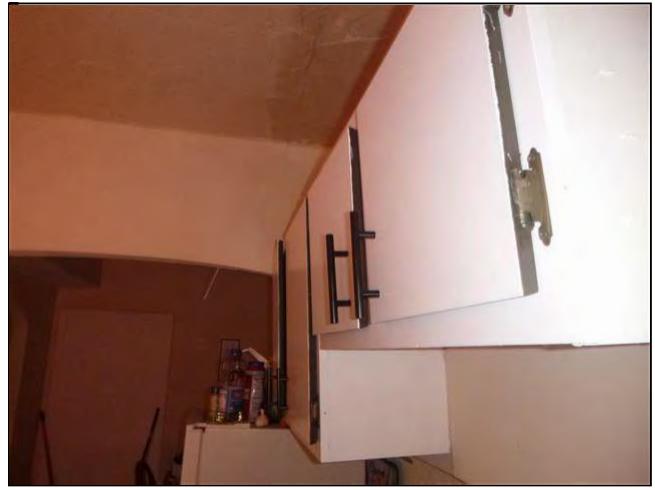
##### Inspected, Repair or Replace

Most kitchens are ready for a remodel. Some cabinetry is dangerously loose and needs immediate addressing to prevent failure/injury.

Most urgent ones: Units 102, 302, 303



4.4 1 Loose wall cabinetry in 302



4.4 2

#### 4.7 Other

##### Repair or Replace

(1) Bugs observed everywhere. Have a qualified pest professional evaluate and correct as needed. There seems to be some critter nesting in utility area of basement as well.



4.7 1

## 6. Electrical System

### 6.0 Service and Grounding Equipment, Main Overcurrent Device, Main and Distribution Panels

#### Inspected, Repair or Replace

Each unit has a pair of 20amp breakers. That's it. They are inadequate and the service lines to the meters generally should only support 6 such panels per leg. Have a qualified electrician evaluate and correct as needed. The City will likely want meters moved to exterior. I would be budgeting for moving the meters to exterior, running individual service lines to the units with panels in the unit. Factor in outlets/amperage suitable for in-unit AC/Heat devices and adding suitable outlets where lacking in kitchens/baths.

FYI - Work will require permits and local code compliance.



6.0 1



6.0 2



6.0 3

**6.3 Connected Devices and Fixtures (Observed from a representative number operation of ceiling fans, lighting fixtures, switches and receptacles located inside the house, garage, and on the dwelling's exterior walls)**

**Inspected, Repair or Replace**

Wiring from common area is being tapped into to provide power to some outlets lights in Unit 3. Address as needed



6.3 1



6.3 2



6.3 3

**6.5 Operation of GFCI (Ground Fault Circuit Interrupters)****Inspected, Repair or Replace**

GFCI's needed throughout.

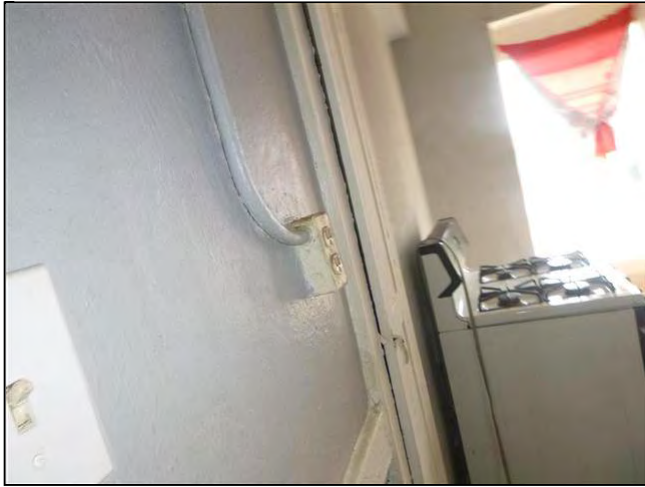
All kitchens and baths should have them. Most bathrooms do not have an outlet of any kind and many kitchens do not have enough outlets and extension cord use is consequently rampant and potentially unsafe. Address as needed



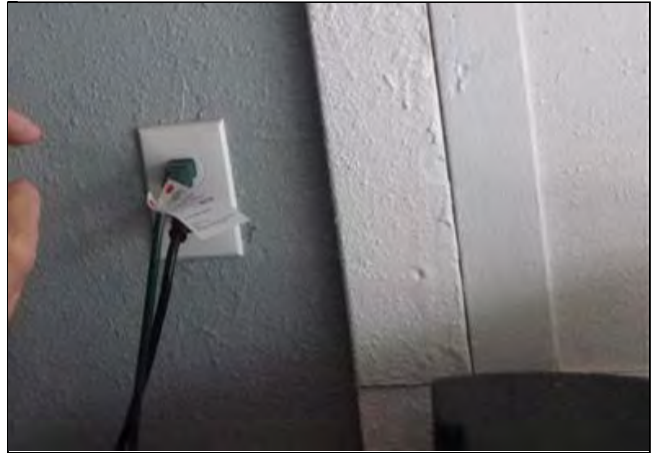
6.5 1 Example of one of dozens needed



6.5 2



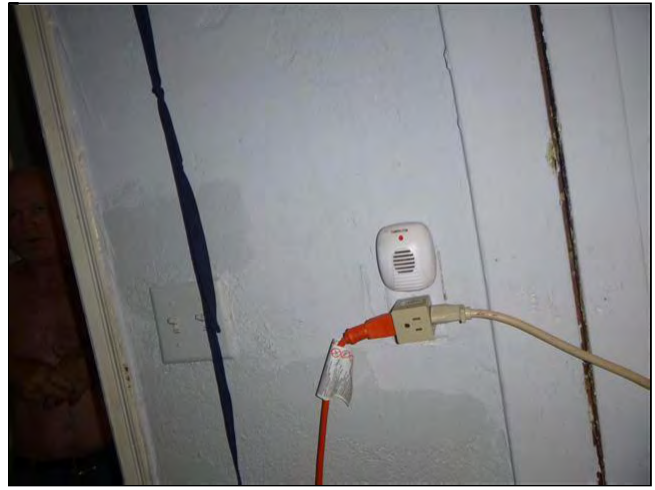
6.5 3 304 -



6.5 4 201



6.5 5 203



6.5 6 101

## 6.7 Smoke and Carbon Monoxide Detectors

### Inspected, Repair or Replace

Battery operated smoke detectors and Carbon monoxide detectors are life-saving technologies that are inexpensive and constantly improving. They should be considered disposable items and are not tested as part of the home inspection. I recommend discarding and replacing all of them when buying a home and every five years thereafter. Hardwired systems (if present) should be tested per manufacturer's specifications. Carbon monoxide detectors should be installed in each unit and level of building.

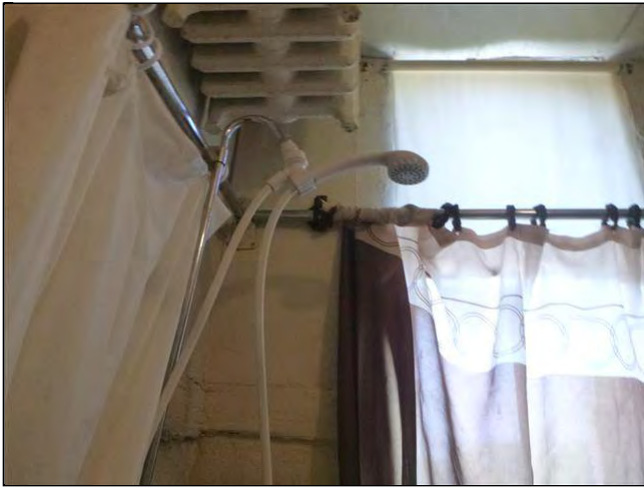
Check with local municipality which will likely require interconnected units and/or other considerations

## 7. Plumbing System

### 7.1 Plumbing Water Supply, Distribution System and Fixtures

#### Inspected, Repair or Replace

(1) Many units have shower but no proper surrounds. Some have tubs that have been painted or the surrounds are of porous/incorrect materials.



7.1 1 305



7.1 2 305 - one tight squeeze as well (They make smaller toilets... but still)



7.1 3 101 - Paint is not adequate to prevent water penetration

(2) Numerous signs of minor leaks in Kitchen/Bathroom sinks observed. Many such were not actively leaking but addressing some of the temporary connections mentioned, references to leaks observed in units below and/or polling tenants can identify the obvious ones. Most are easily addressable:



7.1 4 Unit 1 - Pots and buckets are also a clue

(3) Many waste line drain traps under sinks use flexible, accordion style fittings and non-standard plumbing materials used to repair the drain line, which are considered temporary in nature. Have a qualified plumber review and correct with proper connections as needed.

Units 105, 201, 202, 205, 301



7.1 5 Ex: 203

(4) Toilets are not properly secured to their flanges. If they have been loose for a while the wax rings could have become compromised which could lead to leaks. Have a qualified repair person evaluate and repair or resecure as needed.

Units 201, 202, 302, 305.

*Not all toilets could be readily nudged to test.*



7.1 6 305 - the floor is pretty sketchy under this one  
(5) Loose bathroom sinks in 202, 204, 302. Secure to wall properly as needed



7.1 7  
(6) Leaking devices noted at #3 Sprayer in Kitchen, which also has a slow-draining, debris-clogged tub



7.1 9

7.1 8  
(7) Tub fixture at 301 was observed to be leaking.

*FYI - This unit and many others should have pop-us or plugs for use in sinks to have them hold water. They disappear. I would just add when needed for occupancy*



7.1 10



7.1 11

## 7.2 Hot Water Systems, Controls, Chimneys, Flues and Vents

### Inspected, Repair or Replace

Whirlpool - 2015 - 50 Gallon - Gas

AO Smith - 2018 - 40 Gallon - Gas

This unit has connections between dissimilar metals (copper-galvanized) at attachment to device. These require special "dielectric union" connections to avoid reactions that can cause leaks. Nearby valves is leaking and another has no valve handle/grip. Have a qualified person evaluate and correct as needed.

90 Gallons of water capacity using residential grade devices to supply 17+ units is likely inadequate. Upgrading to commercial products as these fail or are identified as insufficient is recommended

At the point you are replacing/reconfiguring things, consider removing the abandoned tank behind them. It may have been for the radiant system prior, or it could be an abandoned fuel tank... either way, take advantage of the chance to clear it out should the opportunity materialize



7.2.1



7.2.2



7.2.3



7.2.4

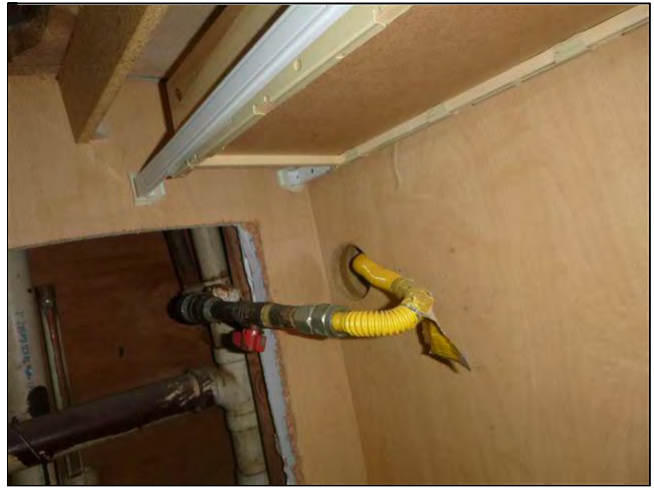
**7.4 Fuel Storage and Distribution Systems (Interior fuel storage, piping, venting, supports)**

**Inspected, Repair or Replace**

Some gas lines are passing through cabinetry like in Unit 1. Address as needed



7.4 1



7.4 2

## 8. Heating / Central Air Conditioning

### 8.3 Distribution Systems (including fans, pumps, ducts and piping, with supports, insulation, air filters, registers, radiators, fan coil units and convectors)

#### Inspected, Repair or Replace

Numerous radiators and supply lines are missing/damaged/leaking or in poor repair. Others are reported as non-functional by tenants. In all the heating system in the building as configured seems problematic and you will be piecing things together in a never-ending cycle of repairs/patches.

Some of the mysterious leaks in ceilings could easily be attributed to these lines failing inside the walls/ceilings. Some obvious signs of problems noted in 1,3,101,201,203,301,

You can probably recoup some \$ from the existing system.

You'll need to upgrade the electric for much of the building anyway, so you might as well go big.

Consider budgeting for mini-splits or even small window-based units.



8.3 1 Example of a small window unit that for \$500-600 can heat and cool 550 sq feet. Surely there's a option that would be cost effective.



8.3 2 203 - This made a mess so you know there are more like it.

**8.4 Presence of Installed Heat Source in Each Room Inspected, Repair or Replace**  
 Some rooms lack functional radiators in many units.

**9. Insulation and Ventilation**

**9.0 Venting Systems (Kitchens, Baths and Laundry)**  
**Inspected, Repair or Replace**  
 Unit 3 needs a vent because they closed off the window.

FYI - Any bathrooms with OPERABLE windows are not required to have an exhaust fan. Adding one and one for the kitchens would be a beneficial upgrade



9.0 1 Hey, there's a window back here!



9.0 2 302 - ALMOST has what's needed

## 10. Built-In Kitchen Appliances

### 10.0 Ranges/Ovens/Cooktops

#### Repair or Replace

(1) in almost all units the range has no anti-tip device installed. This prevents the stove and its hot contents from tipping over onto children who may try to climb using the door as a ladder or in the event someone falls or drops anything heavy onto an open oven door. Have a qualified person install as needed.



10.0 1 Unit one and most of the rest need anti-tip devices

(2) Range in 101 is dangerously broken. Have a qualified person evaluate and correct as needed.



10.0 2 Paint buckets hold the door closed while cooking. Better than cans of Paint Thinner, but...

## 11. Photos

### 11.0 Other Photos

#### Not Inspected, Repair or Replace

(8) 104 - This one is a nasty situation ready for a gut. Too many obvious issues to call out but the photos should tell the story

DEAR PROPERTY MANAGER

I HAVE BEEN WAITING FOR MONTHS  
 TO GET MY KITCHENS, BATHROOM  
 KITCHEN LIGHT FIXER, HOOB'S ETC.  
 & MANY OTHER REPAIRS

I'VE BEEN PROMISED FOR MONTHS  
 SOMEONE IS GOING TO FIX THESE  
 PROBLEMS

I KNOW YOU ARE A NEW AGENCY  
 TAKING OVER SO YOU ARE NOT  
 TO BLAME.

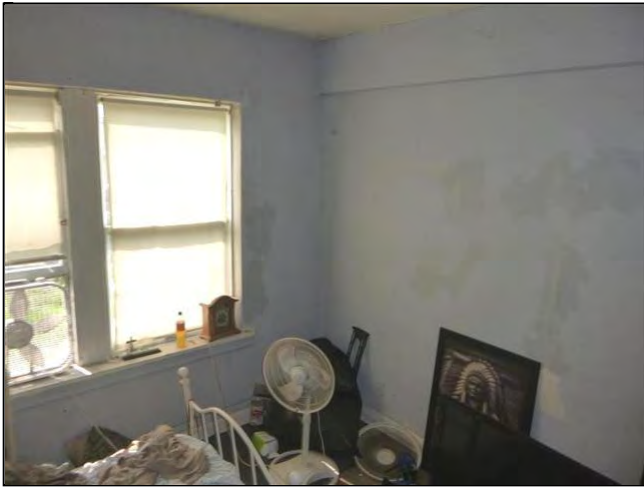
I HAVE NO PROBLEM PAYING RENT

But look at my unit & you tell  
 me what we CAN DO TO RESOLVE  
 THIS PROBLEM.

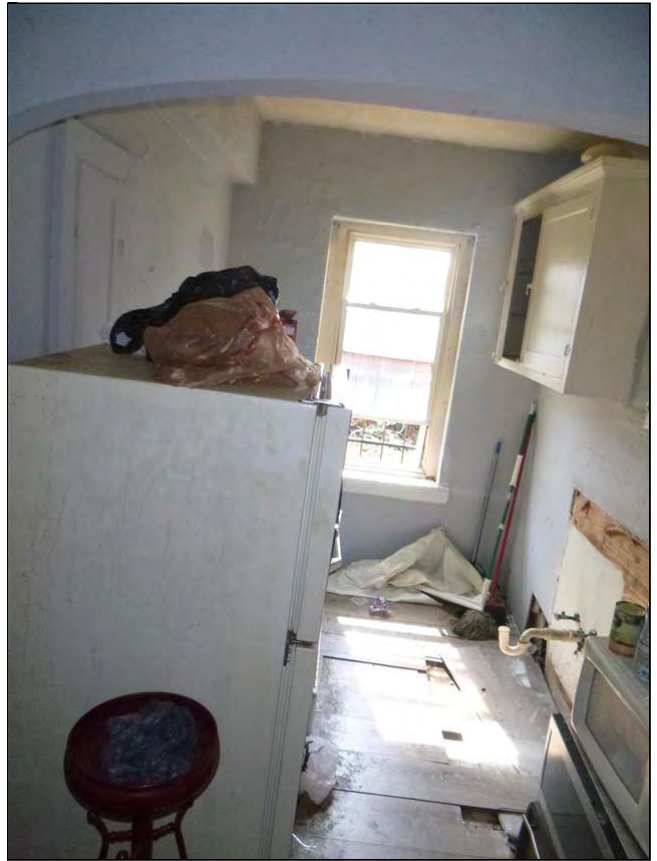
I'M AT WORK SO TAKE A LOOK  
 THE DOOR IS UNLOCK & PLEASE  
 LET'S WORK TOGETHER TO FIX THIS

Gonzalo S. Peppard  
 Unit 104  
 (314) 328-3606

11.0 60 104



11.0 61 104



11.0 62 104



11.0 63 104



11.0 64 104



11.0 65 104



11.0 66 104

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Home inspectors are not required to report on the following: Life expectancy of any component or system; The causes of the need for a repair; The methods, materials, and costs of corrections; The suitability of the property for any specialized use; Compliance or non-compliance with codes, ordinances, statutes, regulatory requirements or restrictions; The market value of the property or its marketability; The advisability or inadvisability of purchase of the property; Any component or system that was not observed; The presence or absence of pests such as wood damaging organisms, rodents, or insects; or Cosmetic items, underground items, or items not permanently installed. Home inspectors are not required to: Offer warranties or guarantees of any kind; Calculate the strength, adequacy, or efficiency of any system or component; Enter any area or perform any procedure that may damage the property or its components or be dangerous to the home inspector or other persons; Operate any system or component that is shut down or otherwise inoperable; Operate any system or component that does not respond to normal operating controls; Disturb insulation, move personal items, panels, furniture, equipment, plant life, soil, snow, ice, or debris that obstructs access or visibility; Determine the presence or absence of any suspected adverse environmental condition or hazardous substance, including but not limited to mold, toxins, carcinogens, noise, contaminants in the building or in soil, water, and air; Determine the effectiveness of any system installed to control or remove suspected hazardous substances; Predict future condition, including but not limited to failure of components; Since this report is provided for the specific benefit of the customer(s), secondary readers of this information should hire a licensed inspector to perform an inspection to meet their specific needs and to obtain current information concerning this property.

Prepared Using HomeGauge <http://www.HomeGauge.com> : Licensed To Norm Tyler

## 1. Roofing

The home inspector shall observe: Roof covering; Roof drainage systems; Flashings; Skylights, chimneys, and roof penetrations; and Signs of leaks or abnormal condensation on building components. The home inspector shall: Describe the type of roof covering materials; and Report the methods used to observe the roofing. The home inspector is not required to: Walk on the roofing; or Observe attached accessories including but not limited to solar systems, antennae, and lightning arrestors. Roof coverings and skylights can appear to be leak proof during inspection and weather conditions. Our inspection makes an attempt to find a leak but sometimes cannot. Roofs can and do leak often regardless of age and condition. Unless noted elsewhere, the inspector did not observe signs of active leaks at the time of inspection. If concerned, have a qualified roofer further evaluate and follow their recommendations. This is a "visual" inspection only. No certification warranty, or guarantee is given as to the water tight integrity of the roof. Inspectors can not determine water tight integrity of roofs by a visual inspection. If such an inspection or certification of the roof is desired, client should contact qualified roofing contractor.

---

**Roof Covering:** *Roll/Selvage* **Age Estimate:** *< 3 Years* **Viewed roof covering from:** *Walked roof* **Chimney (exterior):**  
*Brick*

---

### 1.0 Roof Coverings - *Inspected*

#### 1.1 Flashings - *Inspected*

#### 1.2 Skylights, Chimneys and Roof Penetrations - *Inspected*

#### 1.3 Roof Drainage Systems - *Inspected*

## 2. Exterior



The home inspector shall observe: Wall cladding, flashings, and trim; Entryway doors and a representative number of windows; Garage door operators; Decks, balconies, stoops, steps, areaways, porches and applicable railings; Eaves, soffits, and fascias; and Vegetation, grading, drainage, driveways, patios, walkways, and retaining walls with respect to their effect on the condition of the building. Any gaps, even tiny ones, in trim fascia is an opportunity for weather and pest penetration/access. If concerned about pests or possible hidden/obstructed damage by them, a separate pest inspection by a qualified pest removal company is advised. The home inspector shall: Describe wall cladding materials; Operate all entryway doors and a representative number of windows where possible; Operate garage doors manually or by using permanently installed controls for any garage door operator; Report whether or not any garage door operator will automatically reverse or stop when meeting reasonable resistance during closing; and Probe exterior wood components where deterioration is suspected. The home inspector is not required to observe: Storm windows, storm doors, screening, shutters, awnings, and similar seasonal accessories; Fences; Presence of safety glazing in doors and windows; Garage door operator remote control transmitters; Geological conditions; Soil conditions; Recreational facilities (including spas, saunas, steam baths, swimming pools, tennis courts, playground equipment, and other exercise, entertainment, or athletic facilities); Detached buildings or structures; or Presence or condition of buried fuel storage tanks. The home inspector is not required to: Move personal items, panels, furniture, equipment, plant life, soil, snow, ice or debris that obstructs access or visibility.

---

**Siding Style:** *Brick* **Siding Material:** *Brick* **Exterior Entry Doors:** *Steel* **Driveway/Parking:** *Street Parking Alley Access*

---

### 2.0 Wall Cladding Flashing and Trim - *Inspected, Repair or Replace*

Spot tuckpointing needed at some exterior locations and window areas. Have a qualified person evaluate and correct as needed.

### 2.1 Windows - *Inspected, Repair or Replace*

Window replacements needed throughout. See photos for a few examples but they all need replacing. Budget accordingly

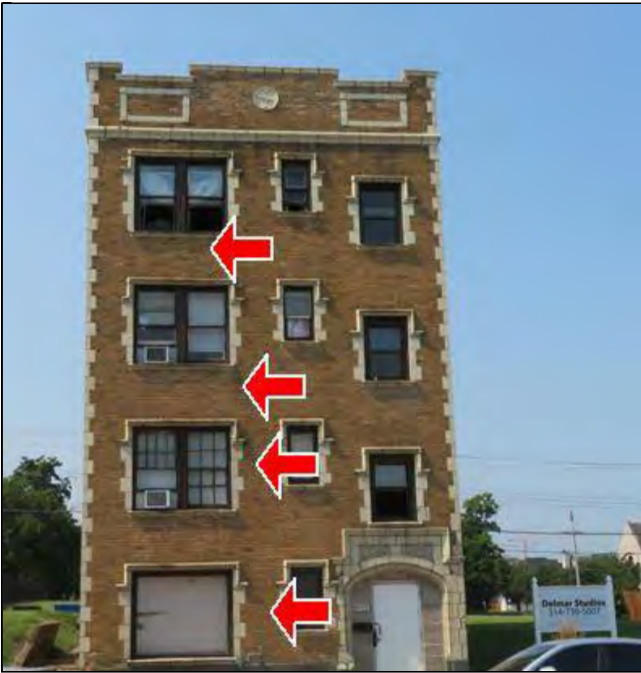
### 2.2 Doors (Exterior) - *Inspected*

### 2.3 Decks, Balconies, Stoops, Steps, Areaways, Porches, Patio/Cover and Applicable Railings - *Inspected*

### 2.4 Vegetation, Grading, Drainage, Driveways, Patio Floor, Walkways and Retaining Walls (With respect to their effect on the condition of the building) - *Inspected, Repair or Replace*

Retaining wall at walkway and garage entrance needs repairs. The walkway one... I have no idea how it is still standing

### 2.5 Eaves, Soffits and Fascias - *Inspected*



2.0 1



2.1 1 Even the relatively newer ones are in terrible shape. Crutches: Ironic AND useful in 301



2.1 2 Hammer time - 301



2.1 3 303 has ONE nice window...



2.1 4 ..and this one



2.4 1



2.4 2 what magic holds this?

### 3. Garage

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**Garage Door Type:** *One manual* **Garage Door Material:** *Metal* **Auto-opener:** *CHAMBERLAIN*

---

#### 3.0 Garage Floor - *Repair or Replace*

Garage floor and adjoining areas need repouring/repairs to cover excavation for sewer laterals.

#### 3.1 Garage Door (s) - *Repair or Replace*

Door was secured and inoperable - Cables missing/damaged. Have a qualified person evaluate and correct as needed.

#### 3.2 Occupant Door (from garage to inside of home or egress) - *Inspected*

#### 3.3 Garage Door Operators - *Inspected*

This tried to function but will need to connections and adjustments to operate the door once THAT is repaired

#### 3.4 Other - *Not Inspected*

My personal suggestion would be to close this garage door and add a large secure exterior (double?) man-door, eliminate the awful utility toilet and sink, and add a couple coin-op washers/dryers to the basement. After cleaning it up and making it safe, make it tenant-accessible only via the rear stairwell.



3.0 1



3.1 1



3.4 1

## 4. Interiors

---

**Ceiling Materials:** *Gypsum Board Plaster* **Wall Material:** *Gypsum Board Plaster* **Floor Covering(s):** *Laminated T&G Tile Vinyl* **Interior Doors:** *Hollow core* **Window Types:** *Aged* **Cabinetry:** *Wood Laminate Metal* **Countertop:** *Laminate*

---

### 4.0 Ceilings - *Inspected, Repair or Replace*

(1) Staining/leakage at ceilings at all units at 3rd floor. Have a qualified roofer evaluate ponding areas and flashings and any other penetration points and correct as needed. Some wall base staining may be tuckpointing related as well.

(2) Identify and correct any loose/leaking plumbing devices and or radiator distribution lines of units above these and address as needed.

1, 201, 202, 203

### 4.1 Walls - *Inspected*

Staining/leakage at walls in several units. Addressing windows and spot tuck pointing will prevent recurrence.

Identifying and correcting loose/leaking plumbing device of units above these is critical.

units 101, 201, 301 at the front of building. I'd start high and work low to identify and correct

### 4.2 Floors - *Inspected*

### 4.3 Steps, Stairways, Balconies and Railings - *Inspected*

### 4.4 Counters and Cabinets (representative number) - *Inspected, Repair or Replace*

Most kitchens are ready for a remodel. Some cabinetry is dangerously loose and needs immediate addressing to prevent failure/injury.

Most urgent ones: Units 102, 302, 303

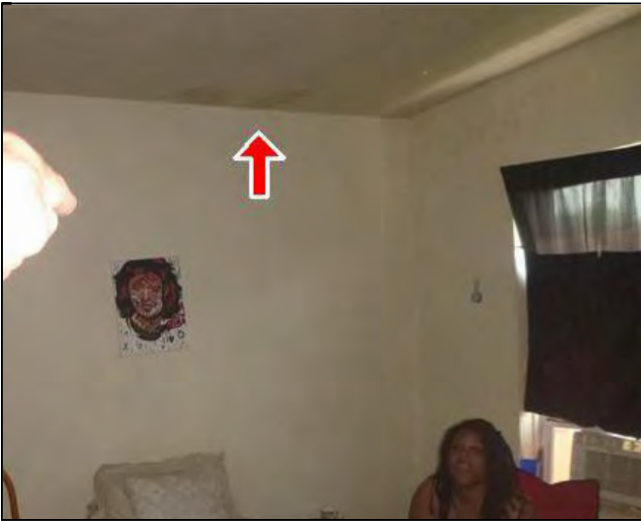
### 4.5 Doors (representative number) - *Inspected*

### 4.6 Windows (representative number) - *Inspected*

### 4.7 Other - *Repair or Replace*

(1) Bugs observed everywhere. Have a qualified pest professional evaluate and correct as needed. There seems to be some critter nesting in utility area of basement as well.

(2) Animals observed in many units. While not problematic by themselves, poor litterbox maintenance and other issues should be considered.



4.0 1 One of many areas of roof-based staining in 303



4.0 2 201 Bath



4.0 3 202 Living room



4.1 1



4.4 1 Loose wall cabinetry in 302



4.4 2



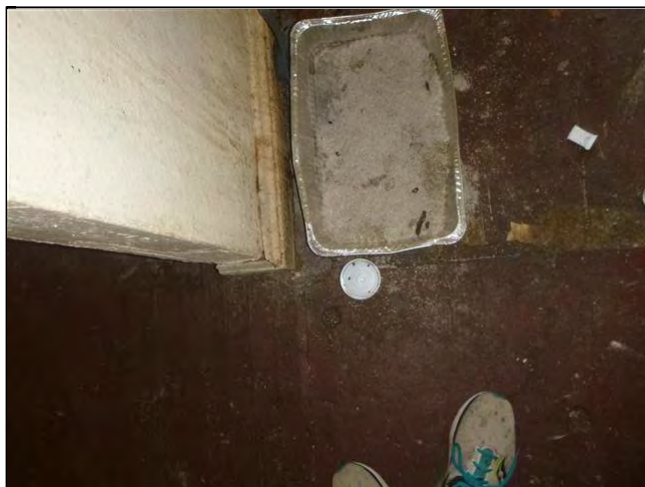
4.7 1



4.7 2 103 - Look at those FACES!



4.7 3 201



4.7 4 202 - This unit was smelly!

## 5. Structural Components

The Home Inspector shall observe structural components including foundations, floors, walls, columns or piers, ceilings and roof. The home inspector shall describe the type of Foundation, floor structure, wall structure, columns or piers, ceiling structure, roof structure. The home inspector shall: Probe structural components where deterioration is suspected; Enter under floor crawl spaces, basements, and attic spaces except when access is obstructed, when entry could damage the property, or when dangerous or adverse situations are suspected; Report the methods used to observe under floor crawl spaces and attics; and Report signs of abnormal or harmful water penetration into the building or signs of abnormal or harmful condensation on building components. The home inspector is not required to: Enter any area or perform any procedure that may damage the property or its components or be dangerous to or adversely effect the health of the home inspector or other persons. Basements can develop leaks and not all areas can be observed. If concerned about specific areas or potential for water penetration, contact a qualified waterproofing/foundation expert for recommendations. Painted surfaces of foundation walls, at interior or exterior, can impact the ability to inspect these areas.

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**Foundation:** *Stone* **Floor Structure:** *Slab Not visible* **Wall Structure:** *Masonry 2x4* **Columns or Piers:** *Supporting walls* **Ceiling Structure:** *Not visible* **Roof Structure:** *Stick-built Not visible* **Roof-Type:** *Flat* **Attic info:** *No Attic Space Located*

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### 5.0 Walls - *Inspected*

#### 5.1 Foundations, Basement, Slab and/or Crawlspace (Report signs of abnormal or harmful water penetration into the building or signs of abnormal or harmful condensation or other conditions on building components.) -

*Inspected*

FYI - Masonry block or stone foundation walls were present. Such construction is a common foundation construction method for the time period in which the home was built. Cracks at the mortar joints are not entirely unusual. These cracks should be monitored for additional movement or separation in the future. Often these types of walls have to be maintained for moisture penetration. If concerned have these areas reviewed by a qualified basement foundation specialist and repair if needed.

#### 5.2 Columns, Piers and Beams - *Inspected*

#### 5.3 Floors (Structural) - *Inspected*

#### 5.4 Ceilings (Structural) - *Inspected*

#### 5.5 Roof Structure and Attic - *Inspected*

## 6. Electrical System

The home inspector shall observe: Service entrance conductors; Service equipment, grounding equipment, main over current device, and main and distribution panels; Amperage and voltage ratings of the service; Branch circuit conductors, their over current devices, and the compatibility of their ampacities and voltages; The operation of a representative number of installed ceiling fans, lighting fixtures, switches and receptacles located inside the house, garage, and on the dwelling's exterior walls; The polarity and grounding of all receptacles within six feet of interior plumbing fixtures, and receptacles in the garage or carport, and on the exterior of inspected structures; The operation of ground fault circuit interrupters; and Smoke detectors. The home inspector shall describe: Service amperage and voltage; Service entry conductor materials; Service type as being overhead or underground; and Location of main and distribution panels. The home inspector shall report any observed aluminum branch circuit wiring. If present, buyer is advised to be aware of the need to use properly rated connectors and fixtures for aluminum branch wiring. Further information and advice should be sought from a qualified electrician. The home inspector is not required to: Insert any tool, probe, or testing device inside the panels; Test or operate any over current device except ground fault circuit interrupters; Dismantle any electrical device or control other than to remove the covers of the main and auxiliary distribution panels; or Observe: Low voltage systems; Security system devices, heat detectors, or carbon monoxide detectors; Telephone, security, cable TV, intercoms, or other ancillary wiring that is not a part of the primary electrical distribution system; or Built-in vacuum equipment. Outlets/switches and their covers were not removed and the inspection was only visual. Any outlet not accessible (behind the refrigerator for example) was not inspected or accessible. Outlets that have childproof protectors are not tested. Also, Outlets that are in use are not tested. We do not unplug the occupants appliances, computers, electric toothbrushes, lamps, alarm clocks etc. for testing.

---

**Electrical Service Conductors:** *Overhead Service - Aluminum - 220 Volts* **Panel capacity:** *Multiple panels* **Panel Type:** *Circuit breakers* **Branch wire 15 and 20 AMP:** *Copper* **Wiring Methods:** *Romex*

---

### 6.0 Service and Grounding Equipment, Main Overcurrent Device, Main and Distribution Panels - *Inspected, Repair or Replace*

Each unit has a pair of 20amp breakers. That's it. They are inadequate and the service lines to the meters generally should only support 6 such panels per leg. Have a qualified electrician evaluate and correct as needed. The City will likely want meters moved to exterior. I would be budgeting for moving the meters to exterior, running individual service lines to the units with panels in the unit. Factor in outlets/amperage suitable for in-unit AC/Heat devices and adding suitable outlets where lacking in kitchens/baths.

FYI - Work will require permits and local code compliance.

#### 6.1 Service Entrance Conductors - *Inspected*

#### 6.2 Branch Circuit Conductors, Overcurrent Devices and Compatability of their Amperage and Voltage - *Inspected*

#### 6.3 Connected Devices and Fixtures (Observed from a representative number operation of ceiling fans, lighting fixtures, switches and receptacles located inside the house, garage, and on the dwelling's exterior walls) - *Inspected, Repair or Replace*

Wiring from common area is being tapped into to provide power to some outlets lights in Unit 3. Address as needed

#### 6.4 Polarity and Grounding of Receptacles within 6 feet of interior plumbing fixtures, all receptacles in garage, carport and exterior walls of inspected structure - *Inspected*

#### 6.5 Operation of GFCI (Ground Fault Circuit Interrupters) - *Inspected, Repair or Replace*

GFCI's needed throughout.

All kitchens and baths should have them. Most bathrooms do not have an outlet of any kind and many kitchens do not have enough outlets and extension cord use is consequently rampant and potentially unsafe. Address as needed

#### 6.6 Location of Main and Distribution Panels - *Inspected*

The main panel box is located in the utility area.

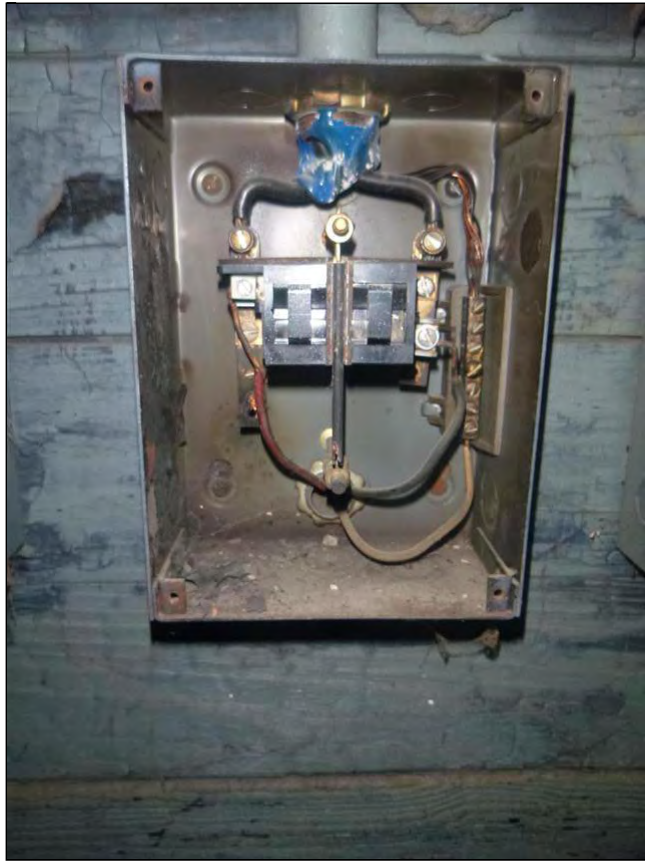
#### 6.7 Smoke and Carbon Monoxide Detectors - *Inspected, Repair or Replace*

Battery operated smoke detectors and Carbon monoxide detectors are life-saving technologies that are inexpensive and constantly improving. They should be considered disposable items and are not tested as part of the home inspection. I recommend discarding and replacing all of them when buying a home and every five years thereafter. Hardwired systems (if present) should be tested per manufacturer's specifications. Carbon monoxide detectors should be installed in each unit and level of building.

Check with local municipality which will likely require interconnected units and/or other considerations



6.01



6.02



6.03



6.31



6.3.2



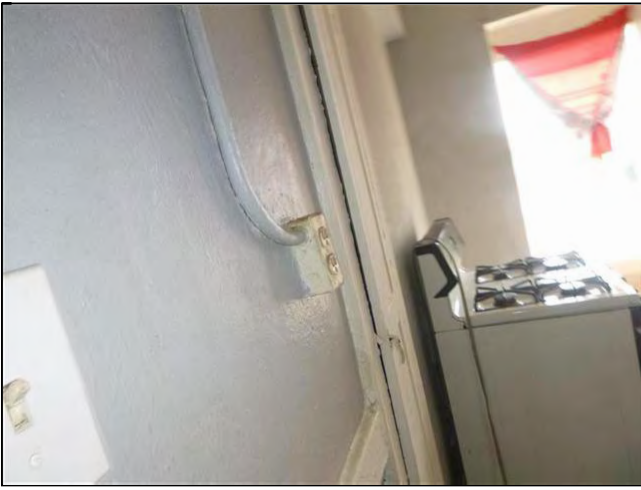
6.3.3



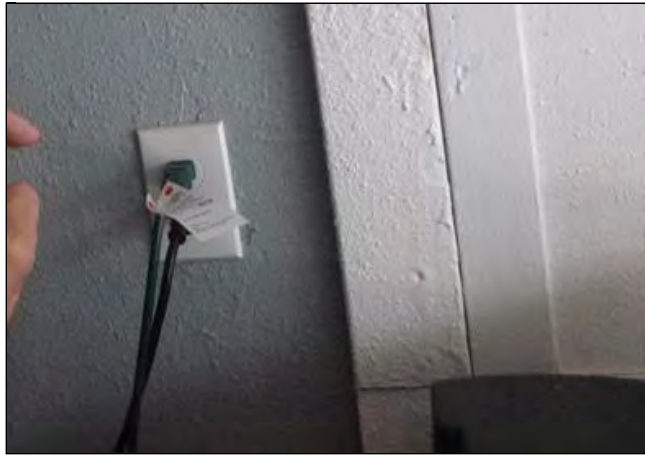
6.5.1 Example of one of dozens needed



6.5.2



6.5 3 304 -



6.5 4 201



6.5 5 203



6.5 6 101

## 7. Plumbing System

The home inspector shall observe: Interior water supply and distribution system, including: piping materials, supports, and insulation; fixtures and faucets; functional flow; leaks; and cross connections; Interior drain, waste, and vent system, including: traps; drain, waste, and vent piping; piping supports and pipe insulation; leaks; and functional drainage; Hot water systems including: water heating equipment; normal operating controls; automatic safety controls; and chimneys, flues, and vents; Fuel storage and distribution systems including: interior fuel storage equipment, supply piping, venting, and supports; leaks; and Sump pumps. The home inspector shall describe: Water supply and distribution piping materials; Drain, waste, and vent piping materials; Water heating equipment; and Location of main water supply shutoff device. The home inspector shall operate all plumbing fixtures, including their faucets and all exterior faucets attached to the house, except where the flow end of the faucet is connected to an appliance. The home inspector is not required to: State the effectiveness of anti-siphon devices; Determine whether water supply and waste disposal systems are public or private; Operate automatic safety controls; Operate any valve except water closet flush valves, fixture faucets, and hose faucets; Observe: Water conditioning systems; Fire and lawn sprinkler systems; On-site water supply quantity and quality; On-site waste disposal systems; Foundation irrigation systems; Spas, except as to functional flow and functional drainage; Swimming pools; Solar water heating equipment; or Observe the system for proper sizing, design, or use of proper materials. Washing machine and similar drain lines cannot be checked for leaks or the ability to handle the volume during drain cycle. Older homes with galvanized supply lines or cast iron drain lines can be obstructed and barely working during an inspection but then fails under heavy use. If the water is turned off or not used for periods of time (like a vacant home waiting for closing) rust or deposits within the pipes can further clog the piping system. Sewer laterals are the horizontal drain pipes that run from your main stacks out to the sewer main or septic tank. Without the benefit of a sewer lateral camera inspection we cannot know the conditions of such lines. Repairs can be extremely costly to a homeowner. In some cases, some of the exterior work may be covered via a community sewer lateral program. Client is advised to have a sewer lateral camera inspection performed.

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**Water Source:** *Public* **Plumbing Water Supply (into home):** *Copper* **Plumbing Water Distribution (inside home):** *Copper Galvanized* **Plumbing Waste:** *PVC Cast iron lead waste (old)* **Water Heater:** *A.O. SMITH WHIRLPOOL* **Water Heater Manufacture Date:** *2018 2015* **Water Heater Capacity:** *40 Gallon 50 Gallon* **Water Heater Power Source:** *Gas (quick recovery)*

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### 7.0 Plumbing, Drain, Waste and Vent Systems - *Inspected*

#### 7.1 Plumbing Water Supply, Distribution System and Fixtures - *Inspected, Repair or Replace*

- (1) Many units have shower but no proper surrounds. Some have tubs that have been painted or the surrounds are of porous/incorrect materials.
- (2) Numerous signs of minor leaks in Kitchen/Bathroom sinks observed. Many such were not actively leaking but addressing some of the temporary connections mentioned, references to leaks observed in units below and/or polling tenants can identify the obvious ones Most are easily addressable:
- (3) Many waste line drain traps under sinks use flexible, accordion style fittings and non-standard plumbing materials used to repair the drain line, which are considered temporary in nature. Have a qualified plumber review and correct with proper connections as needed.

Units 105, 201, 202, 205, 301

- (4) Toilets are not properly secured to their flanges. If they have been loose for a while the wax rings could have become compromised which could lead to leaks. Have a qualified repair person evaluate and repair or resecure as needed.

Units 201, 202, 302, 305.

*Not all toilets could be readily nudged to test.*

- (5) Loose bathroom sinks in 202, 204, 302. Secure to wall properly as needed
- (6) Leaking devices noted at #3 Sprayer in Kitchen, which also has a slow-draining, debris-clogged tub
- (7) Tub fixture at 301 was observed to be leaking.

*FYI - This unit and many others should have pop-us or plugs for use in sinks to have them hold water. They disappear. I would just add when needed for occupancy*

#### 7.2 Hot Water Systems, Controls, Chimneys, Flues and Vents - *Inspected, Repair or Replace*

Whirlpool - 2015 - 50 Gallon - Gas

AO Smith - 2018 - 40 Gallon - Gas

This unit has connections between dissimilar metals (copper-galvanized) at attachment to device. These require special "dielectric union" connections to avoid reactions that can cause leaks. Nearby valves is leaking and another has no valve handle/grip. Have a qualified person evaluate and correct as needed.

90 Gallons of water capacity using residential grade devices to supply 17+ units is likely inadequate. Upgrading to commercial products as these fail or are identified as insufficient is recommended

At the point you are replacing/reconfiguring things, consider removing the abandoned tank behind them. It may have been for the radiant system prior, or it could be an abandoned fuel tank... either way, take advantage of the chance to clear it out should the opportunity materialize

**7.3 Main Water Shut-off Device** - *Inspected*

**7.4 Fuel Storage and Distribution Systems (Interior fuel storage, piping, venting, supports)** - *Inspected, Repair or Replace*

Some gas lines are passing through cabinetry like in Unit 1. Address as needed

**7.5 Main Fuel Shut-off** - *Inspected*



7.1 1 305



7.1 2 305 - one tight squeeze as well (They make smaller toilets... but still)



7.1 3 101 - Paint is not adequate to prevent water penetration



7.1 4 Unit 1 - Pots and buckets are also a clue



7.1 5 Ex: 203



7.1 6 305 - the floor if prpretty sketchy under this one



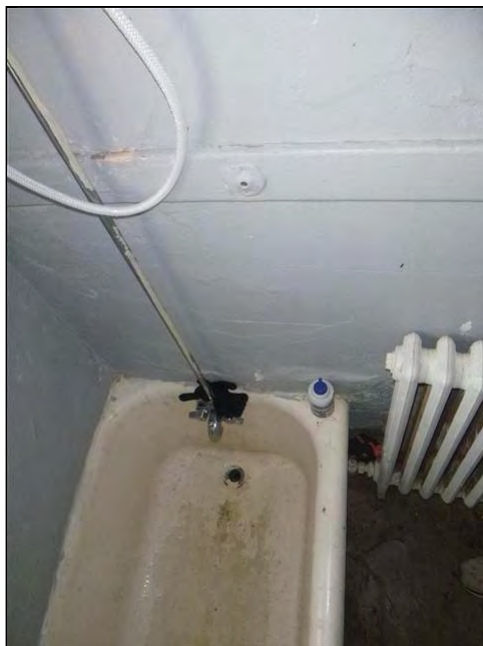
7.1 7



7.1 8



7.1 9



7.1 10



7.1 11



7.2 1



7.2 2



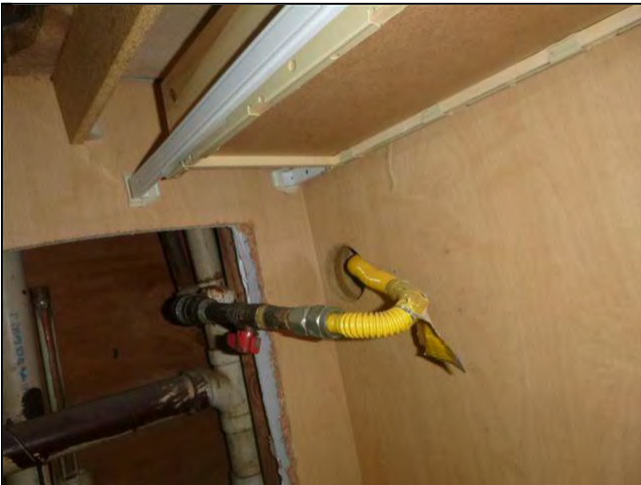
7.2 3



7.2.4



7.4.1



7.4.2

## 8. Heating / Central Air Conditioning

The home inspector shall observe permanently installed heating and cooling systems including: Heating equipment; Cooling Equipment that is central to home; Normal operating controls; Automatic safety controls; Chimneys, flues, and vents, where readily visible; Solid fuel heating devices; Heat distribution systems including fans, pumps, ducts and piping, with supports, insulation, air filters, registers, radiators, fan coil units, convectors; and the presence of an installed heat source in each room. The home inspector shall describe: Energy source; and Heating equipment and distribution type. The home inspector shall operate the systems using normal operating controls. The home inspector shall open readily openable access panels, that do not require tools to access, provided by the manufacturer or installer for routine homeowner maintenance. Air conditioning cannot be tested when temperatures fall below 60-65 degrees. Use of the selection "INSpected" under such circumstances, where devices cannot be operated due to temperature or lack of some utilities or controls and/or in the case of specialized systems such as hot water (steam/radiant/recirculating/floor/ceiling) based systems (anything other than common gas or electric powered forced air systems), shall mean the item was casually observed and presumed potentially functional unless otherwise noted, however no assurance of performance is made. Inspection by a qualified HVAC professional experienced with such systems is recommended. The home inspector is not required to: Operate heating systems when weather conditions or other circumstances may cause equipment damage; Operate automatic safety controls; Ignite or extinguish solid fuel fires; or Observe: The interior of flues; Fireplace insert flue connections; Humidifiers; Electronic air filters; or The uniformity or adequacy of heat supply to the various rooms. This inspection is not a substitute for a Laclede Gas (Spire) type safety inspection, which also tests for pressure loss and heat exchanger condition, and is always recommended. Electronic air cleaners and humidifiers are not inspected.

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**Heat Type:** *Steam boiler* **Energy Source:** *Gas* **Number of Heat Systems (excluding wood):** *One* **Heat System Brand:** *WEIL MCLAIN* **Furnace Manufacture Date:** *2016* **Ductwork:** *N/A* **Cooling Equipment Type:** *+ Window Unit(s) - Consumable - Not Inspected*

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### 8.0 Heating Equipment - *Inspected*

Unit was shut-off at gas valve (I could not operate the valve by hand, and it may have been winterized).

The system responded to the thermostat and will presumably operate as intended. Check with building maintenance for approval to run water through and verify performance prior to close if intending to use. See 8.3 for concerns and suggestions

### 8.1 Normal Operating Controls - *Inspected*

### 8.2 Automatic Safety Controls - *Inspected*

### 8.3 Distribution Systems (including fans, pumps, ducts and piping, with supports, insulation, air filters, registers, radiators, fan coil units and convectors) - *Inspected, Repair or Replace*

Numerous radiators and supply lines are missing/damaged/leaking or in poor repair. Others are reported as non-functional by tenants. In all the heating system in the building as configured seems problematic and you will be piecing things together in a never-ending cycle of repairs/patches.

Some of the mysterious leaks in ceilings could easily be attributed to these lines failing inside the walls/ceilings. Some obvious signs of problems noted in 1,3,101,201,203,301,

You can probably recoup some \$ from the existing system.

You'll need to upgrade the electric for much of the building anyway, so you might as well go big.

Consider budgeting for mini-splits or even small window-based units.

### 8.4 Presence of Installed Heat Source in Each Room - *Inspected, Repair or Replace*

Some rooms lack functional radiators in many units.

### 8.5 Chimneys, Flues and Vents (for fireplaces, gas water heaters or heat systems) - *Inspected*

### 8.6 Cooling and Air Handler Equipment - *Not Inspected*

FYI - Window units are consumable items and not inspected. We casually observed a mix of those which seem functional and those that clearly are in need of replacement



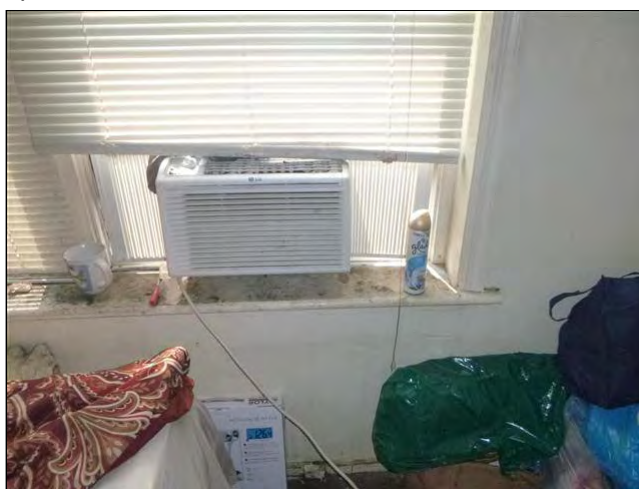
8.0 1



8.3 1 Example of a small window unit that for \$500-600 can heat and cool 550 sq feet. Surely there's a option that would be cost effective.



8.3 2 203 - This made a mess so you know there are more like it.



8.6 1



8.6 2 Old Reliable

## 9. Insulation and Ventilation

**Exhaust Fans:** *None*

### 9.0 Venting Systems (Kitchens, Baths and Laundry) - *Inspected, Repair or Replace*

Unit 3 needs a vent because they closed off the window.

FYI - Any bathrooms with OPERABLE windows are not required to have an exhaust fan. Adding one and one for the kitchens would be a beneficial upgrade



9.0 1 Hey, there's a window back here!



9.0 2 302 - ALMOST has what's needed

## 10. Built-In Kitchen Appliances

The home inspector shall observe and operate the basic functions of the following kitchen appliances: Permanently installed dishwasher, through its normal cycle; Range, cook top, and permanently installed oven; Trash compactor; Garbage disposal; Ventilation equipment or range hood; and Permanently installed microwave oven. The home inspector is not required to observe: Clocks, timers, self-cleaning oven function, or thermostats for calibration or automatic operation; Non built-in appliances; or Refrigeration units. The home inspector is not required to operate: Appliances in use; or Any appliance that is shut down or otherwise inoperable.

### 10.0 Ranges/Ovens/Cooktops - *Repair or Replace*

(1) in almost all units the range has no anti-tip device installed. This prevents the stove and its hot contents from tipping over onto children who may try to climb using the door as a ladder or in the event someone falls or drops anything heavy onto an open oven door. Have a qualified person install as needed.

(2) Range in 101 is dangerously broken. Have a qualified person evaluate and correct as needed.

### 10.1 Refrigerator - *Inspected*

Units that had refrigerators and where electricity was present, appeared to be functioning as intended



10.0 1 Unit one and most of the rest need anti-tip devices



10.0 2 Paint buckets hold the door closed while cooking. Better than cans of Paint Thinner, but...

## 11. Photos

### 11.0 Other Photos - *Not Inspected, Repair or Replace*

(1) Exteriors and Common Areas:

*Additional photos for your consideration.*

(2) Unit 1 *lower level*

(3) Unit 2 - No such unit

(4) Unit 3 - *Lower Level*

(5) 101

(6) 102

(7) 103

(8) 104 - This one is a nasty situation ready for a gut. Too many obvious issues to call out but the photos should tell the story

(9) 105

(10) 201

(11) 202

(12) 203

(13) 204

(14) 205

(15) 301

(16) 302

(17) 303

(18) 304

(19) 305



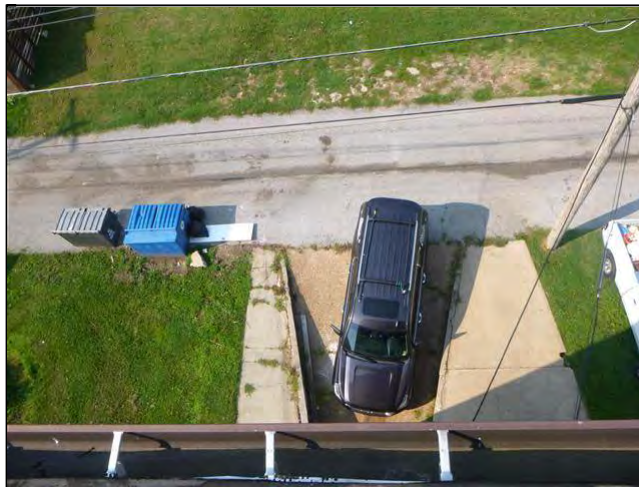
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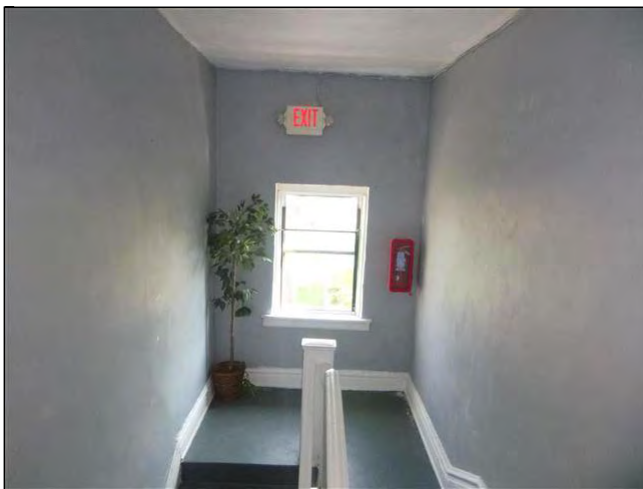
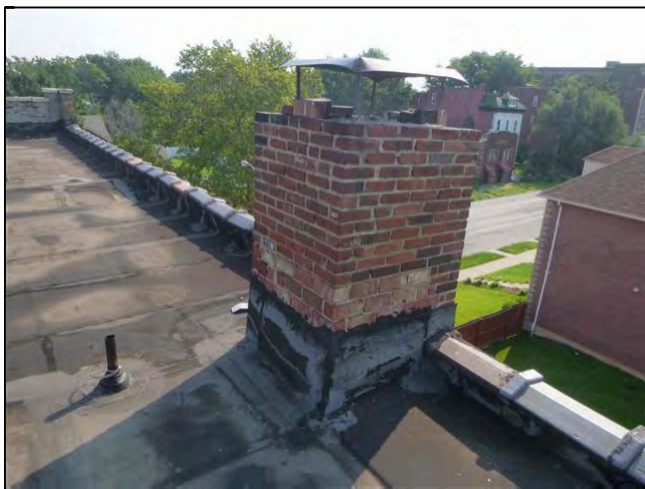
11.0 2 Exteriors and Common Areas:



11.0 3 Exteriors and Common Areas:



11.0 4 Exteriors and Common Areas:



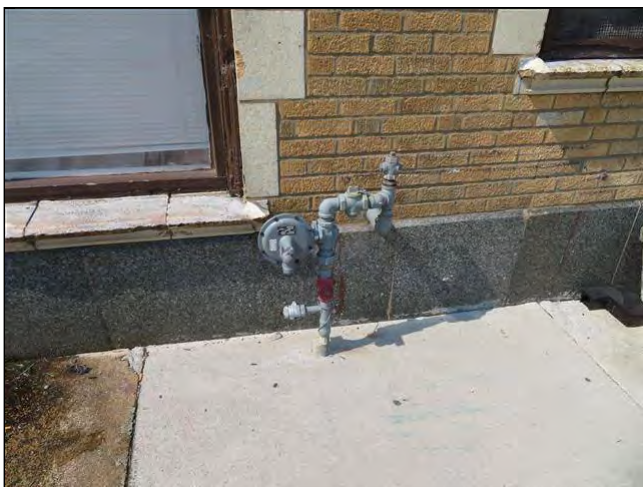
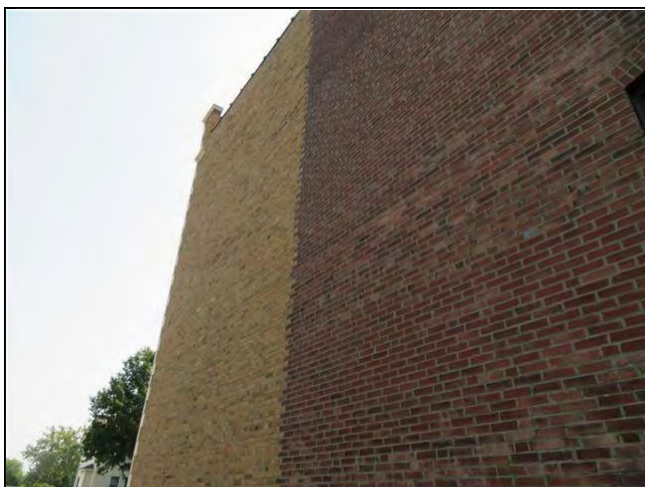
11.0 5 Exteriors and Common Areas:

11.0 6 Exteriors and Common Areas:



11.0 7 Exteriors and Common Areas:

11.0 8 Exteriors and Common Areas:

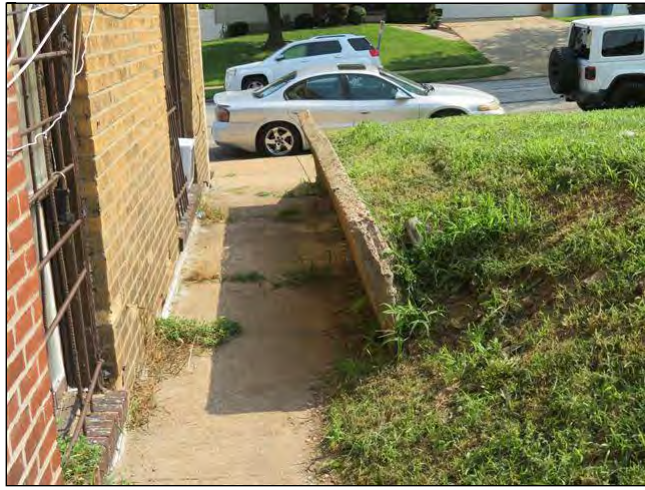


11.0 9 Exteriors and Common Areas:

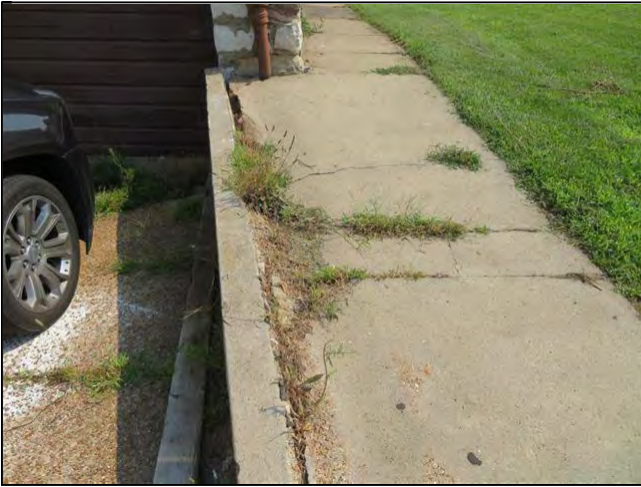
11.0 10 Exteriors and Common Areas:



11.0 11 Exteriors and Common Areas:



11.0 12 Exteriors and Common Areas:



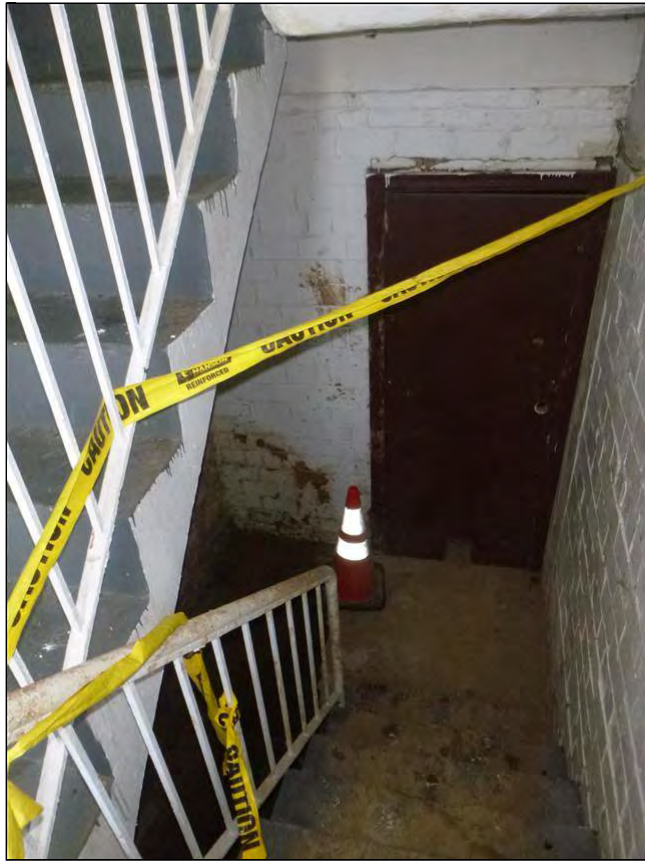
11.0 13 Exteriors and Common Areas:



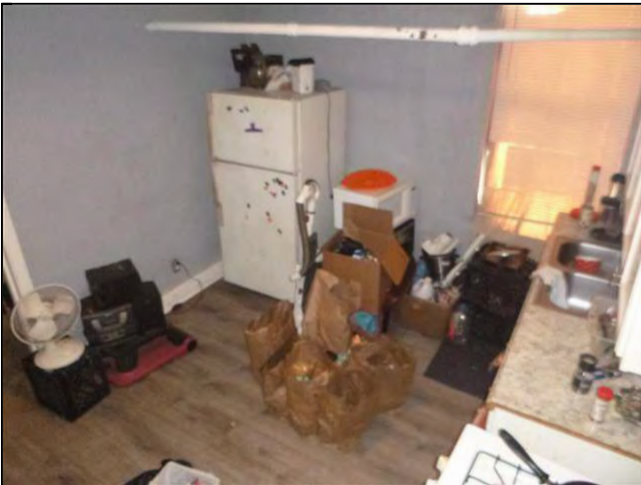
11.0 14 Exteriors and Common Areas:



11.0 15 Exteriors and Common Areas:



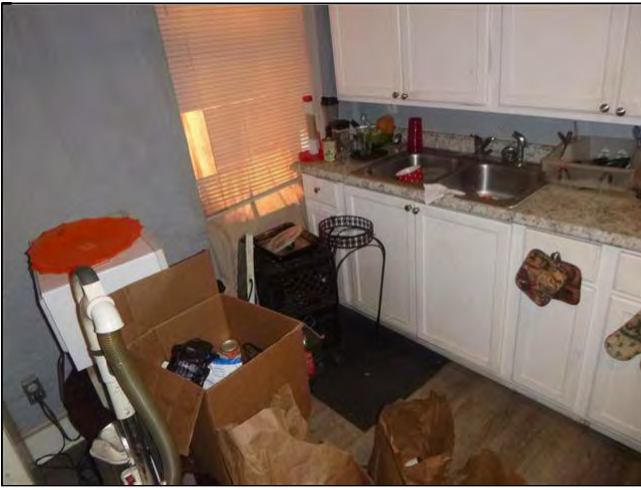
11.0 16



11.0 17 Unit 1 lower level



11.0 18 Unit 1 lower level



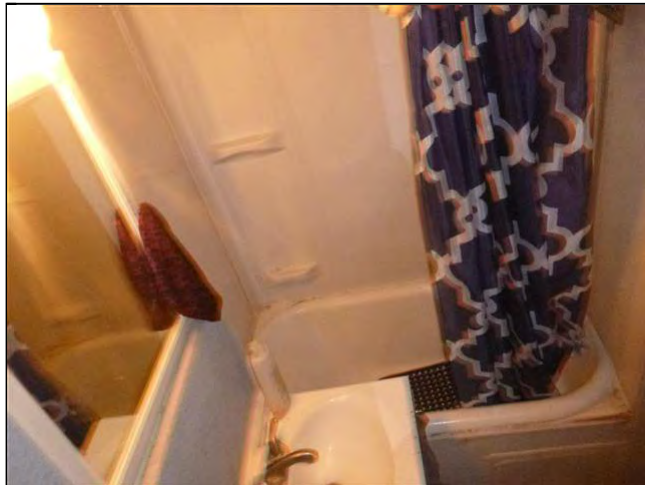
11.0 19 Unit 1 lower level



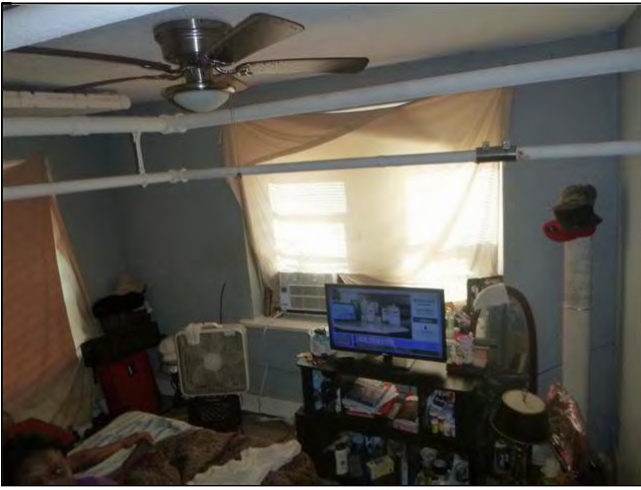
11.0 20 Unit 1 lower level



11.0 21 Unit 1 lower level



11.0 22 Unit 1 lower level



11.0 23 Unit 1 lower level



11.0 24 Unit 3 - Lower Level



11.0 25 Unit 3 - Lower Level



11.0 26 Unit 3 - Lower Level



11.0 27 Unit 3 - Lower Level



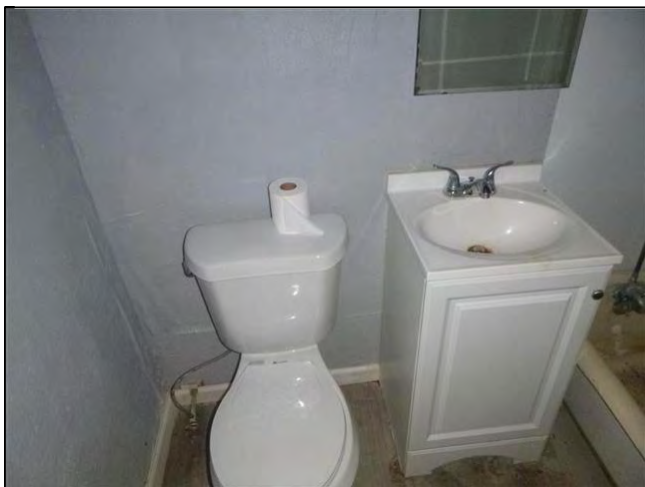
11.0 28 Unit 3 - Lower Level



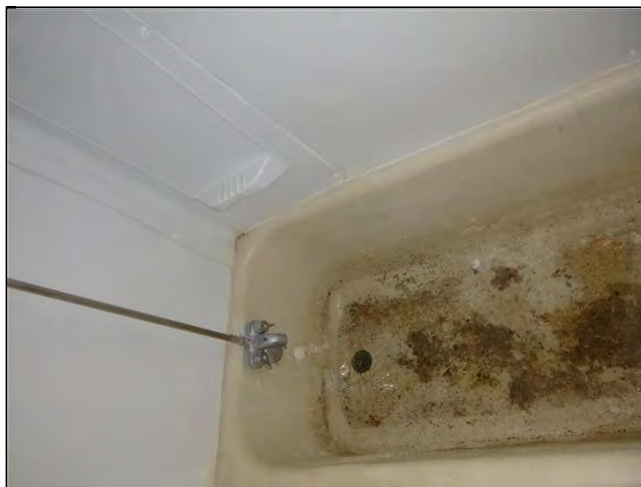
11.0 29 Unit 3 - Lower Level



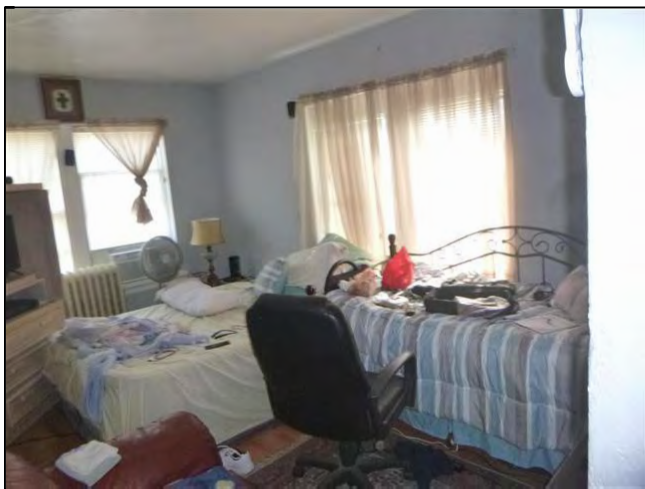
11.0 30 Unit 3 - Lower Level



11.0 31 Unit 3 - Lower Level



11.0 32 Unit 3 - Lower Level



11.0 33 101



11.0 34 101



11.0 35 101



11.0 36 101



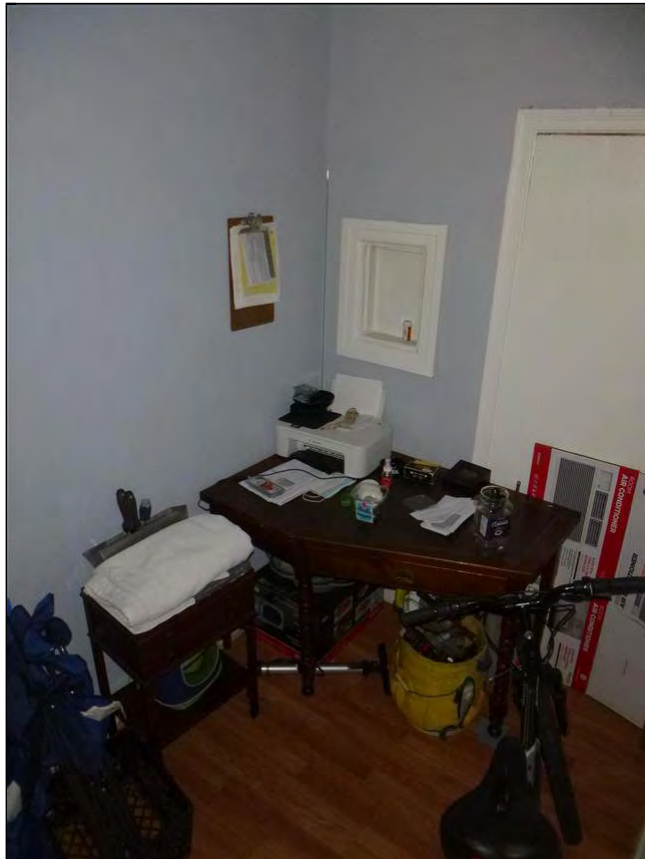
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11.0 38 101



11.0 39 101



11.0 40 101



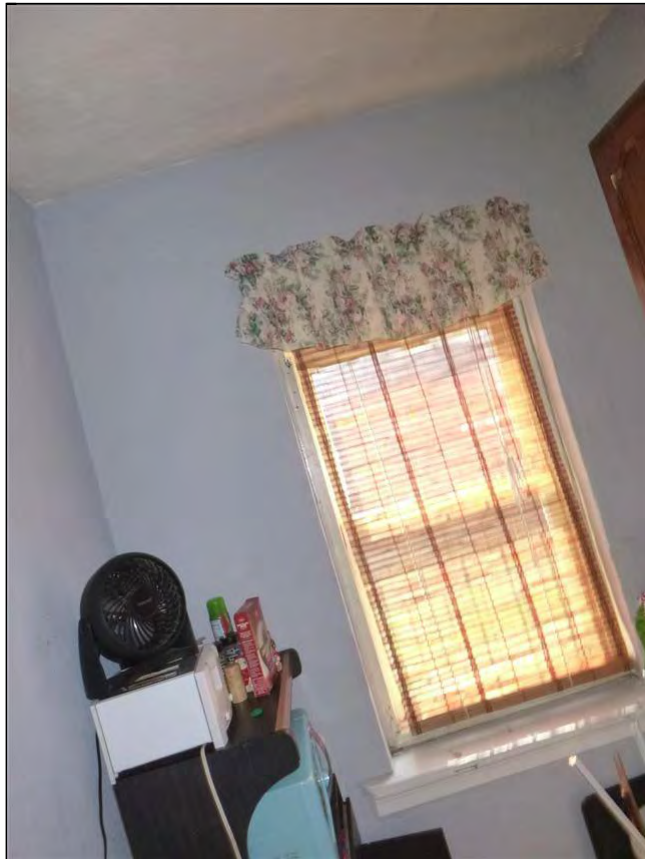
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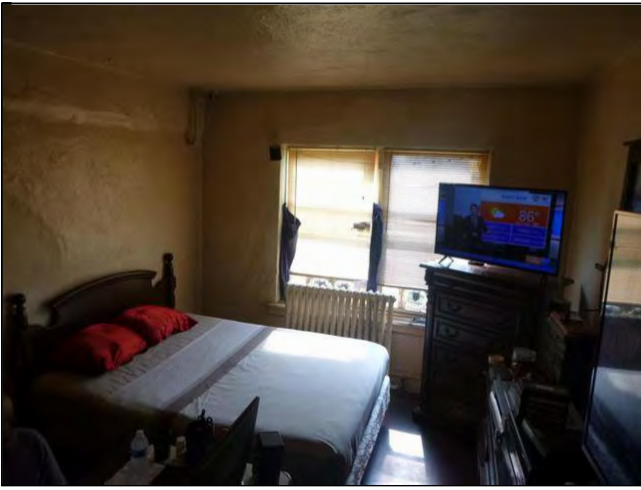
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11.0 50 102



11.0 51 103



11.0 52 103



11.0 54 103

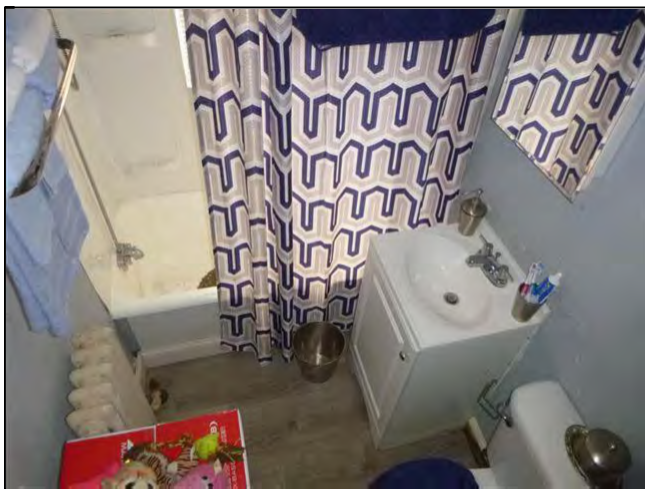
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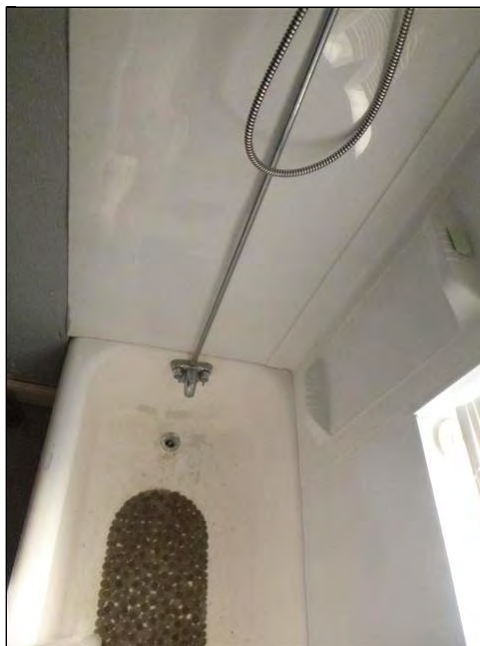
11.0 55 103



11.0 56 103



11.0 57 103



11.0 58 103



11.0 59 103

DEAR PROPERTY MANAGER

I HAVE BEEN WAITING FOR MONTHS  
 TO GET MY KITCHEN, BATHROOM  
 KITCHEN LIGHT FIXES, FLOOR'S ETC.  
 A MANY OTHER REPAIRS

IV BEEN PROMISE FOR MONTHS  
 SOME ONE IS GOING TO FIX THESE  
 PROBLEMS

I KNOW YOU ARE A NEW AGENCY  
 TAKING OVER SO YOU ARE NOT  
 TO BLAME.

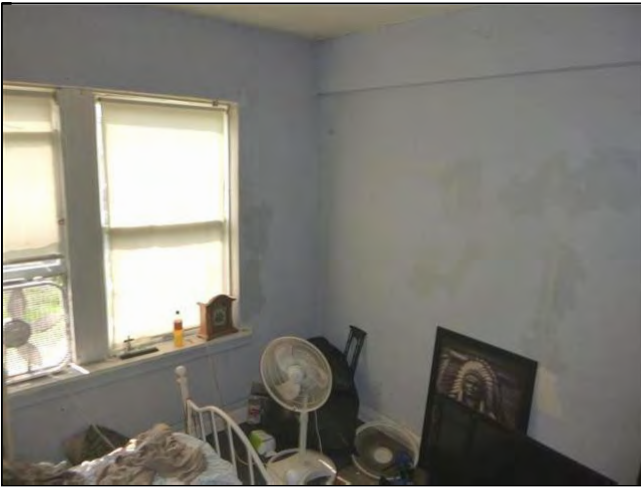
I HAVE NO PROBLEM PAYING RENT

But look at my unit & you tell  
 me what we CAN DO TO RESOLVE  
 THIS PROBLEM.

Im AT WORK SO TAKE A LOOK  
 THE DOOR IS UNLOCK & PLEASE  
 LETS WORK TOGETHER TO FIX THIS

Bonnie S Peppard  
 Unit 104  
 (314) 328-3606

11.0 60 104



11.0 61 104



11.0 62 104



11.0 63 104



11.0 64 104



11.0 65 104



11.0 66 104



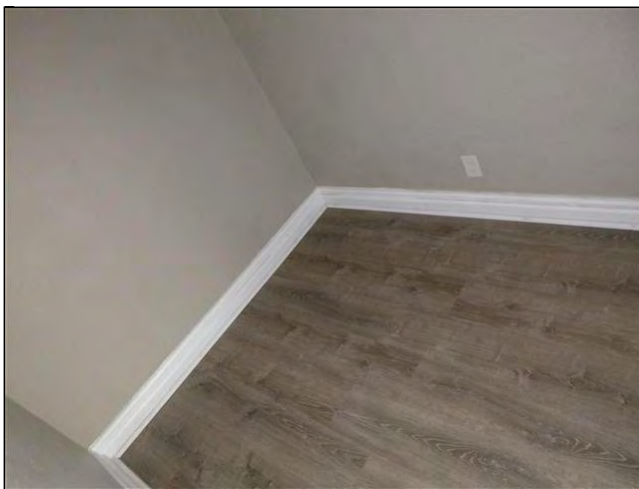
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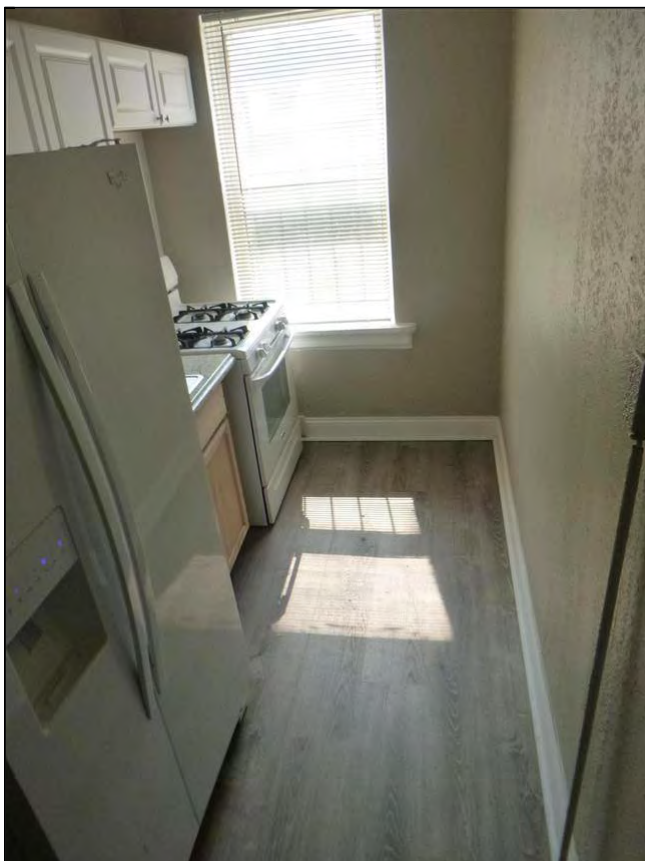
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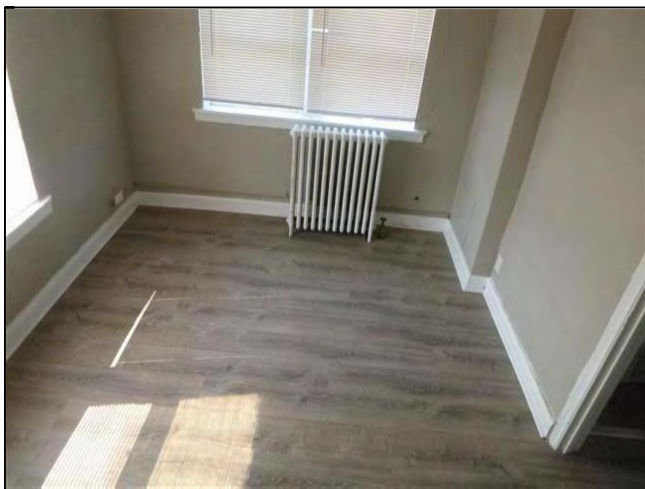
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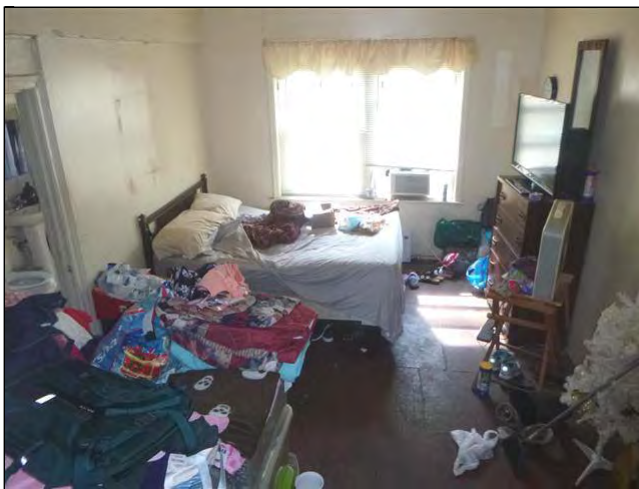
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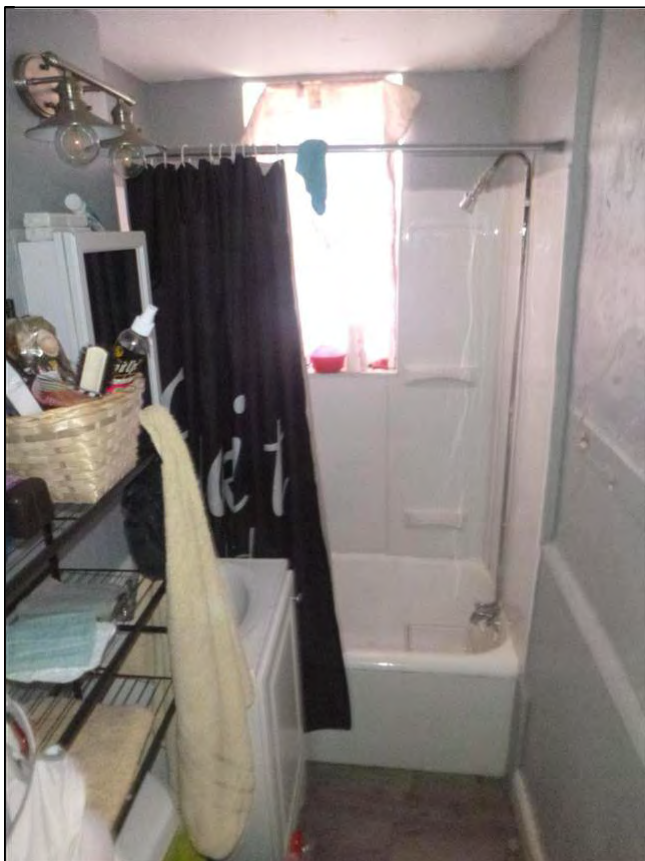
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11.0 73 105



11.0 74 201



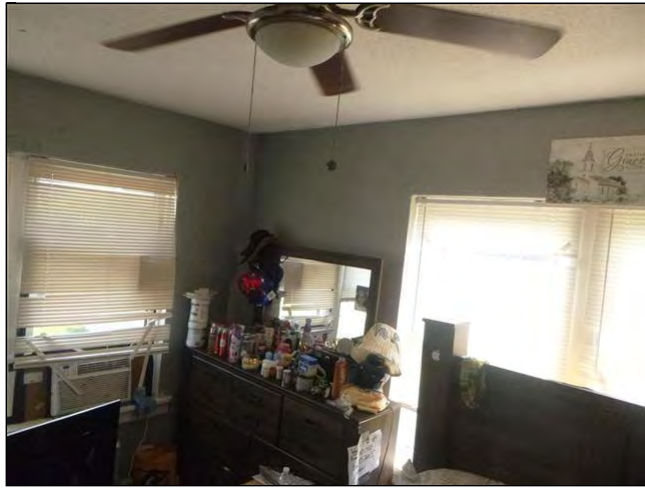
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11.0 76 201



11.0 77 201



11.0 78 201



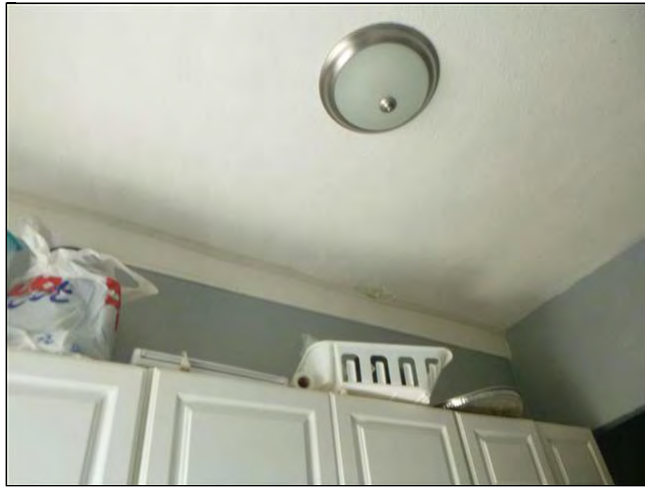
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11.0 81 201



11.0 82 201



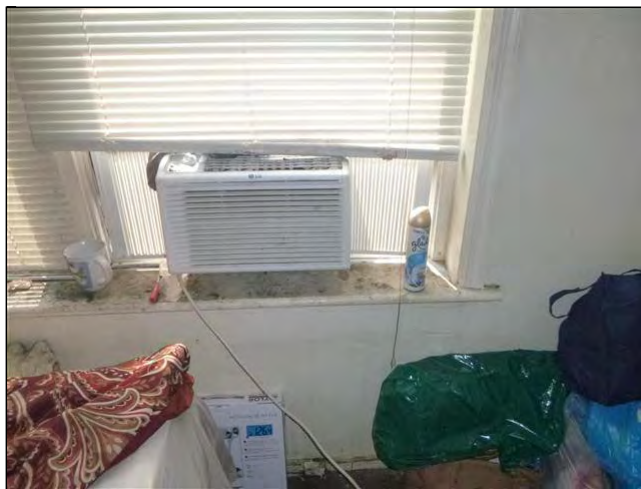
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11.0 84 202



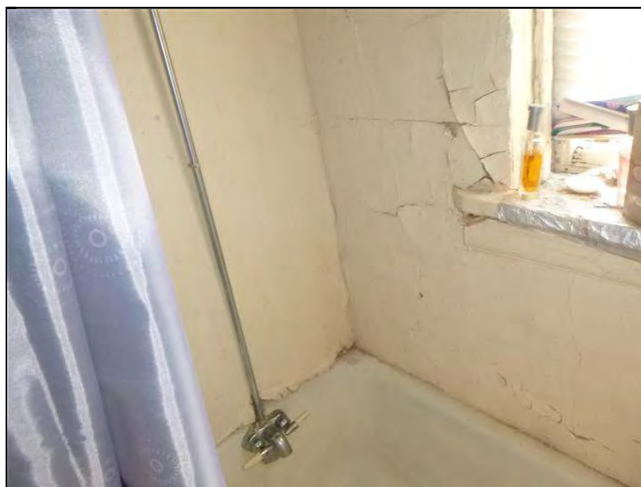
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11.0 86 202



11.0 87 202



11.0 88 202



11.0 89 202



11.0 90 203



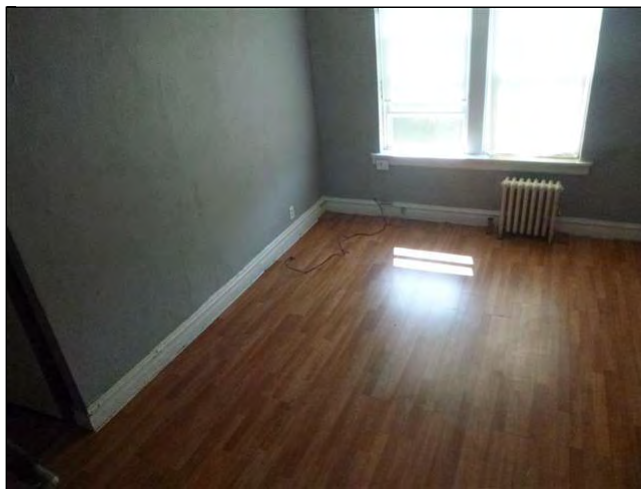
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11.0 92 203



11.0 93 203



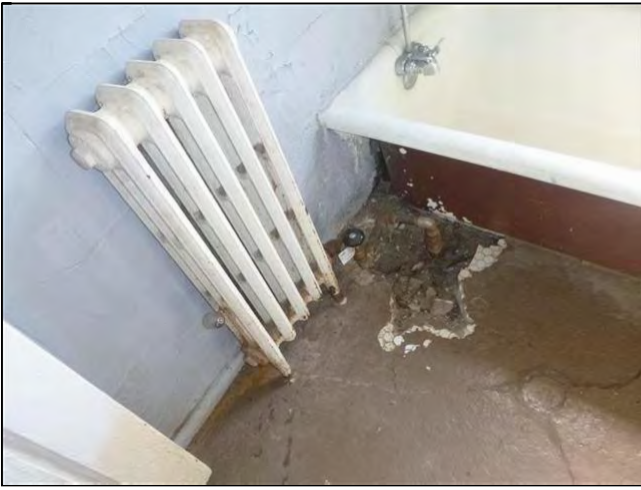
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11.0 95 203



11.0 96 203



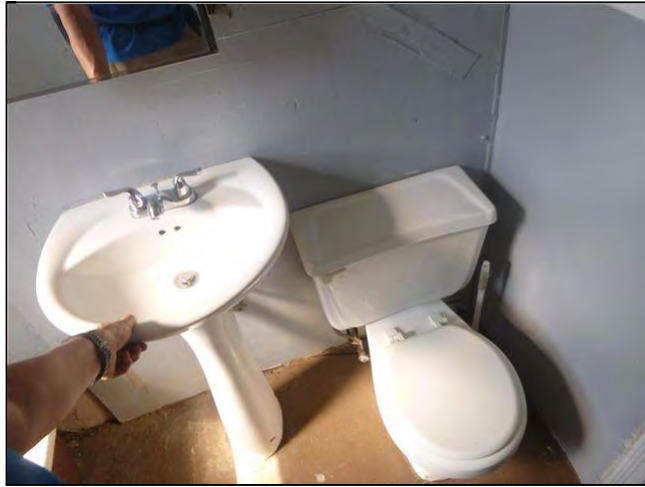
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11.0 98 203



11.0 99 203



11.0 100 203



11.0 101 204



11.0 102 204



11.0 103 204



11.0 104 204



11.0 105 204



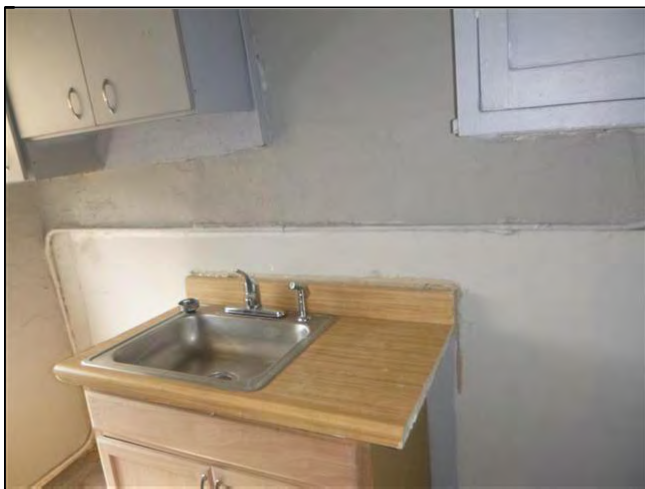
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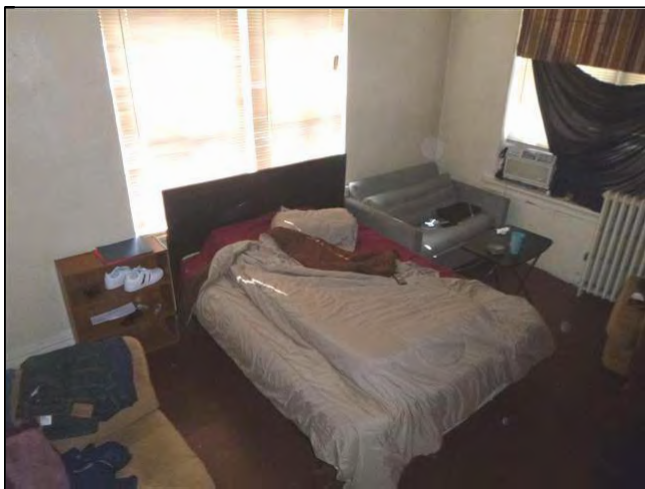
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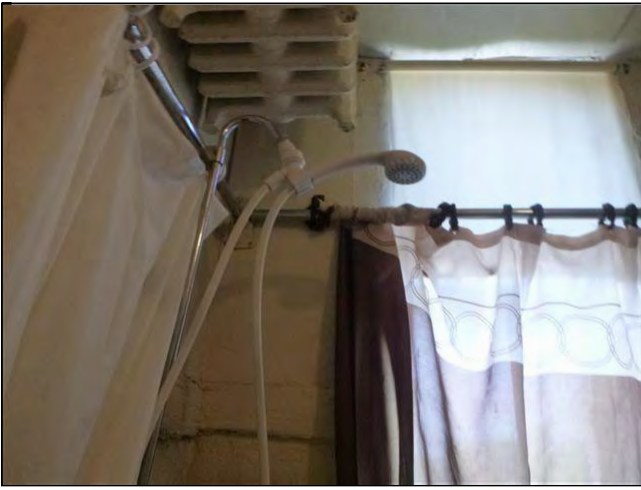
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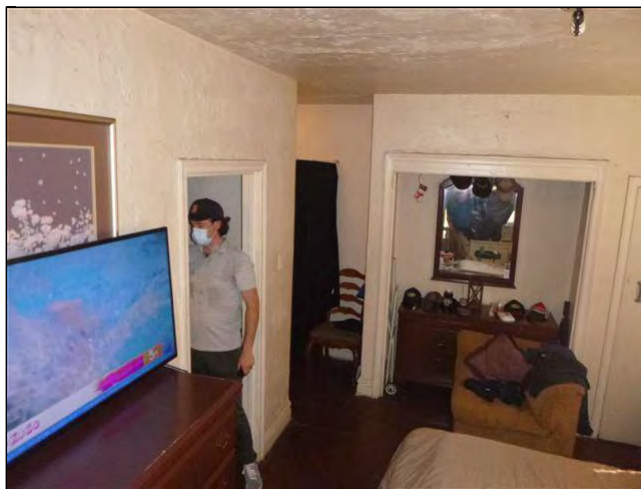
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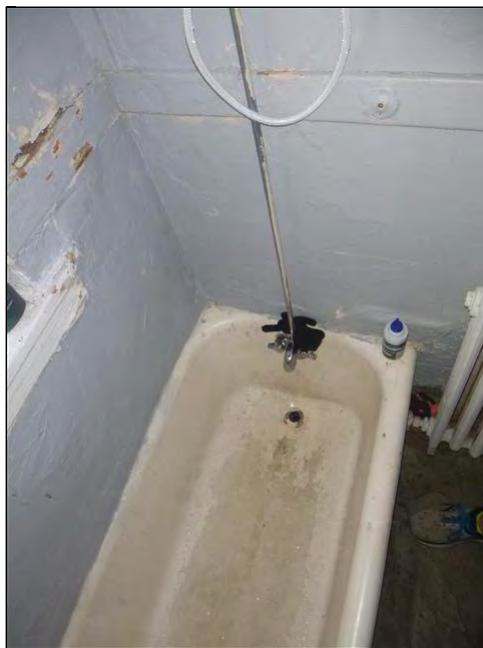
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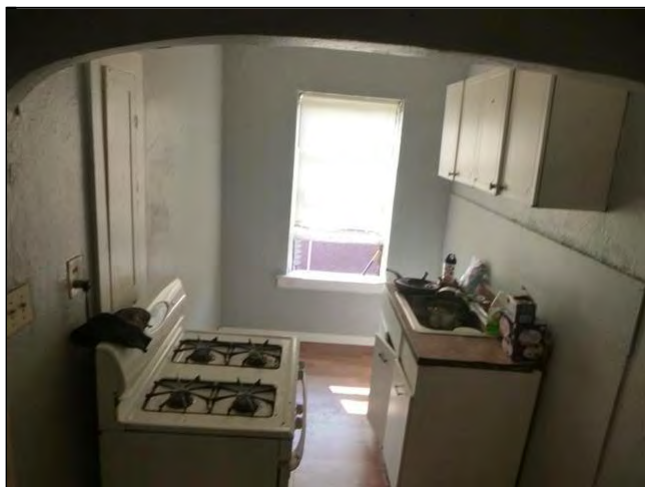
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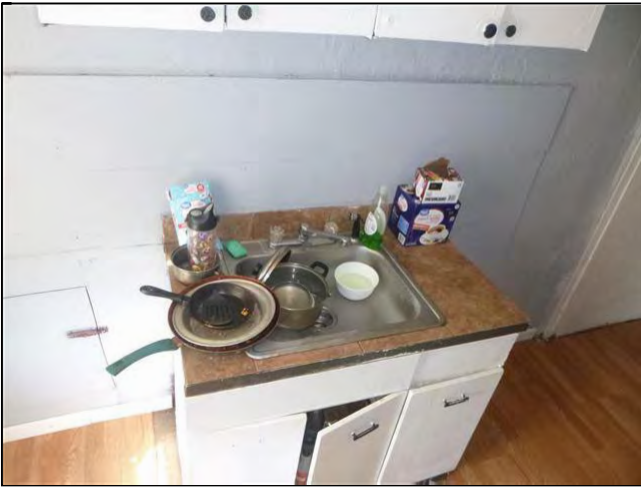
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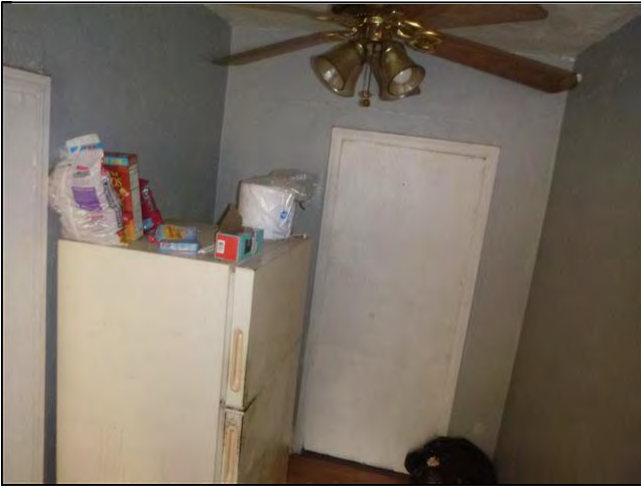
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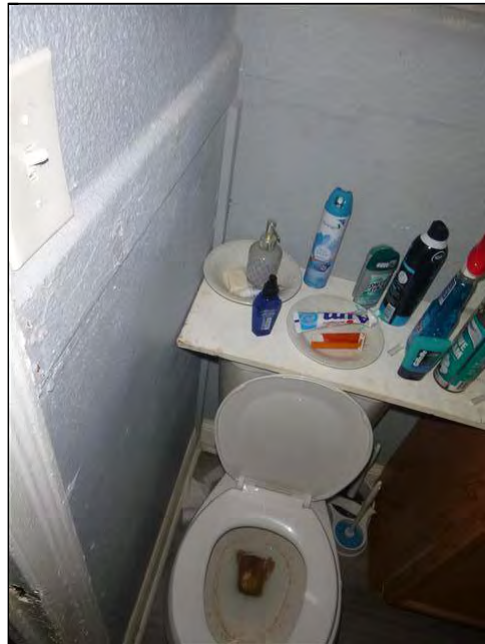
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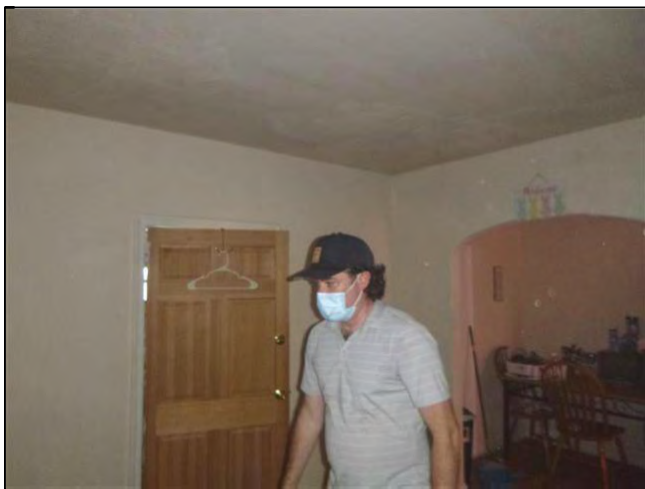
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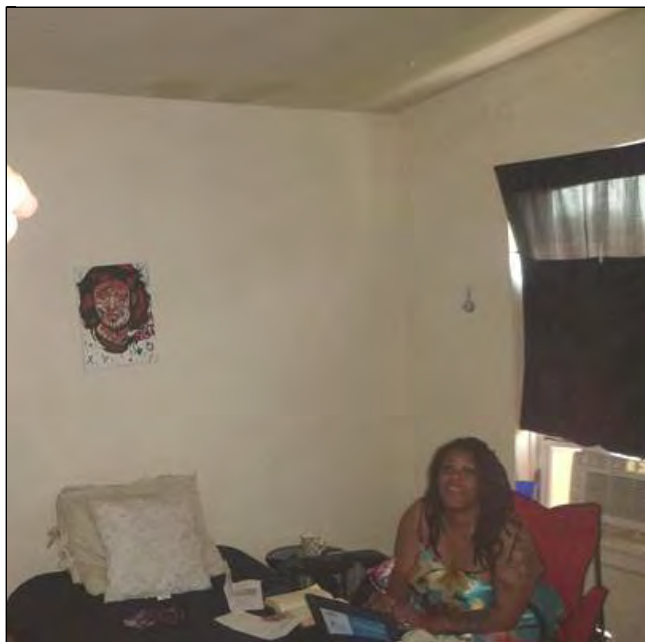
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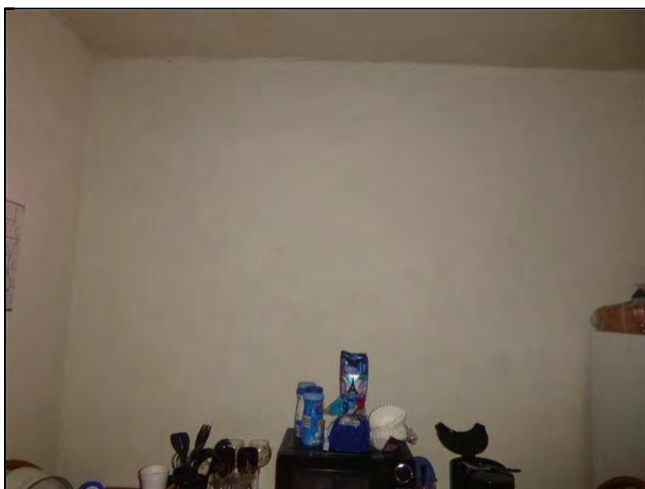
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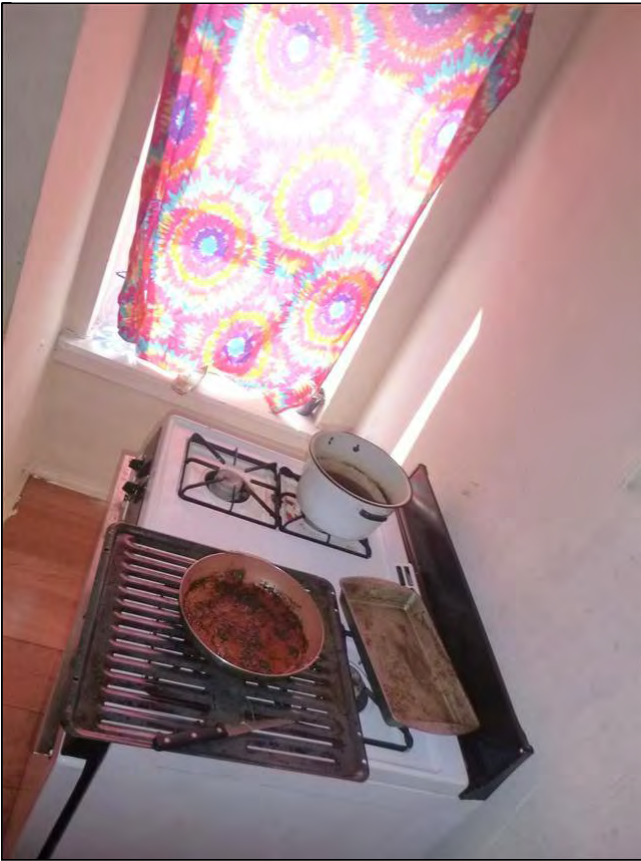
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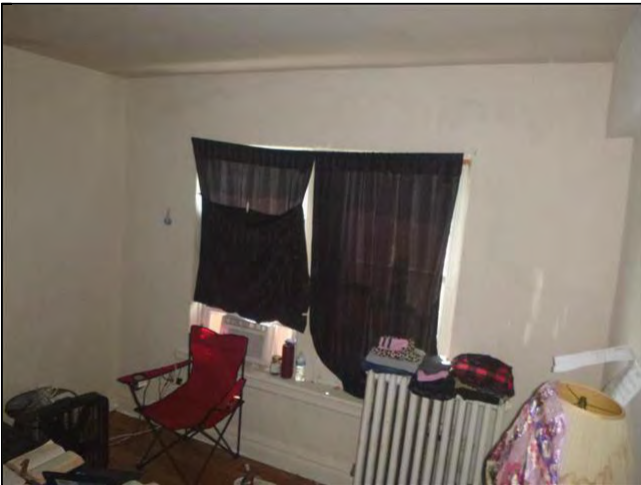
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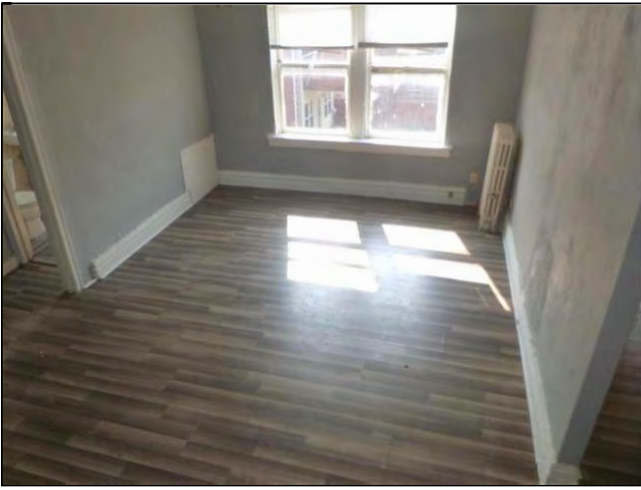
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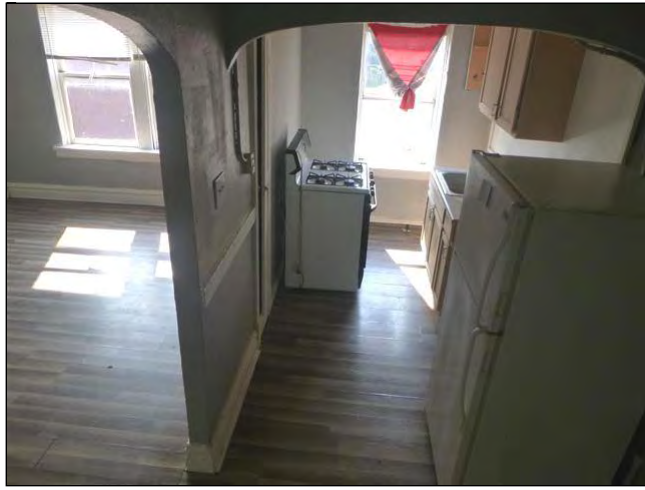
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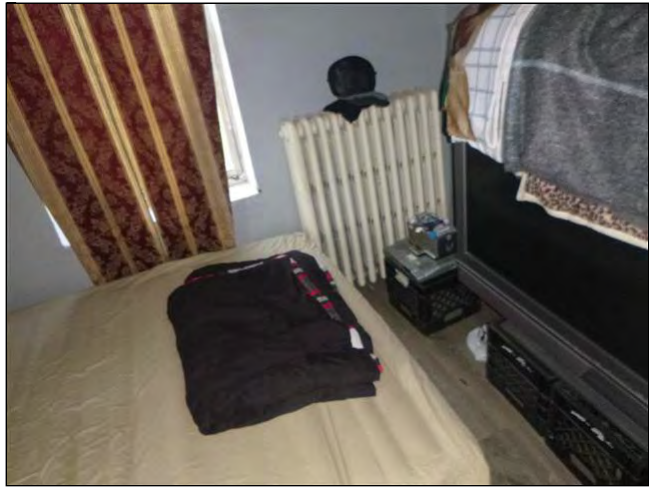
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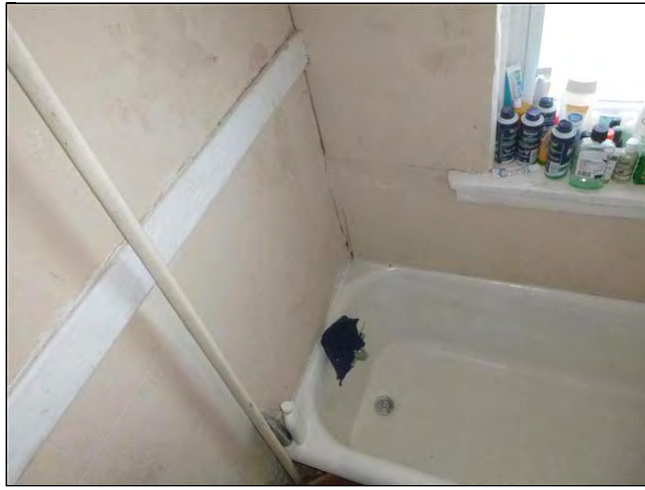
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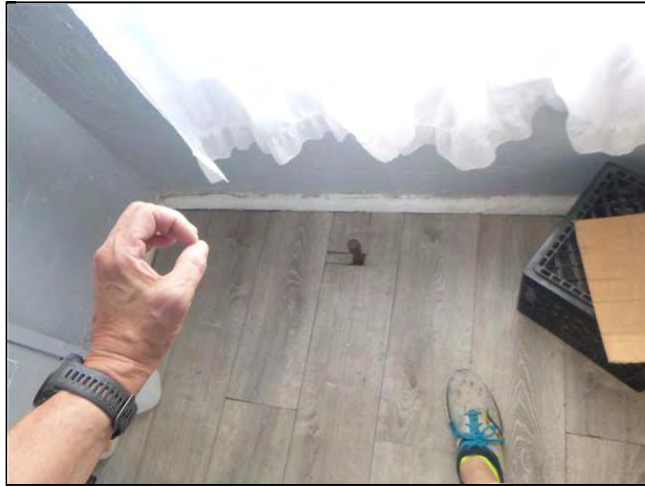
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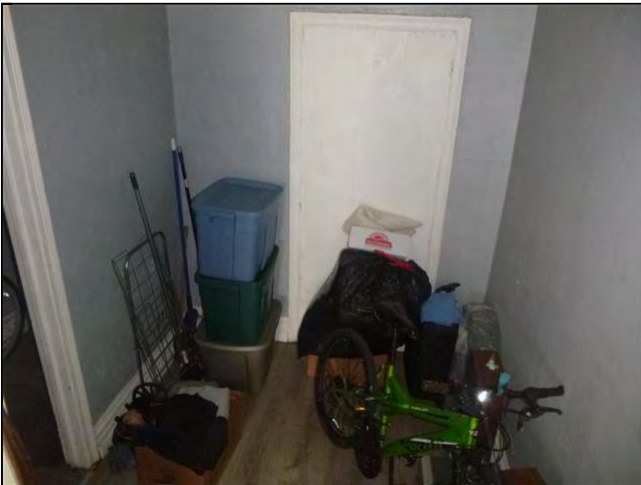
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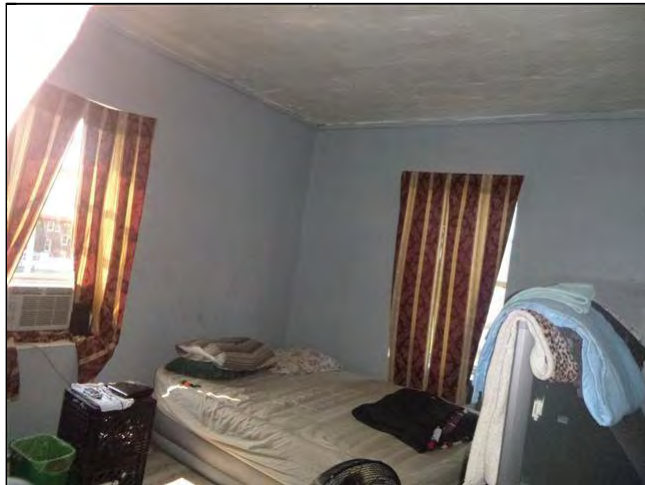
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## Sanctuary In the Ordinary

Saint Louis Mental Health Board  
Permanent Supportive Housing Development Initiative  
Application for Funding



### Answers to Follow-Up Questions

1. Behavioral health services will be provided by St. Patrick Center but the process for services is unclear.
  - a. What are the criteria for St. Patrick Center clients to become SITO tenants?  
The clients will be screened by their current case manager and the GPD Director to ensure that they meet the criteria of becoming self-sufficient, and likely able to pay their own rent and bills in the near future. Once they are self-sufficient the lease will be put in their name.
  - b. When they become tenants, what do behavioral health services and support look like?  
As long as a client is still part of an SPC program, they can receive referrals for health, behavioral health issues, and any roadblock that they may be encountering that would impact their stability in housing.
  - c. How are services provided to clients with high acuity?  
Services to clients with a high acuity level are provided on a one-to-one basis, directly from their case manager and any other referral agencies that may need to be involved in order to promote stability for this individual.
2. What does it mean for the tenants to get financial support from St. Patrick Center and does the support go directly to the client or to SITO?  
Clients can receive financial support from SPC as long as they are enrolled in an SPC program that provides rental/utility assistance and etc. It also depends upon the program that the client is enrolled in as to the type of assistance that is given. Monies are never given directly to a client. The rent payments are paid directly to SITO on behalf of the client/tenant. The intent is that this financial support is temporary and through participation in the SPC program(s), the clients will become financially self-sufficient.
3. Are St. Patrick Center services for all the units in the building or just the five to be renovated?  
The intention is approximately half of the 17 apartments in the building will be rented to tenants that are connected to a human service provider such as St Patrick Center. The other portion of the apartments will be rented to “market rate” tenants. SITO’s mission is to provide dignified apartments at rental rates that are affordable to people at 50% of the AMI, so while the other tenants may not be connected to a support service provider they will likely be low-income. SITO believes it’s important to have a mix of tenants in the building to promote diversity in the tenant population but also assure that the apartments are attractive to the general population.
4. It is not clear who the partnership is with for ownership of this property.  
In 2022, the prior sole owner of the property, James Gleeson, agreed to give Sanctuary In the Ordinary (SITO) 50% ownership of the property. SITO was given the right and responsibility to manage the building in accordance with its mission to strengthen people and neighborhoods by efficiently revitalizing and then compassionately managing dignified rental housing for low-income residents. The prior owner, now partner,

## Sanctuary In the Ordinary

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### Answers to Follow-Up Questions

appreciates what SITO is doing for the city and envisioned how this partnership could provide much-needed dignified housing while allowing him to maintain partial ownership of the property. While Gleeson is a 50% owner, SITO has full authority to manage the property in accordance with its mission. The partnership for providing services with St Patrick Center is solely between SITO and SPC.

5. How will they continue to renovate future units with the proposed budget?  
With the work completed to date and the rehab funded by this grant, SITO will have fully rehabbed 8 of the 17 apartments. The remaining 9 apartments have had some level of rehab completed in the last few years and are currently rented. As apartments turn over, SITO will rehab them with the goal of fully rehabbing all 17 units. SITO will continue to seek funding from various sources to complete the work.
6. What will happen if significant maintenance costs arise in the future? Are there reserves set aside for this?  
Currently, there is not a reserve set aside for significant maintenance expenses. The sewer lateral was replaced two years ago, and significant roof repair was completed less than three years ago. With two of the largest maintenance items recently addressed, the magnitude of other potential costs are likely not catastrophic. That said, as the cash flow from the property improves through higher occupancy, a reserve will be established and funded. This reserve is provided for in the annual operating budget. If a significant cost arises before there are sufficient funds in reserve, the cost would be borne 50/50 by SITO and the ownership partner.
7. It is not clear how St. Patrick Center's Consumer Advisory Board will be involved with this project.

The consumer advisory Board at SPC is comprised of clients and former clients who serve to provide their experiences and suggestions as to how SPC can improve the services that we provide in various programs. They also help to acknowledge the strengths of various programs, so that SPC leadership can work to enhance the experience for our clients who are enrolled in various programs. The learnings from the CAB are integrated into St Patrick Center's best practices. These best practices guide our case managers and other staff as they manage programs and provide care to our clients. The case workers and managers responsible for the clients who are and will be tenants at 4050 Delmar regularly collaborate with the SITO staff. Through this collaboration, outputs and learnings from the CAB related to property management will be passed on to SITO.

8. Will sufficient rental income be generated to allow sufficient funds for reinvestment in the property?  
Yes, at 94% occupancy (16 of 17 units occupied) the net income will be approximately \$1,500/mo after payment of mortgage interest and principal, all utilities, taxes, property management fees, and normal maintenance costs. This amount of income is sufficient to allow modest reinvestment in the property.