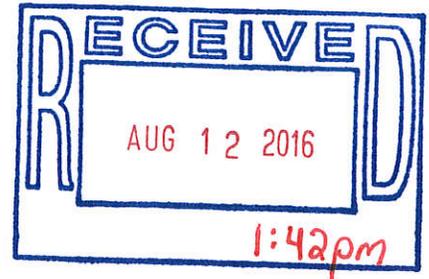


City of St. Louis
2016 REQUEST FOR PROPOSALS (RFP)
Application



1. Name of Applicant: YWCA Metro St Louis
2. Name of Program: Phyllis Wheatley Permanent Supportive Housing
3. Program Address: 3820 W Pine Mall Blvd., St. Louis, MO 63108
4. Phone: 314.531.1115 Fax: 314.531.5008 E-mail: abracy@ywcastlouis.org
5. Contact Person & Title: Adrian E. Bracy, CEO
6. **SELECT ONLY ONE CATEGORY.** An agency may request funds from multiple funding sources and from multiple categories. The agency **MUST** complete a separate application for each category. To select a category, double click on the box **and** under the default value select "checked".

2016 Continuum of Care (CoC): NEW PROJECTS ONLY

Permanent Supportive Housing (PSH) for chronically homeless households, including individuals and families, and unaccompanied youth

Rapid Re-Housing (RRH) for individuals and families, including unaccompanied youth who are residing on the streets or in emergency shelters or who are fleeing domestic violence

7. Target Population(s):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Single Men | <input type="checkbox"/> Women w/ children | <input checked="" type="checkbox"/> Veterans | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Single Women | <input checked="" type="checkbox"/> Battered Spouse | <input checked="" type="checkbox"/> Persons with Physical Disabilities | <input checked="" type="checkbox"/> Drug Dependent |
| <input type="checkbox"/> Families | <input checked="" type="checkbox"/> Alcohol Dependent | <input type="checkbox"/> Elderly | <input checked="" type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Teenage Mothers | <input checked="" type="checkbox"/> Chronically Mentally Ill | | <input type="checkbox"/> Other |

8. Housing:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Barracks | <input type="checkbox"/> Scattered Site Apartments | <input type="checkbox"/> Single Room Occupancy | <input type="checkbox"/> Detached House |
| <input type="checkbox"/> Group/Large House | | <input checked="" type="checkbox"/> On-site Apartments | <input type="checkbox"/> Other |

9. Requested amount reflects: 51.2 % of the program/project budget of \$ 406,000
Requested amount reflects: .7 % of the total agency's budget of \$ 28,000,000
Is this program/project currently in existence? Yes How many years? _____ No
Annual amount of funds received from other City Department/Agencies? \$ 0

Narrative:

Permanent Supportive Housing (PSH) is a proven, effective means of reintegrating chronically homeless and other highly vulnerable homeless families and individuals with disabilities or chronic health challenges into the community by addressing their basic needs for housing and providing intensive supports that promote recovery and maximize independence. A major goal for supportive housing programs is the ability to ensure housing stability for individuals with multiple, chronic, complex needs that are challenging to serve in other housing. Several studies of programs across the country demonstrate the effectiveness of supportive housing for retaining tenants with very high needs, leading to decreased shelter use, reductions in acute care utilization, and improvements in health, behavioral health and other quality of life outcomes.

Based upon the 2016 Winter Point-in-Time (PIT) count in the City of St. Louis community, there is a need for safe, affordable congregate PSH for unaccompanied chronically homeless women. The count indicates 229 unaccompanied women were residing in emergency and transitional housing collectively and 16 women were unsheltered. Of the women in the YWCA on the PIT date, approximately 35% (9) of the 26 residents were assessed to be chronically homeless. By providing 13 apartment units to unaccompanied chronically homeless women, the proposed YWCA Metro St. Louis Phyllis Wheatley PSH project can meet this community need and remain a strong collaborative partner within the City of St. Louis Continuum of Care (CoC) in terms of ending homelessness. Not only does the proposed project meet a community need, but it is in alignment with the agency's mission statement: YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

The intention of this new proposed project is to re-tool the current 19 dormitory-style transitional housing program units into 13 single room occupancy permanent supportive apartments. For this new project, the YWCA is requesting funds in the amount of \$26,425 for operations, \$62,000 to provide supportive services, \$100,620 in project based rental assistance and \$17,404 in administration for a total of \$207,950.

Client Population:

Services will be provided to 13 unaccompanied chronically homeless women ages 18 and over. The YWCA will follow the Housing and Urban Development (HUD) Interim Rule homeless definition guidelines for chronically homeless individuals. Women will be referred to PSH services through the City of St. Louis Continuum of Care (CoC) Coordinated Entry System – specifically the Front Door provider for Women and Families. Prior to entry, potential tenants will receive a standardized assessment through the Front Door Entry agency as part of a system-wide process to verify both homeless and disability status. When a YWCA apartment becomes available, housing staff will notify the CoC there is a vacancy through the Homeless Management Information System (HMIS). The YWCA will not require consumer sobriety or income for entry and access to services.

In addition to being chronically homeless, women entering PSH may be experiencing one or more of the following: fleeing from domestic violence, alcohol and/or drug dependency,

chronically mentally ill, veteran, person with physical disabilities, youth and persons with HIV/AIDS.

Organizational Capacity and Experience:

YWCA Metro St. Louis, as association of women from diverse backgrounds and faiths, is committed to strengthening our community through the social and economic empowerment of women, the development of youth and the elimination of racism. YWCA was created as a social response in 1905 as an effort to provide safe and affordable housing and job training for rural women who had come to St. Louis to work at the 1904 World's Fair. Our tradition of serving women through housing and skill building is now more than 100 years old. YWCA Metro St. Louis is an autonomous, accredited affiliate of the YWCA USA and became a United Way Members affiliate in 1923. In 2014, the agency received first-time expedited accreditation by the Council on Accreditation. In addition, the agency is accredited by the Missouri Accreditation of Programs for Children and Youth and the Better Business Bureau. All of the Head Start centers are licensed and have MOA – Missouri Accreditation. The YWCA was the first transitional housing agency to receive the Missouri Governor's Award for Housing Excellence. Today, the YWCA continues to address issues facing low-income women in the St. Louis community such as child care, health care, education, social economics and self-sufficiency. Last fiscal year, YWCA provided 6,066 direct services and 15,000 units including indirect to women, children, youth, their families and the community through our core service areas: Phyllis Wheatley Transitional Housing and Affordable Housing Programs, Head Start, Early Head Start, Women's Economic Stability Partnership, St. Louis Regional Sexual Assault Center, Woman's Place, Racial Justice and YW-Teens.

Key personnel include the following: Chief Executive Officer, Chief Administrative Officer, Chief Financial Officer, Facility Director, current TH Director and Case Manager have been with the agency from 3-20 years. The Chief Executive Officer has been with the organization for 8 years. She has over 18 years experience prior to joining the organization as a director of financial management and oversight for fiscal reporting activities including budgeting, cash management, risk management, forecasting, monitoring banking and financing activities and managing special reporting requirements. The Chief Administrative Officer has been with the organization for over twenty years. Her professional experience includes program development, management, grant writing, fundraising and monitoring internal performance and quality improvement policies and procedures. She has proven success in program effectiveness and implementation through expertise in evidence and out-come based processes and strategic planning capabilities. The Chief Financial Officer has been with the organization for 5 years. His professional experience includes 22 years of leadership roles in non-profit management and four years of public accounting. He has audited non-profit intuitions with federal funds and served as controller, CFO or Vice President of Finance and Administration at three major cultural or human service organizations. The Facilities Director has been with the organization for a total of 12 years with 25 years in facilities management, construction, property management and trades. Currently, the Facility Director provides property management services to approximately 14 agency facilities. Together, the Chief Administrative Officer and Facility Director provide oversight and management to both the 19 TH and 33 affordable housing units. Current TH staff would remain with the PSH project in their respective roles as Director, Case

Manager, Program Specialist and Evening Front Desk Receptionist. Based upon the collective length of experience and expertise in areas of leadership, strategic planning, performance and quality improvement, fiscal management, facility and property management and direct service, the staff involved in implementing and supervising the daily activities and outcomes of the project bring a solid foundation of talent and excellence to the project.

The agency was issued an unqualified opinion on all of its audits. (See attached.) In addition, the agency is subject to various site visits and desk audits from different government agencies, and there have been no findings or instances of non-compliance issues in the TH program. The other government funded programs of the agencies do not have any outstanding compliance issues as well. The agency has an adequate cash balance with no debt.

The YWCA Metro St. Louis has been a landlord for 33 affordable housing units since 2003. This demonstrates the agency's ability to understand the dynamics of integrating and expanding property management into agency services. The Community for Supportive Housing (CSH) has established the best practices of *The Seven Dimensions of Quality for Supportive Housing* intended to provide a common framework for the supportive housing industry and to allow property managers, service providers and funders to assess the quality of supportive housing units and to make sound investment in quality supportive housing. The indicators are relevant for property management staff and supportive services staff, issues of coordination and integration of efforts and activities are especially highlighted within: Administration, Management and Coordination; Supportive Service Design and Delivery and Property Management and Asset Management Activities. It is the intention of the project to follow the best practices as outlined in the CSH *Best Practices Manual: Integrating Property Management and Services in Supportive Housing*.

YWCA's Phyllis Wheatley Transitional Housing Program model began in 1993. As an original member of the City of St. Louis CoC, the TH program has consistently demonstrated positive outcome measures indicating its' effectiveness in providing the necessary tools for women to achieve a level of economic self-sufficiency that allows them the opportunity to transition into safe, affordable and sustainable permanent housing. The program serves an under-served racially, economically and geographically diverse populations. Program capacity is 35 women at any given time. From 2014-date, TH program has provided direct service to 155 women. Of that direct service, approximately 6,000 units of case management were provided. Quarterly staff assesses trends in the client population such as mental health, chronic physical health, substance use, domestic violence, HIV/AIDS and income statistics. Services delivered over the years have been reflective of those associated with being defined as *Housing First*. On average approximately 20-25% of the annual client population served is chronically homeless. Between 2014-present the client population self-reports with the following average percentages:

- Mental Health Diagnosis: 48-50%
- Substance Use: 45-50%
- Domestic Violence: 38-40%
- Chronic Health Diagnosis: 36-40%
- Physical Disability: 17-20%
- Developmental Disability: 3-5%

- HIV/AIDS and Related Diseases: 2-3%
- Race/Ethnicity: predominately African American
- Age Range: 35-65
- Income at Entry: \$10,000-\$14,999

The TH program continues meets or exceeds program outcome goals and performance standards as established by the CoC and Housing and Urban Development (HUD). Transitional Housing staff actively participates on the Advocacy and Service Delivery sub-committees for the City of St. Louis CoC. The general City of St Louis CoC meetings are attended on a regular basis as well occasional Board of Directors and Planning Committee (local and regional) meetings.

On-going agency wide trainings are offered to staff in the following areas:

- Performance and Quality Improvement
- HIPAA
- Ethics and Confidentiality
- Behavior Support Management
- Fair Housing
- Trauma Informed Care
- CPR and First Aid
- Mandated Reporter
- Risk and Prevention Management
- Racial Justice
- Harassment and Bullying
- Working with Persons with Disabilities
- Substance Abuse
- Working with LBGTQ+ clients

Current staff has been trained on Motivational Interviewing and Trauma-Informed Care. Motivational interviewing has proven to be an effective technique in working with homeless individuals as it is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. In addition to the traumatic experience of homelessness itself, many clients experiencing homelessness also have histories of trauma. Staff is knowledgeable in understanding the significant ways in which trauma impacts lives and ensures that services and support are delivered in a manner consistent with supporting survivors of trauma. The agency provides crisis intervention and therapeutic clinical services to clients (homeless or not) who have experienced sexual assault and/or domestic violence.

Service Plan:

As a *Housing First* project philosophy, tenants will be accepted from the Coordinated Entry and Centralized Waitlist as prioritized consistent with Federal and local CoC guidelines to be chronically homeless and those with the most intensive needs. Access to the apartments will occur without pre-conditions. The individual housing plans will focus on stabilization and address barriers to maintaining housing. The Case Management Benchmark Tool, developed by

Leslie Scheuler, Ph.D. of LS Associates is utilized as the primary means of evaluating program success. Key indicators include progress in accomplishing goals identified in participant's individualized service plan (ISP). Current TH staff has extensive experience in service planning. While there are core areas of service planning associated with housing and independent living, staff understands the need for each individual to create personal goals as part of the overall process. Since the program has been in existence, staff has continued to review and revise (if needed) service delivery benchmarks so they would reflect the best practices, philosophy and performance measurements as outlined by the CoC and HUD. Service needs are addressed per client choice as well as with the understanding that participation in services is voluntary. However, every effort will be made to encourage residents to engage with the supportive services. The philosophy and design of *Housing First* promotes and supports: housing stability; independence; community building and the development of support networks; and participation in meaningful activities within the broader community. Collaboration with relevant stakeholders including PSH tenants, administrators, housing and supportive service staff; funder; emergency departments and first responders; local homeless and related service providers; and community leaders, volunteers, and neighbors will also help to inform and support project outcomes as defined by the City of St. Louis CoC.

Similar to *Housing First*, the *Harm Reduction* philosophy prioritizes housing stability among persons who have experienced homelessness and who may be experiencing disabilities. Although recovery from mental health and substance abuse disorders is always the goal, harm reduction acknowledges that persons may be at different places along the continuum of behavior change. The Case Manager will focus on meeting tenants where they are and assisting them to set and achieve goals. In this process, a trusting relationship is established between the Case Manager and tenants. This relationship has been proven to be key to many individual change processes. Services focus on helping tenants stay housed by managing problems that interfere with their ability to meet the obligations of tenancy, such as paying rent. Tenants also will be encouraged to explore obstacles toward their goals in an open and non-judgmental atmosphere in which they can contemplate costs and benefits of receiving services addressing their special needs. This way, the direct service staff will not alienate tenants or cause them to begin to hide their substance use, psychiatric symptoms, etc.

A Definition of Case Management in PSH

For Case Management, one person (current TH Case Manager), will assume the management of the care for 13 chronically homeless women and provide a continuity of care for the clients. However, the current Program Director and Program Specialist are trained and experienced as being qualified to provide this service during a temporary absence of the Case Manager to ensure tenants are fully served. The case manager client case load ratio of 1:13 is considered a best practice by the agency's accrediting body (COA) and Corporation for Supportive Housing (CSH) research.

Case Management for ending homelessness is a collaborative community-based intervention that places the person at the centre of a holistic model of support necessary to secure housing and provide support to sustain it while building independence. For case management in ending homelessness to be successful, it must be:

- Focused on the unique needs of people
- Person-centered, adaptive, individualized, culturally appropriate, flexible, holistic, long-term, multidisciplinary
- Include advocacy that leads to self-advocacy
- Focused on establishing networks and relationship
- Include coordination and engagement

Case management for this PSH program is defined as a strengths-based. That means:

- Focused on strengths not deficits; using positive language continually building on the strengths and successes of the tenant's plan
- Trust and relationship building is primary
- Interventions are based on creating sustainable housing
- Interventions support personal choice
- The community is viewed as rich in resources
- Contacts happen during "home visits" as preferable to clinician offices
- People with complex issues including mental illness and/or substance issues can learn and grow and can end their homelessness

The activities of case management, or what case managers do in *Housing First* are not unlike case management in other client service areas. They include: intake, assessment, planning, referral and linking, advocacy, monitoring, evaluation of case plan, and transition/discharge. For purposes of service delivery in the YWCA PSH the distinctions are in terms of level and intensity of support needed in each and the ways in which they are done. The key is in applying the activities based on the complexity of the client's needs.

Services, on- or off-site, will address to some degree – prevention, monitoring, management, treatment and referrals for the following:

- Medical Services
- Assistance in acquiring mainstream benefits
- Mental health services
- Substance abuse treatment services
- Vocational and employment related services
- Money management services
- Legal services
- Transportation
- Furniture
- Life skills training
- Advocacy
- Support in establishing peer relationships and tenant leadership
- Engagement activities

The processes of case management or how the case manager will operate in the PSH program will distinguish the types of services. Key determinates for each client will be:

- Duration of services
- Intensity of services
- Focus of services
- Resource responsibility
- Availability
- Location of services

Collaboration and cooperation with a multidisciplinary team approach will be implemented involving several people from varying backgrounds and areas of expertise, all working to support one individual. Specific team members would be identified through the assessment process but may include, but not be limited to:

- housing specialist
- counselor
- financial coach
- addictions specialist
- mental and/or physical health specialist
- peer or someone with personal experience with homelessness

Despite the disabling conditions that may indicate a need for support services, persons experiencing chronic homelessness may be reluctant to engage in services or treatment due to histories of disconnection and alienation. They may have had previous interactions with systems of care in which they felt overwhelmed and confused or in which providers did not understand them. In many cases, they also are disconnected from all friends and family members. The current staff is aware that it may take time to build trust with tenants and will work to understand the tenant's goals in order to support them. Progressive engagement is a promising practice that can be combined with motivational interviewing to begin the process of building a trusting and engaging relationship with a tenant. Beginning the process may include daily "home visits" during the new residency timeframe. Home visits could be something as brief as a just checking on how the tenant is settling into their new apartment to bringing a welcome basket. Tenant peers and/or tenant council members may be beneficial during the engagement process. Peer mentors who have had life experiences similar to the tenant (for example, homelessness, living with mental illness, history of substance abuse, HIV/AIDS or negative interactions with systems of care) provide support and concrete assistance, teach advocacy skills and apply the principles of self-sufficiency and bridge the gap of trust with staff.

The following are additional sources of supportive services from the community that can augment services offered by the YWCA PSH in terms of programs, workforce, and funding:

- Volunteers
- Homeless providers
- Outreach service providers
- Alcoholics and Narcotic Anonymous

- Religious institutions
- Department of Workforce Services
- Department of Veterans Affairs
- Mental Health and Substance Abuse providers
- Medicaid and Medicare services
- Local health clinics and providers
- Other private and Non-profit organizations

Once an individual has been referred to the agency, staff will begin building positive and engaging relationships through a pre-interview process which includes introduction to staff and a tour of the building. The pre-interview process will be conducted by the Case Manager. In the current TH program, it been shown to be positive “welcome” bridge when a peer conducts the tour portion. As stated in the Front Door Assessment and Referral Process Policies and Procedures Manual adopted by the CoC Board of Directors, programs receiving referrals agree to the following:

- Vacancy information will be provided to the waitlist provided on a weekly basis – Program Specialist
- Review of Front Door referrals and any additional screening processes (client interview, case review, etc) will be conducted within 7 days – Case Manager
- Determination to accept or reject referral within 7 days of receiving HMIS referral from Front Door Assessment provider. For PSH this may be a conditional acceptance pending final eligibility determination. – Case Manager
- Provider must accept 1 of every 4 referrals. Detailed documentation of reason for rejection is maintained in HMIS.
- Participate in Case Conference meetings as appropriate, and as needed – Case Manager will take the lead
- Adhere to base-line program referral criteria – single adult:
 - VI-SPDAT score of 8 +
 - Documented disability that impeded ability to live independently
 - Previously referred to scattered site PSH
 - High user of hospitals/ER and/or higher score in medical section of VI-SPDAT

While many individuals with severe disabilities may always require supportive housing, some tenants eventually reach a point in their recovery where they may be better served in a less intensive services environment. Once stable, tenants often wish to leave supportive housing in order to have more privacy, reside in a different neighborhood, move closer to family or work, or rent a bigger unit. In response to tenant desires, the Case Manager and tenant will develop a Moving On plan that will provide tenants who are able and want to move out of supportive housing assistance into transitioning to a new apartment. The fundamental goal of Moving On is to promote the highest levels of independence and choice for tenants. Formal aftercare plans will be developed with the tenant before they move out of PSH. The plan will help with transitioning the PSH Case Manager as a primary support to a secondary support and then a termination of the helping relationship. The Case Manager’s role is to terminate with the tenant in a way that does not undermine her residential stability and successfully integrates the tenant into the new community with appropriate community-based supports as needed.

While promoting tenant success and mobility, a Moving On process also increases the capacity of St. Louis City CoC Coordinated Homeless System and ensures that permanent supportive housing is used to serve the most vulnerable individuals experiencing homelessness. In order to ensure a successful transition from PSH, the Case Manager and Program Specialist will provide services and supports to tenants for a limited amount of time (usually three to six months, maybe up to twelve) as needed after the move to help them adjust to their new environment and responsibilities.

A programmatic reward/incentive component for Moving On would promote a culture of independence and self-sufficiency by creating a reward or incentive structure that celebrates Moving On. The TH program currently celebrates women who transition to independent living with an annual Recognition Event held during National Homeless Awareness week. Donations for residents who transition to independent living may range from household products, linens, grocery and other assistance. YWCA stakeholders from a variety of areas including staff, Board of Directors, funders, service providers and family and friends of the women being celebrated are invited to participate. Alumni are currently invited back to speak to residents during the monthly House Meeting about their experiences transitioning from homelessness to independent living. These events are meant to celebrate successes and highlight what is possible for other women.

Participant Tracking and Reporting:

Performance measurements as outlined by the City of St Louis CoC will be used to guide programming, treatment plans and outcomes. Currently the PSH performance standards include the following categories:

- Exit to permanent housing (Moved On)
- Stably housed for 6+ months (stayers)
- Cash Income (leavers)
- Employment Income (leavers)
- Non-Cash Benefits (leavers)
- Occupancy rate for year
- Return to shelter (leavers)

All tenant data will be entered into the Homeless Management Information System. Historically, the TH program has consistently entered data into the HMIS systems. The agency conducts programmatic quarterly case record reviews for continued Performance and Quality Improvement assurances. The current TH program participates in quarterly client trends assessments as well as weekly client staffing meetings, monthly staff meetings, weekly supervision, and monthly All Programs Services staff (across entire agency) meetings.

Job Descriptions for PSH Staff:

As best practice, the roles and responsibilities of each staff member are separate and defined. Staff understands that allowances for times when direct service may require the efforts of all staff or as fill in during (illness, vacation, trainings, meetings or emergencies) may be necessary on a temporary basis.

Program Director Responsibilities

- Oversee program development, implementation, coordination and evaluation;
- Coordinate site coverage (emergencies, vacations, illnesses, trainings, community meetings)
- Ensure that the development and implementation of service plans are consistent with program goals and of maximum benefit to tenants (this includes CoC Performance Measurements)
- Provide regular supervision to direct service staff;
- Monitor and evaluate staff performance
- Coordinate supportive services with building management services
- Develop and modify policies and procedures (staff and tenant council coordination)
- Identify problems related to resources and personnel management
- Oversee production of internal and external reports (outcomes, budgets, etc.)
- Oversee compliance with funders including HMIS data

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Case Manager Responsibilities:

- Maintaining an awareness of community resources and best practice skills by regularly attending trainings, meetings and keep up to date with licenses and other requirements a core competency
- Work to develop a healthy and supportive rapport with tenants whenever possible
- Promote healthy living to avoid isolation and increase empowerment, well-being, self-worth, independence, and community integration by encouraging tenants to participate in case management and engaging them socially and productively with other tenants, staff and the community with structured activities
- Develop incentives and provide education for tenants to participate in employment-related activities such as volunteerism, vocational training, job search activities, education and paid employment
- Identify clients' needs, abilities, state of their disabling condition, strengths, wants and barriers to individual goals and positive living
- When necessary work to identify and resolve outstanding warrants or other criminal charges when possible
- Develop plans and timelines for each client that are client centered and are tailored to each individual's circumstances, needs, strengths, level of engagement, and wishes.

Plans are an outline process for how a client's goals in terms of needs or wishes will be met

- Aid each client in achieving the goals of a plan by helping clients identify and obtain services and resources on and off site that they need to maintain housing stability, increase their well-being and more fully integrate into the broader community. Include clients in making decisions for themselves and sharing responsibilities.
- Monitor client progress and well-being by establishing at least weekly contacts with all tenants including those not participating in case management. Also, meet regularly as a case management team to review all clients' welfare and their progress on goals established in their plans

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Program Specialist Responsibilities

Life Skills:

- Teach and/or assist tenants in development of independent living skills; Ex: cooking, personal hygiene and self-care, housekeeping and apartment safety activities (includes facilitation of work orders/maintenance requests), conflict resolution, use of public transportation and other community services
- Implementation of lease agreement and rental payments
- Linkage to health care services (community clinics)

Employment Services:

- Assist tenants in accessing employment or improving employment status
- Linkage to community employment service providers (ex: Voc Rehab, etc.
- Job postings/resources that match tenant skills

Administrative:

- Compliance with maintaining rental payments, reimbursement requests records and vital tenant demographics to ensure compliance with funder requirements
- Enter data into funder database (HMIS)

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Evening Front Desk Receptionist

- Answer all incoming calls in a timely manner
- Ensure compliance with YWCA stands of operations which includes monitoring of the building and grounds and alerting key staff to potential or real incidents including crisis situation

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Defining and Coordinating Roles between Facility Manager and Supportive Services Staff

While facilities management and supportive services staff have many responsibilities for which they are solely responsible, there are also many areas in which responsibilities are shared. The following describes responsibilities that involve both facilities and supportive services staff for the YWCA PSH project.

	Responsibilities of Supportive Services Staff	Responsibilities of Facility Management Staff
Orientation of Incoming Tenants	<p>Help tenants with concrete needs around the move in, such as unpacking, getting familiar with the building routine and location of laundry, neighborhood resources, staff locations and responsibilities</p> <p>Coordinate and facilitate orientation meeting</p>	<p>Participate in new tenant orientation by informing tenants about building maintenance issues, fire drills and quarterly tenant meetings to discuss any concerns about the building or maintenance</p>
Dealing with Nuisance and Disruptive Behaviors	<p>House Rules are generally developed jointly by Services and Management. Some basic rules may be developed by staff and tenant input to add to or revise these. All staff can help promote healthy cultural norms for the building; it is frequently Service staff members who help to structure these efforts</p>	
Procedures during Crises (e.g. psychiatric, medical, physical, fire)	<p>Clear policies and procedures should be in place for dealing with disruptions. These should clearly spell out the chain of command in case of emergency, what information to provide to EMS, when to summon staff on call, etc.</p>	
Tenant Grievance Procedures	<p>Staff and tenants should be aware of systems for evaluating the program and the services provided. Management and Service staff generally works together, with Service staff alerting tenants to procedures through individual case management meetings or tenant meetings.</p>	
Tenant Councils	<p>Facilitate initial tenant meetings with the goal being to eventually have tenant run meetings.</p>	<p>Attend meeting when issues concern the building or maintenance. Hold quarterly management/tenant meetings.</p>
Community Building	<p>Many issues mentioned above involve aspects of community building. The tenants as well as management and service staffs are members of the building community and influence the culture of the community. Staff should be aware of trends in the community and plan strategies for positively influencing the culture.</p>	

Safety and Security	Responsible for notifying Facilities Management regarding security breaches and safety hazards.	Responsible for ensuring building safety and security; for ongoing inspections and addressing safety/security issues that have been identified.
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Training:

A supportive environment is currently provided for the entire TH staff and would continue to be provided through the PSH services to promote retention, well-being and an effective work environment. This includes clear roles and responsibilities, training, support as well as supervision and support from experienced, senior level staff. A training regimen and schedule has been established across the agency. Trainings are conducted by knowledgeable members of the agency and community. The staff is familiar with these basic set of skills and philosophies for engaging clients including:

- Relationship building
- Motivational interviewing
- Time management
- Housing First model
- Employment/Income based activities
- Trauma awareness

Regular trainings are provided on the following:

- Substance abuse and addiction
- Mental illness
- Chronic homelessness
- Cultural competency
- Crisis de-escalation and response strategies
- SOAR (SSI/SSDI Outreach – Awareness and Recovery)
- Application and re-certification of public benefits including food stamps and healthcare insurance
- Recording progress notes
- Entering data in HMIS
- CoC trainings associated with Coordinated Entry System

The staff is trained on how their work relates to the services provided by other community partners and how they can connect with these partners to provide services to the PSH tenants. A community resource guide is currently available for this purpose as well as for clients. Employment Resource and Affordable Housing resource binders are also made available to staff and current clients. These guides are updated on a weekly basis.

EVIDENCE OF 501 (c) 3 STATUS

STATE OF MISSOURI



Jason Kander
Secretary of State

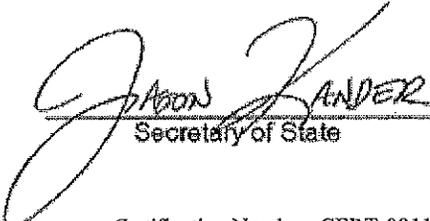
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, 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

YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN ST. LOUIS, MISSOURI
B00002951

was created under the laws of this State on the 1st day of May, 1905, 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 11th day of August, 2016.


Secretary of State



Certification Number: CERT-08112016-0039

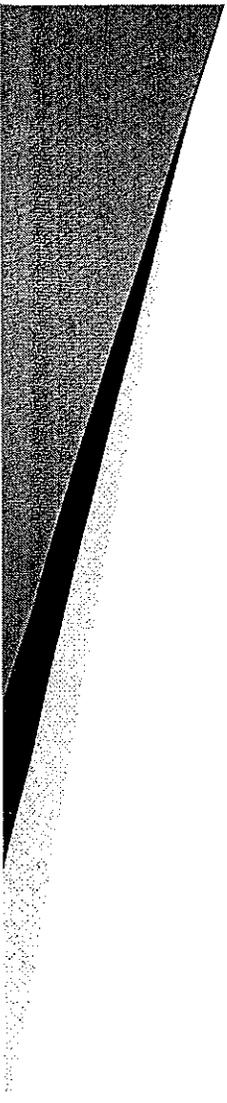
ORGANIZATIONAL CHART

YWCA Metro St. Louis Organizational Chart

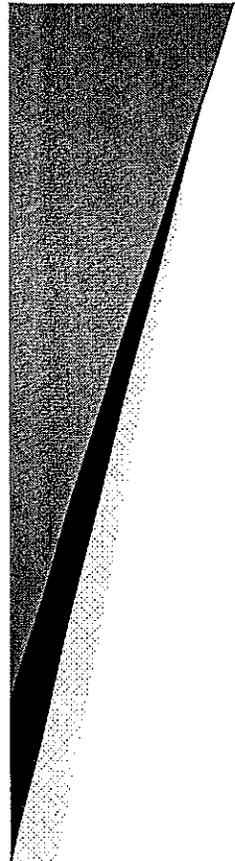
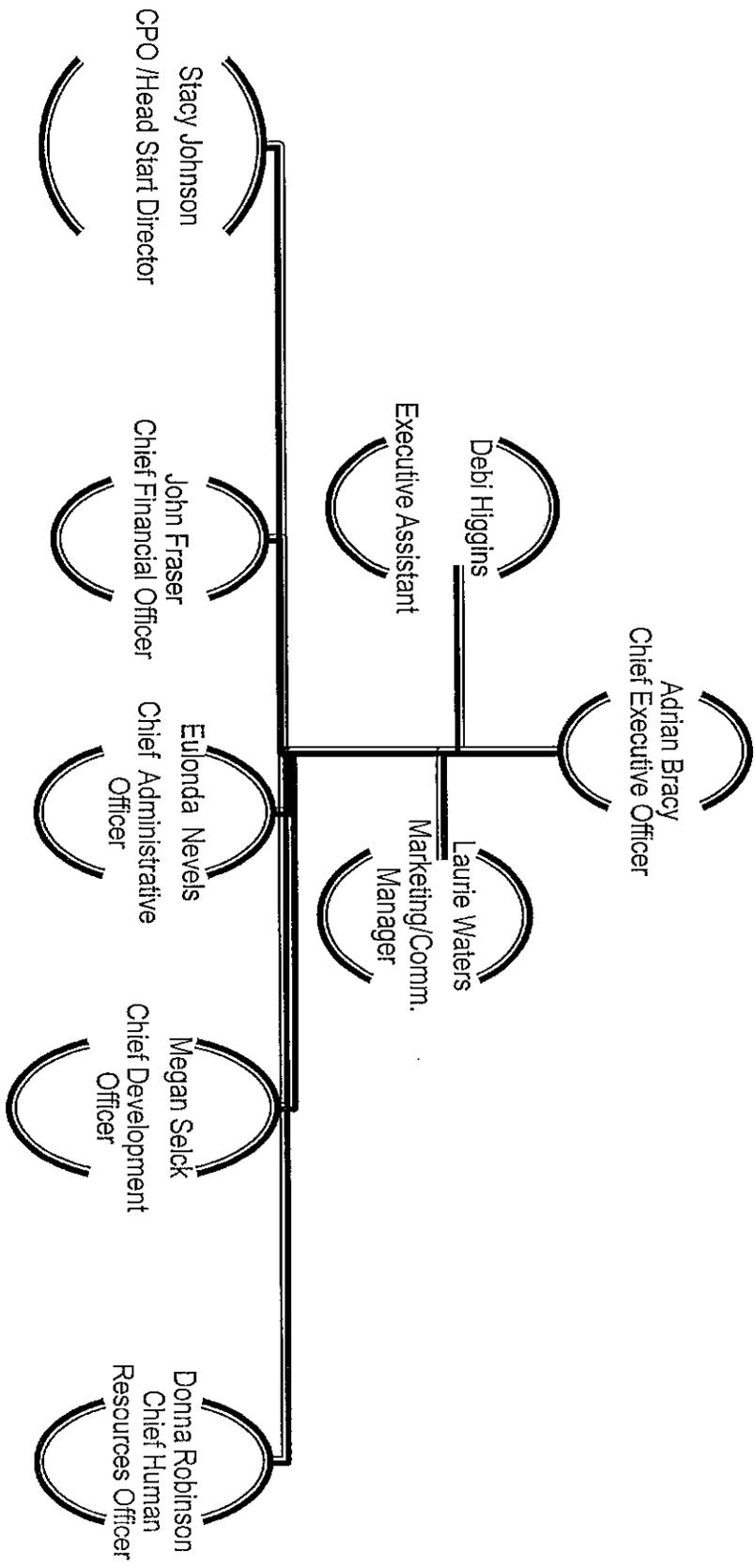
**eliminating racism
empowering women**

YWCA

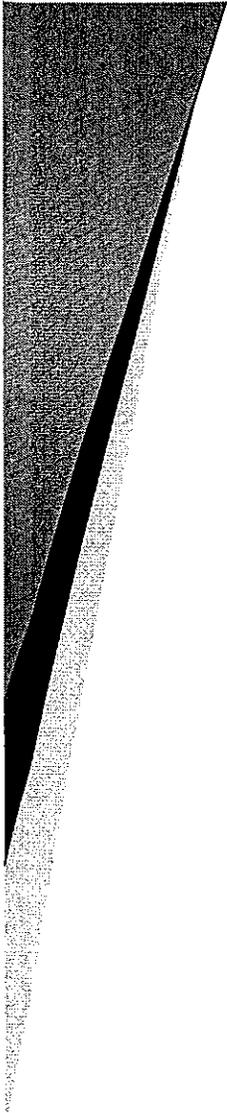
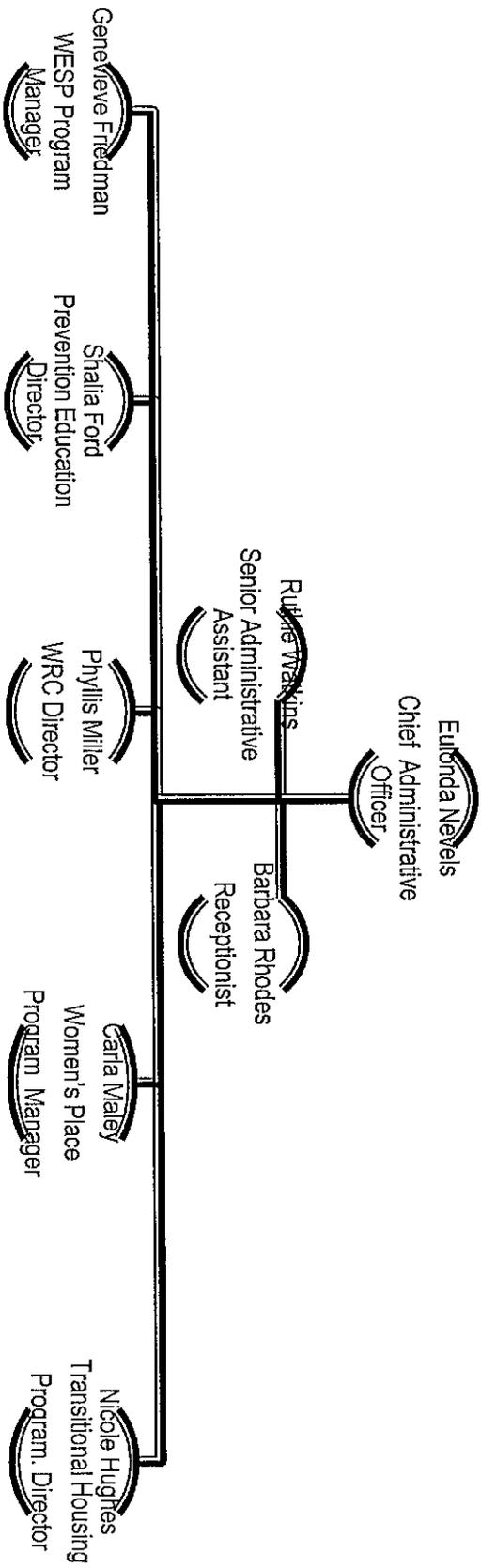
metro st. louis



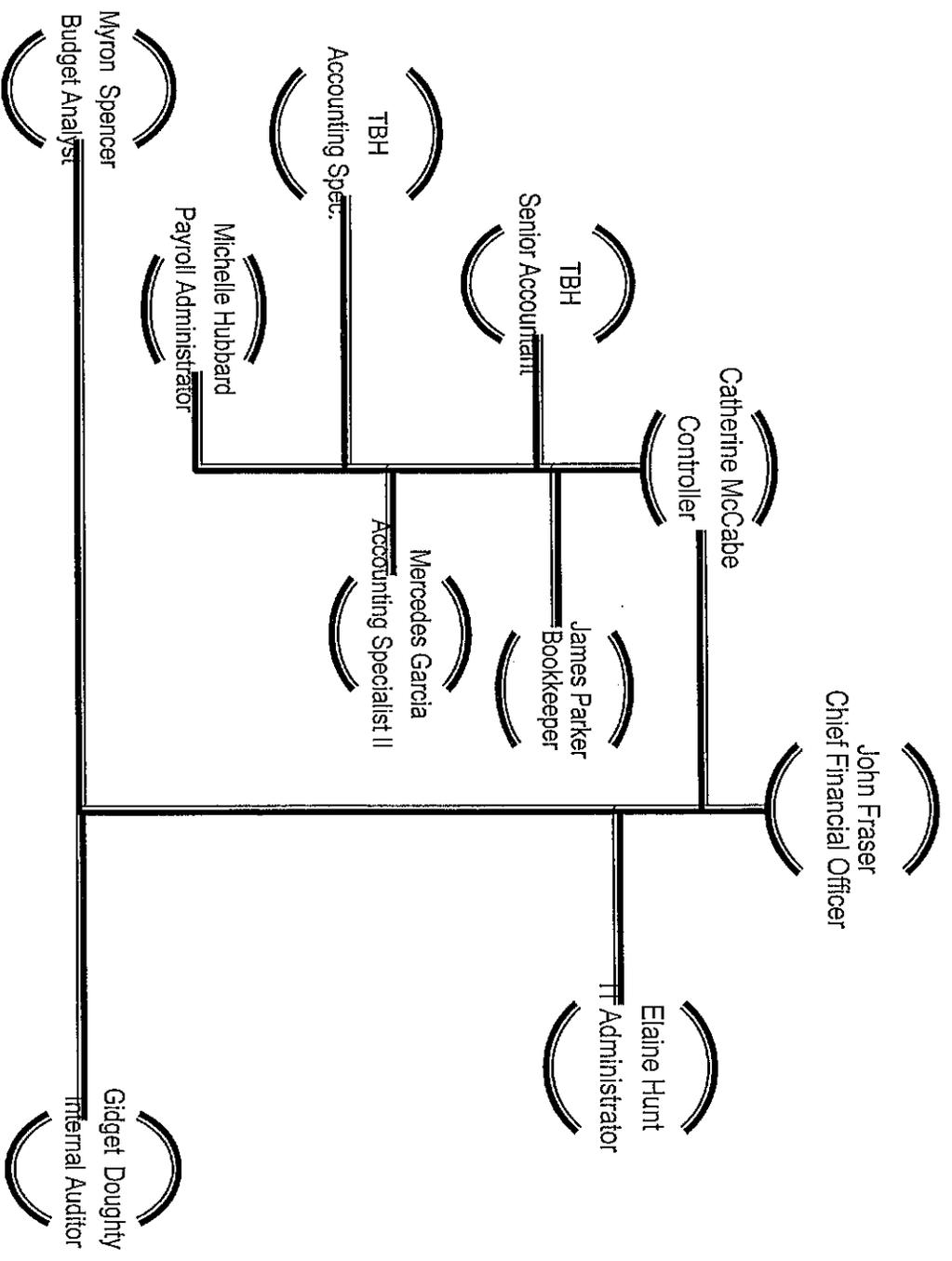
Executive Office



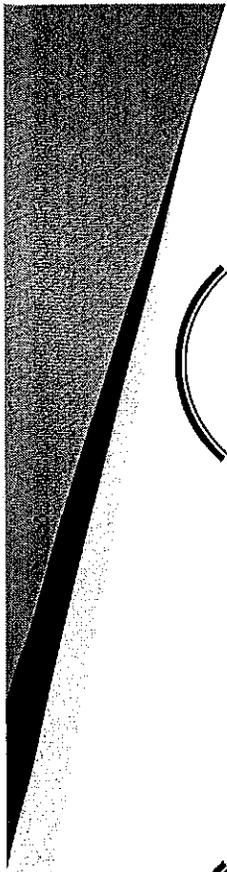
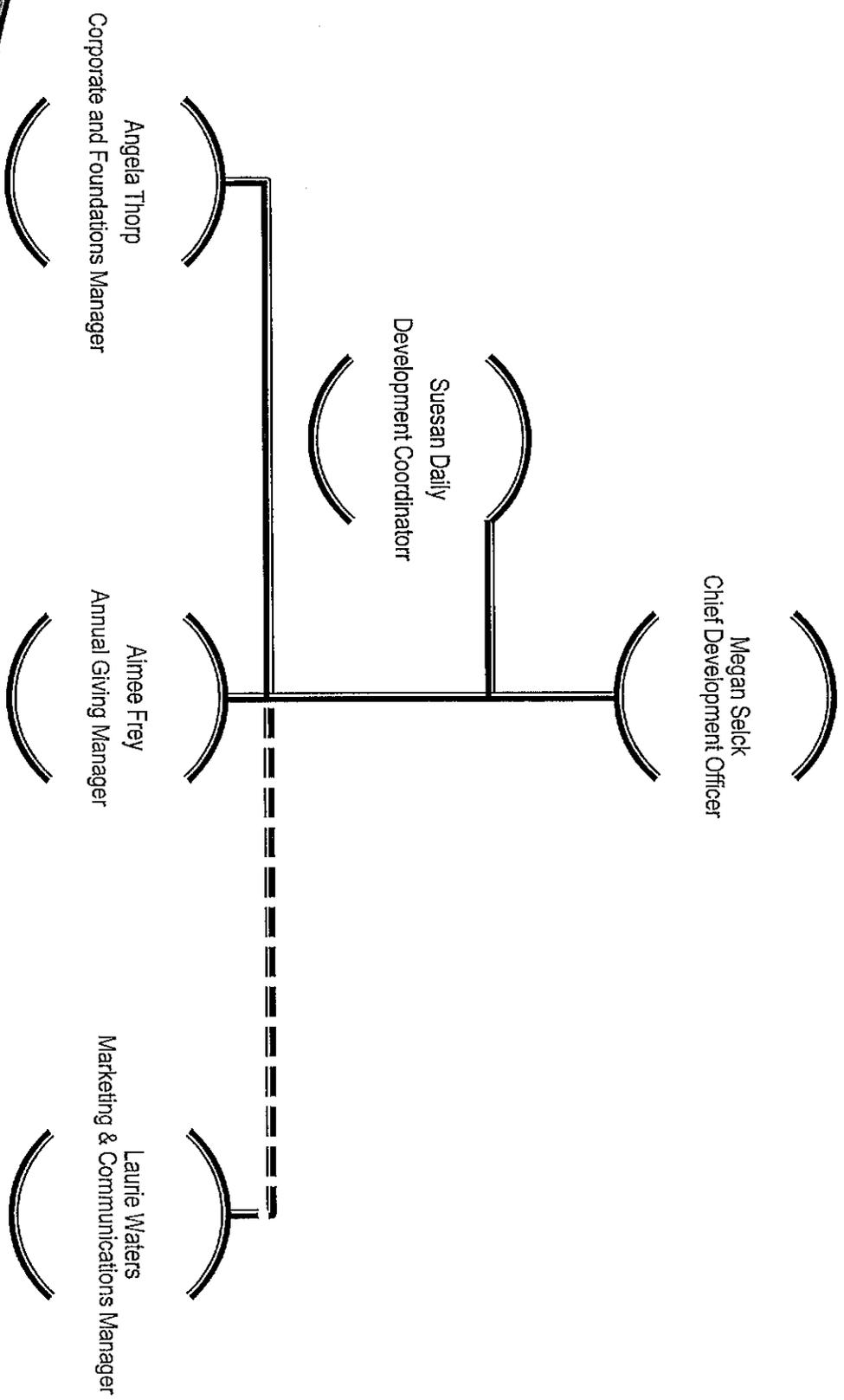
Chief Administrative Officer



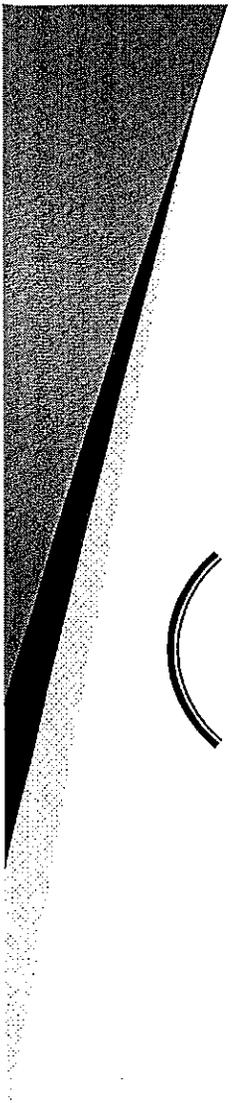
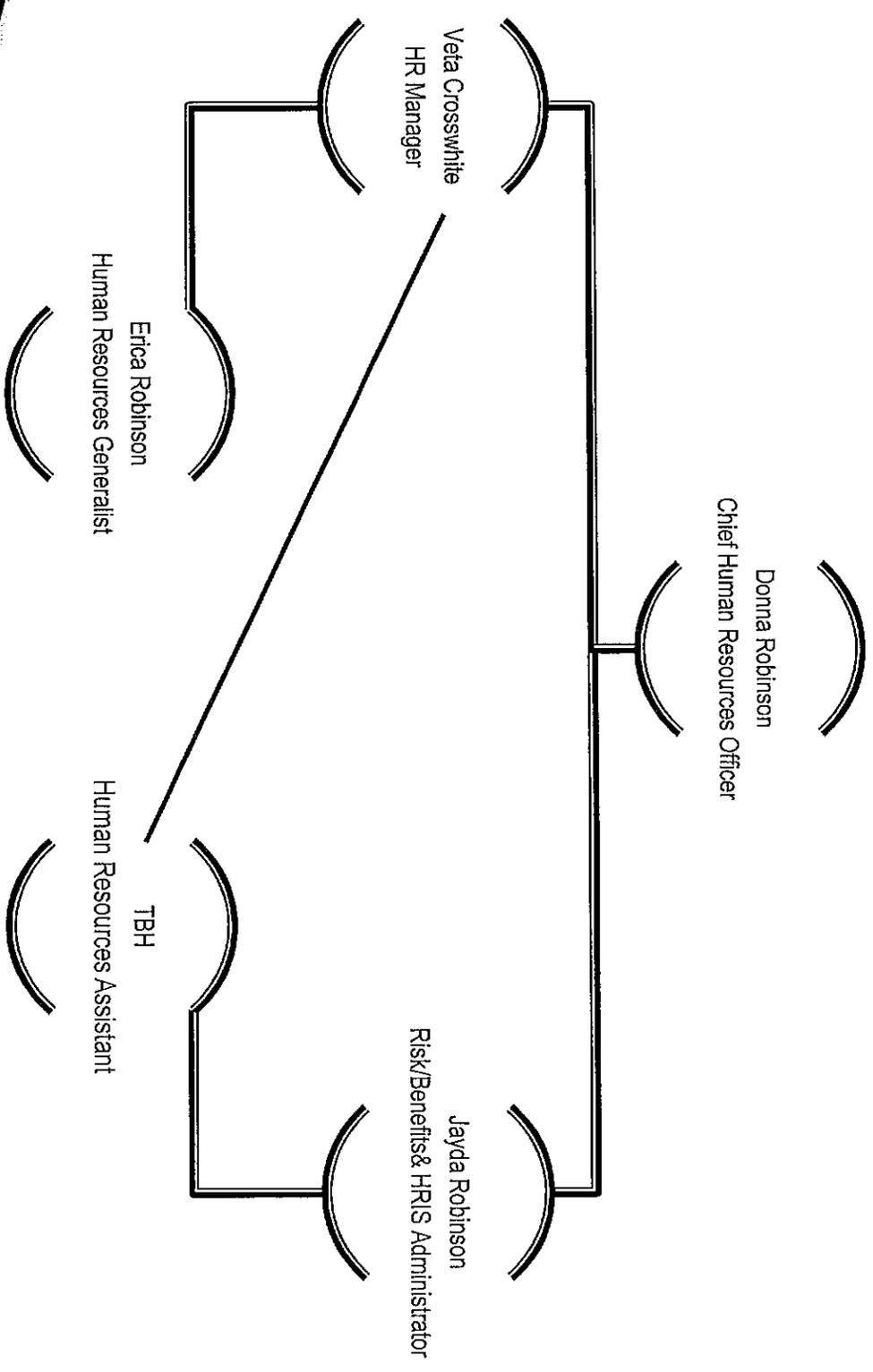
Accounting and Information Technology



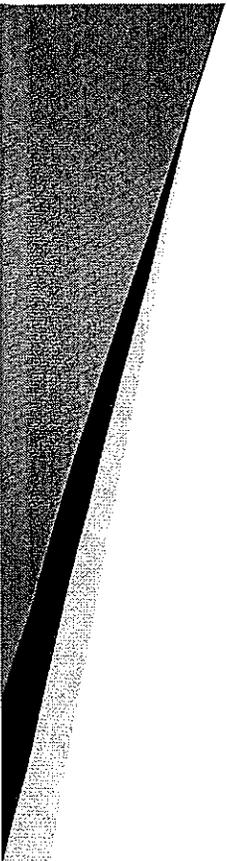
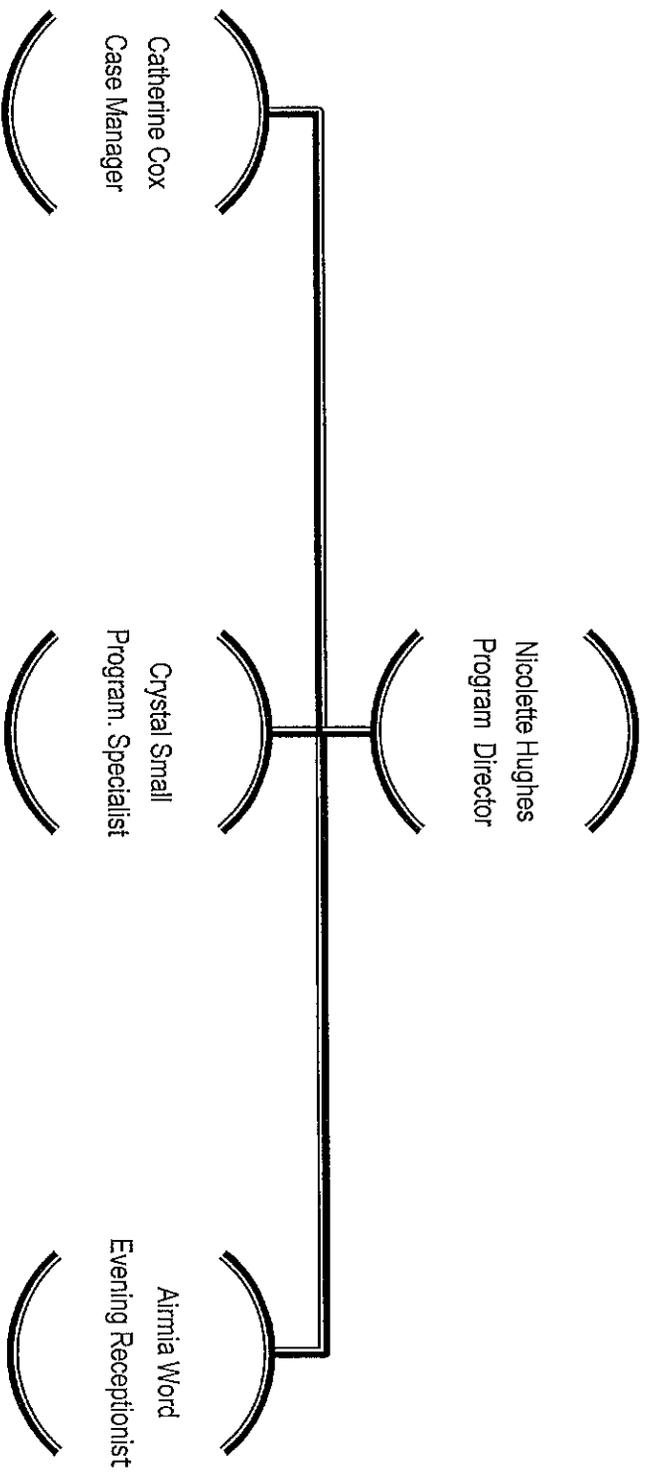
Development



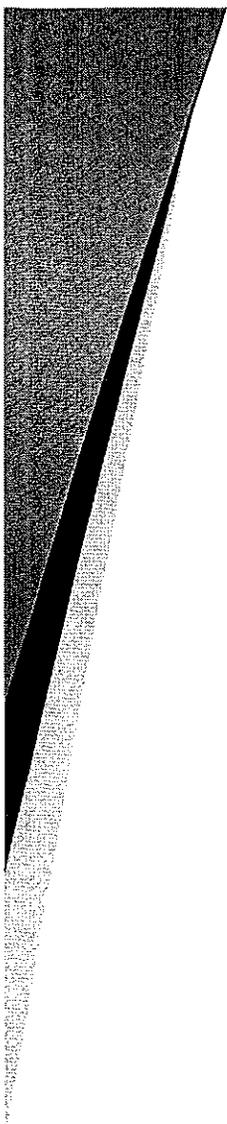
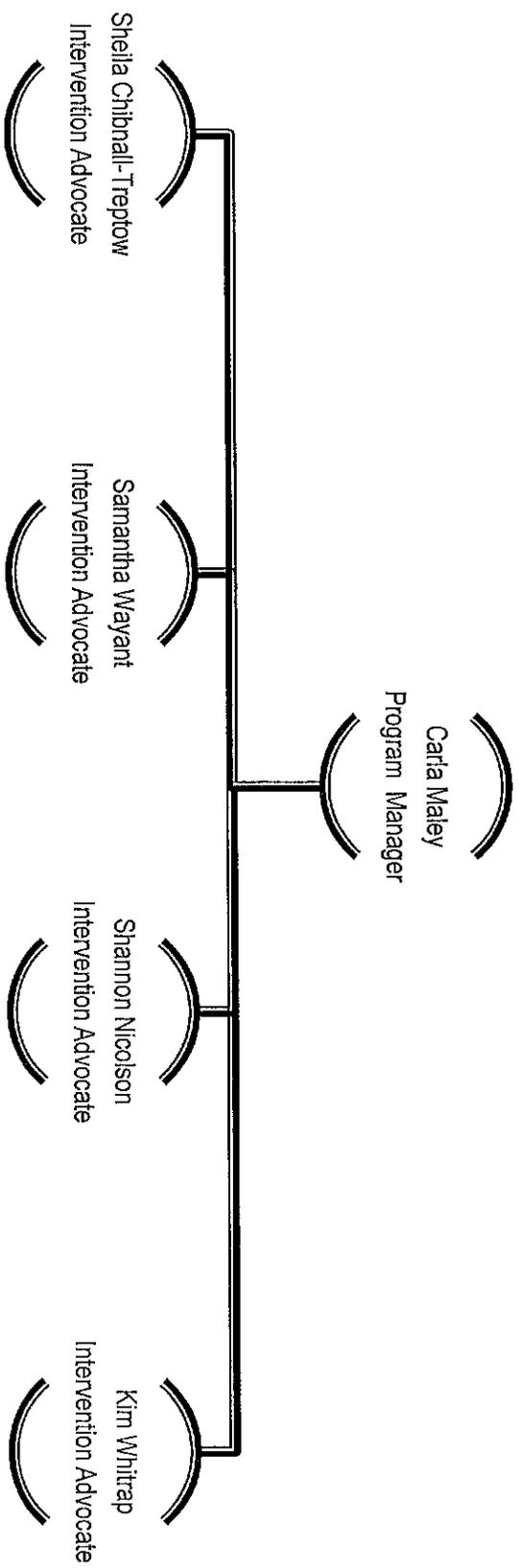
Human Resources



Transitional Housing Program



Woman's Place



Women's Resource Center

Phyllis Miller
Director of Women's Resource Center

Kathleen Hamrahan
Community Advocate

Cindy Malott
Crisis Intervention Supervisor

Kate Jordan Crean
Program Specialist/SART

Kara Skoldoger
Program Specialist/SART

Trine Taranhike
Program Spec/SART

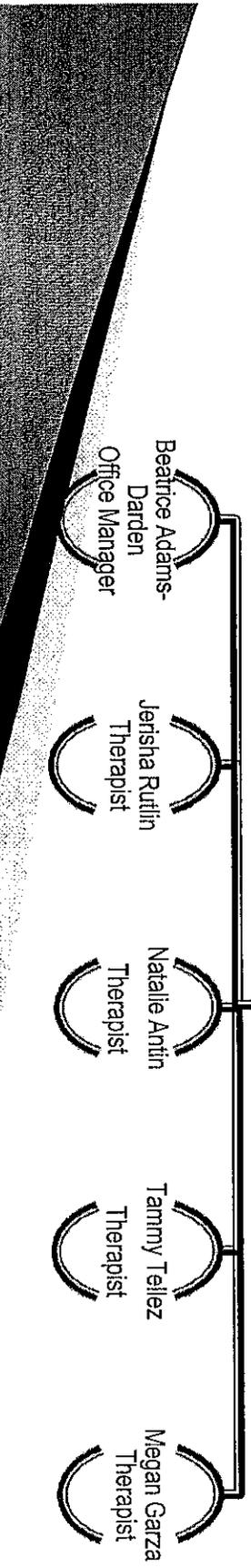
Beatrice Adams-Darden
Office Manager

Jenisha Rutlin
Therapist

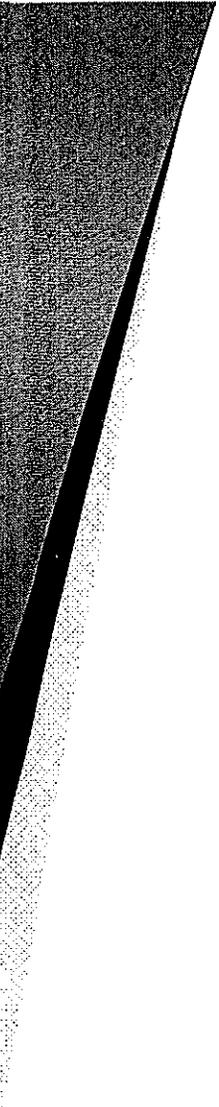
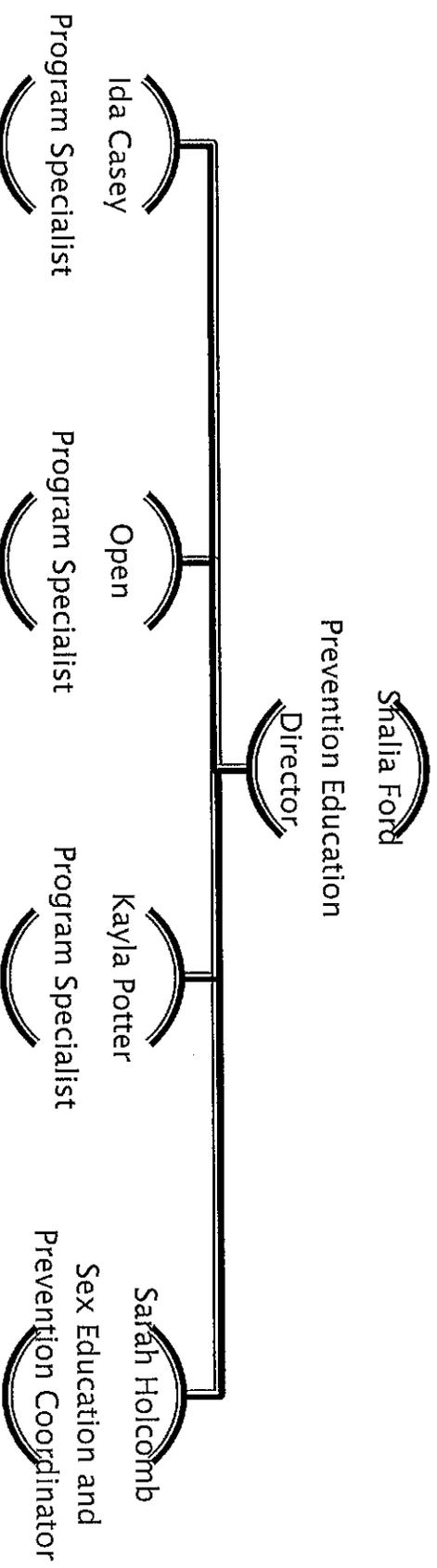
Natalie Antin
Therapist

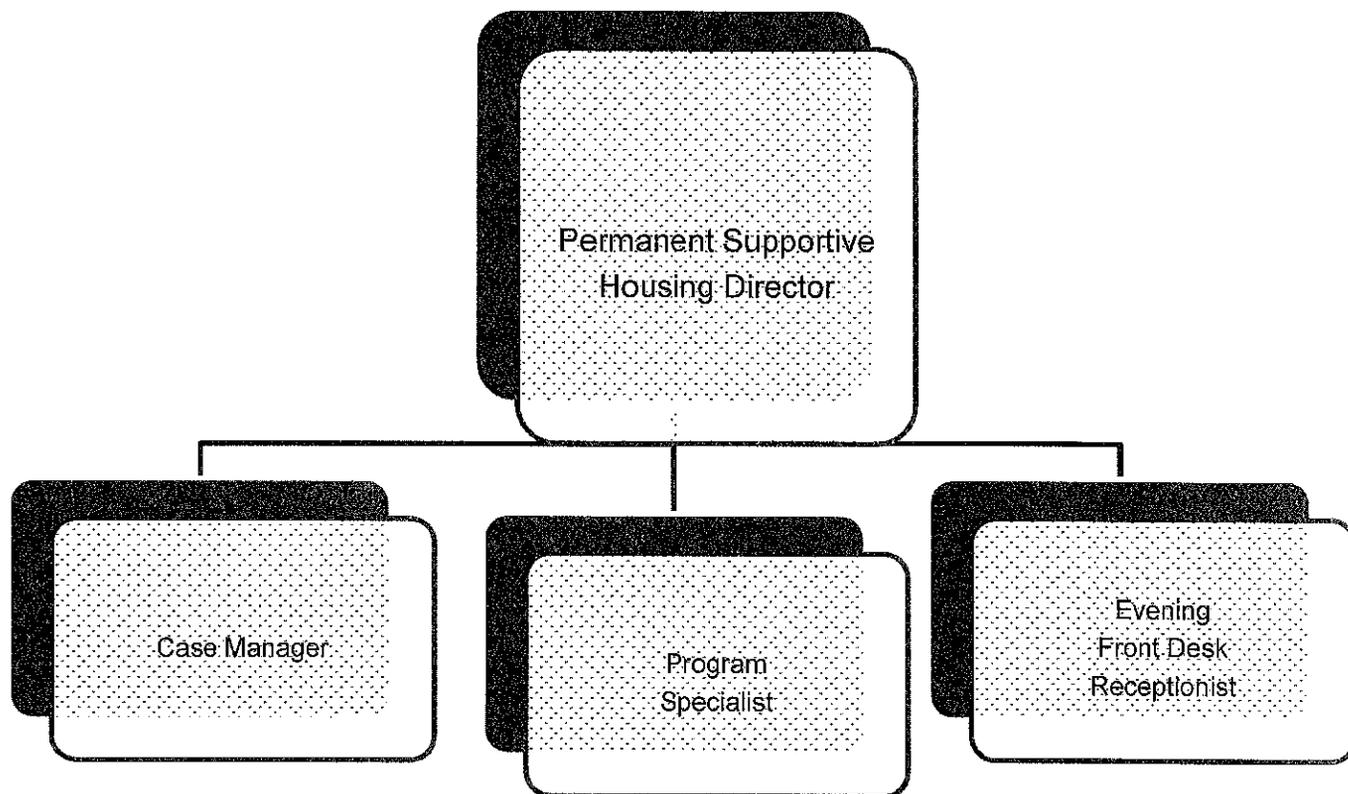
Tammy Tellez
Therapist

Megan Garza
Therapist



Prevention Education





CURRENT LIST OF THE BOARD OF DIRECTORS

**YWCA OF METROPOLITAN ST. LOUIS
BOARD OF DIRECTORS - 2016**

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NAME	BOARD COMMITTEE(S)	BUSINESS TITLE AND ADDRESS	PHONE, ETC.
Chairwoman Barbara C. Bentrup <i>1st Term Expires: 2016</i> <i>2nd Term Expires: 2019</i>	Executive (Chair) Ex Office: Governance, Development, Human Resources, Finance, Strategic Plan Executive Investment Audit	CFO and Corporate Counsel Delta Dental of Missouri 12399 Gravois Road St. Louis, MO 63127	W: (314) 656-2720 F: (314) 656-2965 C: (314) 496-6119 EM: Barbara.Bentrup@deltadentalmo.com Asst: Linda Yancey (314) 656-2724 EM: Linda.Yancey@deltadentalmo.com
Vice-Chairwoman Tammy L. Burton <i>1st Term Expires: 2014</i> <i>2nd Term Expires: 2017</i>	Executive Governance/Strategic Plan (Chair) Development	Managing Director PricewaterhouseCoopers LLP 800 Market Street, Ste. 1900 St. Louis, MO 63101	W: (314) 206-8217 C: (618) 581-4681 F: (813) 286-9448 EM: tammy.burton@us.pwc.com Asst: Yvonne Foppe (314) 206-8145 EM: yvonne.foppe@us.pwc.com
Secretary Kelly Baumer <i>1st Term Expires: 2018</i> <i>2nd Term Expires: 2021</i>	Executive	Chief Strategy Officer St. Louis University Hospital 3655 Vista Ave., Suite 120 St. Louis, MO 63110	W: (314) 268-5500 C: (314) 623-3022 EM: kelly.baumer@ssmstlsh.com Asst: Tim Lee (314) 268-7566 EM: timothy.lee@ssmstlsh.com
Treasurer Nanci Daesch <i>1st Term Expires: 2016</i> <i>2nd Term Expires: 2019</i>	Executive Finance (Chair) Investment Audit	Vice-President and General Auditor Monsanto 800 N. Lindbergh Blvd. G2A St. Louis, MO 63167	W: (314) 694-5048 C: (314) 239-4352 F: (314) 694-5413 EM: nanci.e.daesch@monsanto.com Asst: Jeanne Bushnell (314) 694-2366 EM: jeanne.m.bushnell@monsanto.com
Alison Bischoff <i>1st Term Expires: 2019</i> <i>2nd Term Expires: 2022</i>		Assistant Circuit Attorney Office of the Circuit Attorney City of St. Louis 1114 Market St., Room 401 St. Louis, MO 63101	W: (314) 589-6314 C: (314) 495-2997 F: (314) 622-3369 EM: bischoffa@stlouisco.org
Rhonda S. Brandon <i>1st Term Expires: 2014</i> <i>2nd Term Expires: 2017</i>		Chief Human Resources Officer DukeHealth Box DUMC 3904 200 Trent Drive Durham, NC 27710	W: (919) 684-5643 C: (314) 972-4847 EM: rhonda.brandon@duke.edu Asst: Sarah Woodard (919-684-5680) EM: sarah.woodard@duke.edu

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Julia Brncic <i>1st Term Expires: 2019</i> <i>2nd Term Expires: 2022</i>		Vice President & Associate General Counsel Express Scripts, Inc. One Express Way St. Louis, MO 63121	W: (314) 684-6379 F: (800) 417-8163 C: (314) 517-0487 EM: jbrncic@express-scripts.com Asst: Julie Mills (314) 684-5956 EM: jamills@express-scripts.com
Susan Buford <i>1st Term Expires: 2018</i> <i>2nd Term Expires: 2021</i>	Development	#1 Kingsbury Place St. Louis, MO 63112	H: (314) 960-2767 EM: sbuford222@yahoo.com
Carol Daniel <i>1st Term Expires: 2018</i> <i>2nd Term Expires: 2021</i>		KMOX News Anchor CBS Radio St. Louis 1220 Olive Street, 3 rd Floor St. Louis, MO 63103	W: (314) 444-3234 F: (314) 588-1234 EM: cadaniel@cbs.com
Yoany Finetti <i>1st Term Expires: 2019</i> <i>2nd Term Expires: 2022</i>		Chief Nursing Officer Barnes-Jewish West County Hospital 12634 Olive Blvd. Creve Coeur, MO 63134	W: (314) 996-8579 C: (314) 713-6249 F: (314) 996-8430 EM: yxf0961@bjc.org Asst: Laura Ostrander (314) 996-8660 EM: laura.ostrander@bjc.org
Jacqueline (Jackie) Janus <i>1st Term Expires: 2017</i> <i>2nd Term Expires: 2020</i>	Young Ambassadors (Chair) Development Walk a Mile Marketing and PR	Managing Supervisor FleishmanHillard 200 N. Broadway St. Louis, MO 63102	W: (314) 982-1742 C: (573) 999-2832 F: (314) 982-9137 EM: jackie.janus@fleishman.com Asst: Julie Kelleit (314) 982-8731 EM: julie.kelleit@fleishman.com
Peggy Ladd <i>1st Term Expires: 2019</i> <i>2nd Term Expires: 2022</i>		Retired	C: (314) 773-6779 EM: pladd2207@gmail.com

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Louise C. Lawes <i>1st Term Expires: 2015</i> <i>2nd Term Expires: 2018</i>	Finance Nominating	Managing Director Wells Fargo Advisors 1 North Jefferson Ave. St. Louis, MO 63103	W: (314) 875-1443 C: (804) 212-9070 F: (314) 875-8838 EM: louise.lawes@wfsadvisors.com Asst: Lakisha Perkins-Mosley (314-875-1441) EM: lakisha.d.perkins-mosley@wellsfargoadvisors.com
Michelle (Shelly) McCormick <i>1st Term Expires: 2017</i> <i>2nd Term Expires: 2020</i>	Head Start (Chair)	Parent Educator/Teacher Parkway School District 455 N. Woods Mill Road Chesterfield, MO 63017	W: (314) 415-6950 C: (314) 368-8578 EM: johmncjr@aol.com
Catherine F. Maher <i>1st Term Expires: 2017</i> <i>2nd Term Expires: 2020</i>	Strategic Planning	Senior Vice-President, Brokerage Operations Scotttrade, Inc. 700 Maryville Centre Drive St. Louis, MO 63141	W: (314) 965-1555, Ext. 1146 C: (314) 412-0342 F: (314) 543-6222 EM: cmaher@scotttrade.com Asst: Mary Kaliszewski (314) 965-1555, Ext. 6961 EM: mkaliszewski@scotttrade.com
Patricia Penelton <i>Term Expires: 2016</i>	Chair, Committee On Administration Volunteer	Sr. Business Analyst-Charter Business Charter Communications 12405 Powerscourt Dr. St. Louis, MO 63131	W: (314) 755-1799 C: (636) 730-8161 EM: Patricia.Penelton@charter.com
Debbie Reilly <i>1st Term Expires: 2016</i> <i>2nd Term Expires: 2019</i>	Head Start	Director Clayton Schools' Family Center 301 Gay Ave. Clayton, MO 63105	W: (314) 854-6915 C: (314) 973-0152 EM: debbierelilly@claytonschools.net
Ruth Saphian <i>1st Term Expires: 2019</i> <i>2nd Term Expires: 2022</i>	Finance	Managing Partner Ernst & Young LLP 190 Carondelet Ave. Clayton, MO 63105	W: (314) 290-1028 C: (314) 974-3771 EM: ruth.saphian@ey.com Asst: Rebecca Boston (314) 290-1054 EM: rebecca.boston@ey.com

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NAME	BOARD COMMITTEES(S)	BUSINESS TITLE AND ADDRESS	PHONE, ETC.
Chalana Scales-Ferguson <i>1st Term Expires: 2018</i> <i>2nd Term Expires: 2021</i>		Attorney 3864 Kentucky Derby Dr. Florissant, MO 63034	C: (314) 740-1306 EM: cfergusonesq@gmail.com
Amy Schnettgoecke <i>1st Term Expires: 2015</i> <i>2nd Term Expires: 2018</i>	Human Resources (Chair)	Director, Employee Benefits Compliance & Employee Benefits Counsel Emerson 8000 W. Florissant Ave. St. Louis, MO 63136	W: (314) 553-2547 C: (314) 406-9756 F: (314) 553-3867 EM: amy.schnettgoecke@emerson.com Asst: Kelley Ray (314) 553-2598 EM: kelley.ray@emerson.com
Karen Seibert, Ph.D. <i>1st Term Expires: 2015</i> <i>2nd Term Expires: 2018</i>	Development (Chair) Academy Leaders (Co-Chair)	Director, Genomics & Pathology Svcs. Professor, Depts. of Pathology & Immunology Washington University in St. Louis School of Medicine 660 S. Euclid Ave. Campus Box 8118 St. Louis, MO 63110	W: (314) 362-8673 C: (314) 378-7575 F: (314) 747-7999 EM: kseibert@path.wustl.edu Asst: Lori Scantlan (314) 747-8071 EM: lscantlan@path.wustl.edu
Sara K. Stock <i>1st Term Expires: 2018</i> <i>2nd Term Expires: 2021</i>	Facilities (Chair)	Partner Khazeli Wyrsoch Stock, LLC 911 Washington Ave., Suite 211 St. Louis, MO 63101	W: (314) 288-0779 EM: sara.stock@kwslawfirm.com Asst: Mary Lamere (314-288-0777) EM: mary.lamere@kwslawfirm.com
Susan Venn <i>1st Term Expires: 2017</i> <i>2nd Term Expires: 2020</i>	Development Finance	Principal Edward Jones 12555 Manchester Road St. Louis, MO 63131	W: (314) 515-4959 C: (314) 974-0926 EM: susan.venn@edwardjones.com Asst: Yvonne Gnanu EM: yvonne.gnanu@edwardjones.com

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NAME	BOARD COMMITTEE(S)	BUSINESS TITLE AND ADDRESS	PHONE, ETC.
Stephanie Williams-Nelson <i>Term Expires: 2016</i>	Policy Council, Head Start	Policy Council Representative YWCA Head Start 6706 Crest Avenue University City, MO 63130	W: (314) 862-1444 C: (314) 517-0557 F: (314) 862-0836 EM: A_BrightLifeYN@yahoo.com
Adrian E. Bracy	Ex Officio: Executive, Governance, Human Resources, Finance, Facilities, Head Start, Strategic Plan, Investment, Leader Lunch, Circle of Women, Academy of Leaders, Young Ambassadors	Chief Executive Officer YWCA Metro St. Louis 3820 West Pine Boulevard St. Louis, MO 63108	W: (314) 531-1115, Ext. 5288 F: (314) 531-5008 C: (314) 740-0226 EM: abracy@ywcastlouis.org Asst: Debra Higgins (314) 531-1115, Ext. 5285 EM: dhiggins@ywcastlouis.org

W=Work
F=Fax
H=Home
C=Cell
EM=E-Mail

FEDERAL FORM 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01/01, 2014, and ending 12/31, 20 14

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending

C Name of organization: Young Women's Christian Association of Metropolitan St Louis
 Doing business as: YWCA of Metro St Louis-YWCA of Metropolitan St Louis
 Number and street (or P.O. box if mail is not delivered to street address): 3820 West Pine Boulevard
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: Saint Louis, MO, 63108

D Employer identification number: 43-0663618

E Telephone number: 314-531-1115

G Gross receipts \$: 29,643,131

F Name and address of principal officer: Adrian Bracy
3820 West Pine Blvd, Saint Louis, MO 63108

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c)(1) (insert no.) 4947(a)(1) or 527

J Website: www.ywcastlouis.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 1905 **M** State of legal domicile: MO

H(e) Group exemption number: _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.</u>	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>27</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>27</u>
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) <u>5</u> <u>307</u>
	6 Total number of volunteers (estimate if necessary) <u>6</u> <u>3,048</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <u>0</u>
	b Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0</u>
	Revenue
8 Contributions and grants (Part VIII, line 1h) <u>26,372,657</u> <u>25,650,145</u>	
9 Program service revenue (Part VIII, line 2g) <u>998,012</u> <u>935,252</u>	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) <u>-482,471</u> <u>192,270</u>	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>-208,093</u> <u>-231,452</u>	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>26,680,105</u> <u>26,546,215</u>	
Expenses	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>24,276</u> <u>47,792</u>	
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u> <u>0</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>12,425,429</u> <u>12,536,133</u>	
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>0</u> <u>0</u>	
b Total fundraising expenses (Part IX, column (D), line 25) <u>547,463</u>	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>15,129,398</u> <u>14,490,877</u>	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>27,579,103</u> <u>27,074,802</u>	
19 Revenue less expenses. Subtract line 18 from line 12 <u>-898,998</u> <u>-528,587</u>	
Net Assets or Fund Balances	
20 Total assets (Part X, line 16) <u>10,579,237</u> <u>10,288,239</u>	
21 Total liabilities (Part X, line 26) <u>2,097,117</u> <u>2,296,101</u>	
22 Net assets or fund balances. Subtract line 21 from line 20 <u>8,482,120</u> <u>7,992,138</u>	

Part II Signature Block

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

Sign Here Signature of officer: [Signature] Date: 7/27/15
 Type or print name and title: John Fraser, CFO

Preparer Information

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

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:

YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

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 \$ 19,705,097 including grants of \$ 100) (Revenue \$ 533,875)

YWCA's Head Start provides developmental and educational services to income eligible preschoolers and their families to help them thrive. Head Start offers quality instruction and education, including early literacy and mathematics, to prepare children for school and for a successful transition to kindergarten. Funded enrollment for 2014 was 2,588.

4b (Code:) (Expenses \$ 2,867,442 including grants of \$ 0) (Revenue \$ 89,122)

YWCA's Early Head Start provides developmental and educational services to income eligible pregnant women, babies, toddlers, and their families to help them thrive. Early Head Start offers quality instruction and education, including early literacy and mathematics, to prepare children for school and for a successful transition to kindergarten. Funded enrollment for 2014 was 207.

4c (Code:) (Expenses \$ 925,024 including grants of \$ 46,658) (Revenue \$ 25,445)

Women's Services include the Women's Economic Stability Partnership, Transitional Housing, and the Sexual Assault Center. The Women's Economic Stability Partnership helps low-income single women with school-age children achieve greater economic stability. The program is designed to help motivated single mothers earn degrees in non-traditional professions, enabling them to secure higher paying jobs and pursuing meaningful careers. Activities include financial assistance, life coaching/case management and group workshops/peer support opportunities. Transitional Housing provides dormitory style and supportive services for up to 24 months to single women 18 years and older who are homeless. The facility offers housing, and space for training, counseling and meetings. It includes a computer lab, commercial type kitchen for food service and twenty-four hour security provided by the YWCA. In addition, each woman receives on-site case management, counseling, job retention support, financial literacy classes and renting seminars for homes or apartments. The facility can house a maximum of thirty-five women. The target population is single homeless women 18 years or older. The Sexual Assault Center services are provided to the entire St. Louis Metropolitan (Continued on Schedule O, Statement 2)

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 3

(Expenses \$ 590,657 including grants of \$ 100) (Revenue \$ 282,962)

4e Total program service expenses 24,088,220

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)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	✓
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? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
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? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓
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? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
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? If "Yes," complete Schedule F, Parts III and IV.	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>		✓
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>	✓	
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>	✓	
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>		✓
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
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>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
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>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
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>		✓
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>	✓	
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>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		✓
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	✓	
8b	b Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		✓
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	✓	
15b	b Other officers or key employees of the organization	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		✓
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 (or 1024 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 in Schedule O)
- 19 Describe in 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: ►
John Fraser, (314)531-1115

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
Margaret Mooney	1									
Member	0	✓					0	0	0	
Angela Adler	1									
Vice-Chairwoman	0	✓		✓			0	0	0	
Rhonda Brandon	1									
Chairwoman	0	✓		✓			0	0	0	
Ashley Kemper	1									
Secretary	0	✓		✓			0	0	0	
Barbara Bentrup	1									
Treasurer	0	✓		✓			0	0	0	
Tammy Burton	1									
Member	0	✓					0	0	0	
Nanci Daesch	1									
Member	0	✓					0	0	0	
Judith Griffin	1									
Member	0	✓					0	0	0	
H Jill Fivecoat	1									
Member	0	✓					0	0	0	
Louise Lawes	1									
Vice Chairwoman	0	✓		✓			0	0	0	
Cheryl Milton Roberts	1									
Member	0	✓					0	0	0	
Lina Young	1									
Member	0	✓					0	0	0	
Amy Owens Schnettgoecke	1									
Member	0	✓					0	0	0	
Patricia Penelton	1									
Member	0	✓					0	0	0	

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

(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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
Christine Ramsdell	1									
Member	0	✓					0	0	0	
Debra Reilly	1									
Member	0	✓					0	0	0	
Mary Sabatino	1									
Member	0	✓					0	0	0	
Karen Seibert	1									
Member	0	✓					0	0	0	
Becky Spurgeon	1									
Member	0	✓					0	0	0	
Cheryl Watkins-Moore	1									
Member	0	✓					0	0	0	
Louise Wilkerson	1									
Member	0	✓					0	0	0	
Brandi Williams-Hibbler	1									
Member	0	✓					0	0	0	
Catherine Maher	1									
Member	0	✓					0	0	0	
Tynetta Whitfield	1									
Member	0	✓					0	0	0	
Jacqueline Janus	1									
Member	0	✓					0	0	0	
Michelle McCormick	1									
Member	0	✓					0	0	0	
Susan Venn	1									
Member	0	✓					0	0	0	
Adrian Bracy	60									
CEO	0				✓		172,874	0	16,840	

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	904,419				
	1b	Membership dues	690				
	1c	Fundraising events	508,232				
	1d	Related organizations	0				
	1e	Government grants (contributions)	23,936,624				
	1f	All other contributions, gifts, grants, and similar amounts not included above	300,180				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f ▶	25,650,145				
Program Service Revenue	Business Code						
	2a	Resident Services	900099	935,252	935,252	0	
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	
g	Total. Add lines 2a-2f ▶		935,252				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		33,929	0	0	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	5	Royalties ▶		0	0	0	
	6a	(i) Real					
		(ii) Personal					
		Gross rents	3,800	0			
		b Less: rental expenses	11,190	0			
	c	Rental income or (loss)	-7,390	0			
	d	Net rental income or (loss) ▶		-7,390	0	0	
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	2,982,605	600			
		b Less: cost or other basis and sales expenses	2,824,464	400			
	c	Gain or (loss)	158,141	200			
	d	Net gain or (loss) ▶		158,341	0	0	
8a	Gross income from fundraising events (not including \$ 508,232 of contributions reported on line 1c). See Part IV, line 18 a		21,500				
b	Less: direct expenses b		247,362				
c	Net income or (loss) from fundraising events ▶		-225,862	0	0		
9a	Gross income from gaming activities. See Part IV, line 19 a		15,300				
b	Less: direct expenses b		13,500				
c	Net income or (loss) from gaming activities ▶		1,800	0	0		
10a	Gross sales of inventory, less returns and allowances a		0				
b	Less: cost of goods sold b		0				
c	Net income or (loss) from sales of inventory ▶		0	0	0		
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue		0	0	0		
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions. ▶		26,546,215	935,252	0	-39,182	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,792	47,792		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	302,875	0	302,875	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	9,549,062	8,329,328	974,414	245,320
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,415	148,199	19,997	219
9 Other employee benefits	1,808,221	1,618,945	149,459	39,817
10 Payroll taxes	707,560	597,426	93,116	17,018
11 Fees for services (non-employees):				
a Management	84,275	15,321	26,300	42,654
b Legal	19,363	9,633	9,730	0
c Accounting	85,743	0	85,743	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	28,118	75	16,021	12,022
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,216,382	9,108,566	99,504	8,312
12 Advertising and promotion	59,392	38,285	9,161	11,946
13 Office expenses	364,591	202,216	88,201	74,174
14 Information technology	362,178	214,480	143,714	3,984
15 Royalties	0	0	0	0
16 Occupancy	1,604,091	1,429,417	173,260	1,414
17 Travel	32,975	31,098	1,253	624
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	387,069	278,078	108,589	402
23 Insurance	111,797	78,824	26,305	6,668
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Program Expenses	1,834,857	1,747,542	7,319	79,996
b Employee Training	208,189	188,050	18,688	1,451
c Dues	47,331	4,945	42,341	45
d Misc	17,932	0	17,932	0
e All other expenses	26,594	0	25,197	1,397
25 Total functional expenses. Add lines 1 through 24e	27,074,802	24,088,220	2,439,119	547,463
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest-bearing	834,299	1	966,835
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	3,156,587	3	2,737,049
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	175,405	7	154,703
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	100,648	9	119,197
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,753,097		
	b Less: accumulated depreciation	10b 8,297,608	10c	3,455,489
	11 Investments—publicly traded securities	1,931,636	11	1,625,606
	12 Investments—other securities. See Part IV, line 11		12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets. See Part IV, line 11	690,960	15	1,229,360
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,579,237	16	10,288,239	
Liabilities	17 Accounts payable and accrued expenses	1,817,291	17	2,018,838
	18 Grants payable		18	0
	19 Deferred revenue	212,442	19	205,578
	20 Tax-exempt bond liabilities		20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	0
	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	67,384	25	71,685
	26 Total liabilities. Add lines 17 through 25	2,097,117	26	2,296,101
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,120,631	27	4,886,626
	28 Temporarily restricted net assets	2,377,766	28	2,112,042
	29 Permanently restricted net assets	983,723	29	993,470
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	8,482,120	33	7,992,138	
34 Total liabilities and net assets/fund balances	10,579,237	34	10,288,239	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,546,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,074,802
3	Revenue less expenses. Subtract line 2 from line 1	3	-528,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,482,120
5	Net unrealized gains (losses) on investments	5	-19,054
6	Donated services and use of facilities	6	0
7	Investment expenses	7	28,118
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29,541
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,992,138

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a	✓	
3b	✓	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2014

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Young Women's Christian Association of Metropolitan St Louis	Employer identification number 43-065361B
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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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (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)						
Total						0

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

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test—2014. 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 ▶ <input type="checkbox"/>			
b 33 1/3% support test—2013. 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 ▶ <input type="checkbox"/>			
17a 10%-facts-and-circumstances test—2014. 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 ▶ <input type="checkbox"/>			
b 10%-facts-and-circumstances test—2013. 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 ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

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

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,411,350	28,242,659	27,610,707	26,372,260	25,573,034	137,210,010
2 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	897,572	798,175	919,868	998,012	935,252	4,548,879
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	30,308,922	29,040,834	28,530,575	27,370,272	26,508,286	141,758,889
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						141,758,889

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	30,308,922	29,040,834	28,530,575	27,370,272	26,508,286	141,758,889
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	53,236	48,543	41,490	34,776	33,929	211,974
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	53,236	48,543	41,490	34,776	33,929	211,974
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	67,134	60,291	54,235	39,794	36,800	258,254
13 Total support. (Add lines 9, 10c, 11, and 12.)	30,429,292	29,149,668	28,626,300	27,444,842	26,579,015	142,229,117
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.67 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	99.55 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	0.15 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	0.18 %

- 19a** 33 1/3% support tests—2014. 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—2013. 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) 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>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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. 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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount 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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: Young Women's Christian Association of Metropolitan St Louis; Employer identification number: 43-0653618

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed status.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple rows for conservation easement details, including purpose, acreage, and monitoring information.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with rows for reporting on collections of art, historical treasures, or other similar assets, including revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	610,364	595,405	575,086	579,906	550,962
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	17,886	14,959	20,319	-4,820	28,944
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	628,250	610,364	595,405	575,086	579,906

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0 %
 - b Permanent endowment 48.91 %
 - c Temporarily restricted endowment 51.09 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------|----------|
| (i) unrelated organizations | 3a(i) ✓ | |
| (ii) related organizations | | 3a(ii) ✓ |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	326,133	0	326,133
b Buildings	0	9,319,303	6,565,517	2,753,786
c Leasehold improvements	0	0	0	0
d Equipment	0	1,933,155	1,557,585	375,570
e Other	0	174,506	174,506	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,455,489

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial Interest in Perpetual Trusts	1,229,360
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,229,360

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Asset Retirement Liability	71,685
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	71,685

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,776,794
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-19,054	
b	Donated services and use of facilities	2b	2,221,515	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	28,118	
e	Add lines 2a through 2d		2e	2,230,579
3	Subtract line 2e from line 1		3	26,546,215
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	26,546,215

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	29,037,765
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,221,515	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d		2e	2,221,515
3	Subtract line 2e from line 1		3	26,816,250
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	258,552	
c	Add lines 4a and 4b		4c	258,552
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	27,074,802

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part V, Line 4 - To support the social services segment of the organization

Schedule D, Part XI, Line 2d - Change in value of split interest agreement \$28,118

Schedule D, Part XII, Line 4b - Total 258,552: Special Event Expenses 247,362; Rental Expenses 11,190

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Young Women's Christian Association of Metropolitan St Louis

Employer identification number

43-0653618

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))		
		Leader Lunch (event type)	Circle of Women (event type)	2 (total number)			
Revenue	1	Gross receipts	335,433	141,727	52,572	529,732	
	2	Less: Contributions	321,333	141,727	45,172	508,232	
	3	Gross income (line 1 minus line 2)	14,100	0	7,400	21,500	
Direct Expenses	4	Cash prizes	0	0	0	0	
	5	Noncash prizes	0	0	0	0	
	6	Rent/facility costs	18,830	17,304	13,267	49,401	
	7	Food and beverages	14,532	8,652	4,564	27,748	
	8	Entertainment	0	0	0	0	
	9	Other direct expenses	153,777	6,287	10,146	170,210	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					247,359
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶					-225,859

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue	1	Gross revenue	0	0	15,300	15,300	
	Direct Expenses	2	Cash prizes	0	0	0	0
3		Noncash prizes	0	0	13,500	13,500	
4		Rent/facility costs	0	0	0	0	
5		Other direct expenses	0	0	0	0	
6		Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶					13,500
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					1,800

9 Enter the state(s) in which the organization conducts gaming activities: MO

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: Neither state nor local regulations require licensing

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Department of the Treasury
Internal Revenue Service

Name of the organization

Young Women's Christian Association of Metropolitan St Louis

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Employer identification number
43-0653618

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Description of Grants and Other Assistance to Individuals in the United States

		Number of	Amt. of cash	Amt. of non-
		recipients	grant	cash asst.
Type of grant	Transportation Assistance for Clients	49	15,410	0
Method of valuation	Cost			
Desc. of Non-Cash Asst.				
Type of grant	Nutrition Assistance	17	1,263	0
Method of valuation	Cost			
Desc. of Non-Cash Asst.				
Type of grant	Utilities Assistance	14	2,253	0
Method of valuation	Cost			
Desc. of Non-Cash Asst. College scholarship assistance awarded to future teen leaders.				
Type of grant	Rental/Housing Assistance	30	9,322	0
Method of valuation	Cost			
Desc. of Non-Cash Asst.				
Type of grant	Education Assistance	10	18,494	0
Method of valuation	Cost			
Desc. of Non-Cash Asst.				

SCHEDULE J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Young Women's Christian Association of Metropolitan St Louis

Employer identification number

43-0653618

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 ✓ ✓ ✓
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a 5b	 ✓ ✓
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6a 6b	 ✓ ✓
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Young Women's Christian Association of Metropolitan St Louis

43-0653618

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	✓	0	148,214	Market Value
26	✓	0	81,236	Market Value
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Young Women's Christian Association of Metropolitan St Louis

Employer identification number

43-0653618

Form 990, Part VI, Section B, Line 11b - The review and approval of the Form 990 was delegated to the Finance Committee by the Board. The Form 990 was also distributed to the Board of Directors prior to filing.

Form 990, Part VI, Section B, Line 12c - An independent audit is performed annually as well as quarterly internal audits

Form 990, Part VI, Section B, Line 15 - The first part of the process involves evaluation of performance. The CEO completes a self review and forwards it to the Board Chair for completion of the final performance evaluation. The Board Chair also requests current market data for the Association's Director of Human Resources along with the current budget/merit details for the Association as a whole to ensure any increase is aligned with the Association's budget. The Chair's final recommendation for the CEO for any salary increase is also shared with the Board Executive Committee. The Committee then approves the CEO's salary. For all other Officers, the CEO reviews the performance, market data and budget details and makes the recommendation to the Board or its designated committee.

Form 990, Part VI, Section C, Line 19 - The Association's annual report is available on its website. The Association's governing documents, conflict of interest policy and financial statements are available upon written request.

Form 990, Part IX, Line 11g - Other Fees: Delegate Payments: Program Service Expenses-5,660,201 Management and General Expenses-0 Fundraising Expenses-0 Total Expenses- 5,660,201 Partner Payments: Program Service Expenses-3,001,502 Management and General Expenses-0 Fundraising Expenses-0 Total Expenses- 3,001,502 Employment Service Personnel: Program Service Expenses-495,881 Management and General Expenses-0 Fundraising Expenses-0 Total Expenses- 495,881 Payroll Processing Fees: Program Service Expenses-0 Management and General Expenses-58,798 Fundraising Expenses-0 Total Expenses 58,798

Form 990, Part XI, Line 9 - Change in value of split-interest agreements: 29,541

Reasonable Cause Explanations

Explanation

Audit was not complete

Third Program Service Accomplishments Description

Description

Area, including the surrounding Missouri Counties. Crisis intervention Survivor Support Services, Crisis Intervention and Prevention Education (disability) services are provided to all victims of sexual assault and abuse from school age to adults. The Sexual Assault Center provides support and advocacy to victims of sexual assault and abuse within the St. Louis area, coordinates services to victims and serves as a resource on issues related to awareness and prevention of sexual assault and abuse. 6,833 were served in 2014.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>Children and Youth includes the School Age Care and YW Teens programs. School Age Care serves families with children ages 5-13. While attending the YWCA School Age Care Programs, children are encouraged to engage in a multitude of different activities; some of which may be a child's favorite thing to do, while others may be completely new to a child. Activities include but are not limited to the following: arts, crafts, blocks, cultural awareness, financial literacy, dramatic play, gross motor skills, language arts, reading and academic enrichment. YW-Teens serves primarily girls in grades 6-12 who reside in the St. Louis Metro area. Age ranges from 11-16. Services are provided through the following activities: 1) Young Women's Leadership Academy which consists of programs and bi-annual leadership conferences that support middle and high school aged girls on their journey to adulthood by helping them to identify, develop and apply leadership and life skills through a series of curriculum -based youth development initiative offered year-round either embedded in the school day or non school hours (after school, summer or Saturdays). 2) Emerging Entrepreneurs is a year-round economic empowerment program that introduces area high school students to entrepreneurship through the development of educational and experiential activities. 2,052 were served in 2014.</p>	590,657	100	282,962
Total:		590,657	100	282,962

Contractor Compensation

Name and address:	Description Of Services	Compensation
Urban League of Metropolitan St Louis 3701 Grandel Square Saint Louis, MO 63108	Social Services	5,181,757
First Student 22157 Network Place Chicago, IL 60673	Transportation	791,833
Guardian Angel Settlement Association 1127 N Vandeventer Avenue Saint Louis, MO 63113	Childcare	823,373
WCS Catering 3657 Lafayette Ave Saint Louis, MO 63110	Student Meals	670,113
Snelling Staffing Services 1154 N Warson Road Saint Louis, MO 63132	Temporary Staffing	350,490
Total:		7,817,566

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Young Women's Christian Association of Metropolitan St. Louis

Employer identification number
43-0653618

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) See Schedule R, Part VII, Statement 1					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a
b	Gift, grant, or capital contribution to related organization(s)		1b
c	Gift, grant, or capital contribution from related organization(s)		1c
d	Loans or loan guarantees to or for related organization(s)		1d
e	Loans or loan guarantees by related organization(s)		1e
f	Dividends from related organization(s)		1f
g	Sale of assets to related organization(s)		1g
h	Purchase of assets from related organization(s)		1h
i	Exchange of assets with related organization(s)		1i
j	Lease of facilities, equipment, or other assets to related organization(s)		1j
k	Lease of facilities, equipment, or other assets from related organization(s)		1k
l	Performance of services or membership or fundraising solicitations for related organization(s)		1l
m	Performance of services or membership or fundraising solicitations by related organization(s)		1m
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n
o	Sharing of paid employees with related organization(s)		1o
p	Reimbursement paid to related organization(s) for expenses		1p
q	Reimbursement paid by related organization(s) for expenses		1q
r	Other transfer of cash or property to related organization(s)		1r
s	Other transfer of cash or property from related organization(s)		1s

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Lined area for providing supplemental information.

Description of Identification of Disregarded Entities

		Total income	End-of-year assets
Name and EIN	Phyllis Wheatley Development LLC (37-1448588)	-268	-3,480
Address	3820 West Pine Boulevard Saint Louis, MO 63108		
Primary activities	Development		
State or foreign country	MO		
Direct controlling entity	Young Womens Christian Association of Metropolitan St Louis		

JOB DESCRIPTIONS AND RESUMES

Job Descriptions for PSH Staff:

As best practice, the roles and responsibilities of each staff member are separate and defined. Staff understands that allowances for times when direct service may require the efforts of all staff or as fill in during (illness, vacation, trainings, meetings or emergencies) may be necessary on a temporary basis.

Program Director Responsibilities

- Oversee program development, implementation, coordination and evaluation;
- Coordinate site coverage (emergencies, vacations, illnesses, trainings, community meetings)
- Ensure that the development and implementation of service plans are consistent with program goals and of maximum benefit to tenants (this includes CoC Performance Measurements)
- Provide regular supervision to direct service staff;
- Monitor and evaluate staff performance
- Coordinate supportive services with building management services
- Develop and modify policies and procedures (staff and tenant council coordination)
- Identify problems related to resources and personnel management
- Oversee production of internal and external reports (outcomes, budgets, etc.)
- Oversee compliance with funders including HMIS data

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Case Manager Responsibilities:

- Maintaining an awareness of community resources and best practice skills by regularly attending trainings, meetings and keep up to date with licenses and other requirements a core competency
- Work to develop a healthy and supportive rapport with tenants whenever possible
- Promote healthy living to avoid isolation and increase empowerment, well-being, self-worth, independence, and community integration by encouraging tenants to participate in case management and engaging them socially and productively with other tenants, staff and the community with structured activities
- Develop incentives and provide education for tenants to participate in employment-related activities such as volunteerism, vocational training, job search activities, education and paid employment
- Identify clients' needs, abilities, state of their disabling condition, strengths, wants and barriers to individual goals and positive living
- When necessary work to identify and resolve outstanding warrants or other criminal charges when possible
- Develop plans and timelines for each client that are client centered and are tailored to each individual's circumstances, needs, strengths, level of engagement, and wishes. Plans are an outline process for how a client's goals in terms of needs or wishes will be met

- Aid each client in achieving the goals of a plan by helping clients identify and obtain services and resources on and off site that they need to maintain housing stability, increase their well-being and more fully integrate into the broader community. Include clients in making decisions for themselves and sharing responsibilities.
- Monitor client progress and well-being by establishing at least weekly contacts with all tenants including those not participating in case management. Also, meet regularly as a case management team to review all clients' welfare and their progress on goals established in their plans

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Program Specialist Responsibilities

Life Skills:

- Teach and/or assist tenants in development of independent living skills; Ex: cooking, personal hygiene and self-care, housekeeping and apartment safety activities (includes facilitation of work orders/maintenance requests), conflict resolution, use of public transportation and other community services
- Implementation of lease agreement and rental payments
- Linkage to health care services (community clinics)

Employment Services:

- Assist tenants in accessing employment or improving employment status
- Linkage to community employment service providers (ex: Voc Rehab, etc.)
- Job postings/resources that match tenant skills

Administrative:

- Compliance with maintaining rental payments, reimbursement requests records and vital tenant demographics to ensure compliance with funder requirements
- Enter data into funder database (HMIS)

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

Evening Front Desk Receptionist

- Answer all incoming calls in a timely manner
- Ensure compliance with YWCA stands of operations which includes monitoring of the building and grounds and alerting key staff to potential or real incidents including crisis situation

Training and Supervision:

- Participate in all required organizational, program specific and position-related professional development, in-service trainings and direct supervision meetings

ADRIAN E. BRACY, MBA

St. Louis, MO • Adrianbracy@aol.com • 314-740-0226

BUSINESS, OPERATIONS, AND FINANCE EXECUTIVE

Influential business leader, financial, operations, and technical background to align enterprise operations and processes with strategic business plans. Demonstrated record of success working in culturally diverse cross-functional business sectors, implementing financial and operational business plans.

Astute leader who adds value through proactive decision-making, business process reengineering, and proven leadership abilities coupled with mentoring and coaching skills. Achieves optimum performance through obtaining trust and cooperation of others at all levels. Produces growth, improves profitability, and leads change through superb communications among diverse groups across all business functions.

Financial Statements
Change Management
Operations Management
Risk Management

Financial Analysis
Fundraising
Strategic Planning
Human Resources

NOTABLE

- Refinanced Joe Robbie Stadium, Home of the Miami Dolphins.
 - Restructured YWCA Metro St. Louis to ensure financial stability
 - Non Profit Executive of the Year, St. Louis American.
 - St. Louis Business Journal Most Influential Business Women Award.
 - YWCA St. Louis Leaders of Distinction Award in Corporate Management.
 - National Council of Negro Women, Inc. St. Louis, Legacy Award.
-

PROFESSIONAL EXPERIENCE

YWCA Metro, St. Louis, MO (2009 to Present)

CHIEF EXECUTIVE OFFICER

Reports to the Board of Directors. \$24M budget. Direct reports include CAO, CFO, CDO, CPO and CHRO. Fully responsible for driving organization initiatives and results including developing the vision, strategic and tactical business planning to attain long and short-term goals.

Business-critical initiatives include managing and operating within the budget, creating and implementing policies approved by the Board, directing programs, operations, fund raising, staff development, and representing the organization in the community.

- Leads financial stability and sustainability initiatives including multi-year financial analysis, analyzing trends, and developing financial reserves.
 - Continuously builds positive relationships with all key constituencies.
 - **Within 12 months, eliminated usage of line-of-credit** returning Agency to positive operational cash-flow. Eliminated positions, reduced discretionary expenses and raised additional funding.
 - **Created the first Regional services program** for disabled victims of sexual assault including caregiver and service provider training, client counseling and trauma training to medical providers.
-

Arizona Cardinals Football Club, Phoenix, AZ

CHIEF FINANCIAL OFFICER, Arizona Cardinals Football Club, Phoenix, AZ (2007 to 2009)

Reported to the Owner on strategic directions and growth plans of the organization. Business-critical initiatives included company financial management, community relations and ensuring financial initiatives align with overall and long-term strategic business objectives. Directed staff in developing financial models.

- **Implemented new budgeting format increasing visibility and accountability.**
- **Reduced operating budget by \$500K.**

VICE PRESIDENT OF FINANCE, St. Louis Rams Football Club, St Louis, MO (1995 to 2007)

Reported to the President. Fully responsible for financial operations. Collaborated with President on developing and presenting financial strategies and deliverables to Ownership and Executive Management.

- Managed and maintained extensive monthly financial reports including preparation and implementation of annual budget, cash flow analysis and financial reporting.
- Created, prepared and assessed financial reports for the Owners and National Football League.
- Implemented new budgeting format increasing visibility and accountability.
- Directed preparation of monthly financial statements, annual budget, monthly cash flow reports and revenue investments ensuring accurate and consistent reporting controls.
- Analyzed and evaluated revenue generating leasing options.
- Administered and managed risk management issues between Stadium and Team.
- Managed Human Resources, Accounting, Payroll and non-financial Administration functions.

Miami Dolphins & Joe Robbie Stadium, Miami, FL

VICE PRESIDENT, FINANCE & ADMINISTRATION (1993 to 1995)

Reported to the President. Led and executed Finance and Administration initiatives. Member of Executive Management Team developing stadium initiatives and projects to increase organizational capabilities.

- Collaborated with the President in negotiating contracts and agreements with concessionaires and "A" List performers ensuring successful outcomes.
- Oversaw preparation of monthly consolidated financial statements, annual budget, monthly cash flow reports and revenue investments while maintaining accurate and consistent reporting controls.
- Led team in developing and implementing business development objectives aligned with overall organizational strategies.
- Directed, managed and coordinated financial planning, debt financing, and budget management functions.
- Led financial planning and coordination of Super Bowls, Orange Bowl, International Soccer, and high-profile concert performances and events.
- Supervised business functions including General Accounting, Purchasing, Payroll and Human Resources.

CONTROLLER (1991 to 1993)

- Ensured accounting procedures conformed to Generally Accepted Accounting Principles.
- Directed preparation of budgets and corporate income and partnership tax returns.
- Supervised business functions including General Accounting, Purchasing and Payroll.

**Major Advertising Agency, Major City Newspaper, Aviation and Manufacturing
CONTROLLER, ASSISTANT CONTROLLER & STAFF ACCOUNTING POSITIONS**

EDUCATION

Master of Business Administration, Nova Southeastern University, Ft. Lauderdale, FL

Bachelor of Science, Accounting, Morgan State University, Baltimore, MD

PROFESSIONAL CERTIFICATIONS

Certified Public Accountant, Non-Active

Certificate, Executive Leadership Program, Harvard Business School

Certificate, Executive Leadership Program, Stanford Graduate School of Business

PROFESSIONAL AND CIVIC AFFILIATIONS

National Association of Black Accountants, Inc.

Commissioner, Botanical Gardens Sub-District, St. Louis, Mo.

Cabinet Member/Chair, United Way Women's Leadership Society, Non-Profit Market, 2015,2016

Alpha Kappa Alpha Sorority, Inc.

The Links, Incorporated

Eulonda M. Nevels
3820 West Pine
St. Louis, MO 63108
(314) 531-1115 • enevels@ywcastlouis.org

Chief Administrative Officer

Strategic Planning/Program Evaluation-Measurement/Operations

Performance and results-driven providing achievements across programs, management, grant writing, and fundraising. Developed and implemented internal monitoring systems for performance improvement. Recognized for ability to incorporate innovative management skills that result in enhanced performance, increased productivity, and improved teamwork. Proven success in program effectiveness and implementation through expertise in evidence and out-come based processes and strategic planning capabilities. MSW in Social Work/BS in Child & Family Studies.

CORE LEADERSHIP COMPENTENCIES

- Strategic Planning
- Staff Training/Development
- Budgeting/Cost Controls
- Team Building/Leadership
- Work flow optimization
- Supplier/Vendor Relations
- Facility Operations
- Project Management

TRACK RECORD OF SUCCESS

- Effectively manage women's programs with close attention to quality and funder compliance.
- Lead cross-functional teams that collaborate as a focused unit to achieve agency goals and drive concepts into achievable initiatives.
- Develop and implement strategies that increase program awareness, expansion and partnerships.
- Identify and capitalize on new growth opportunities through external networking and internal team building.
- Effective in building and leading internal teams to achieve common goals.

CAREER BACKGROUND

Young Women's Christian Association, St. Louis, Missouri

1995-2016

Chief Administrative Officer

Responsible for managing operational areas within the YWCA including organizational strategic plan, capacity building, facilities, performance and quality improvement planning activities and racial justice services. CAO, with Program Managers, is responsible for growing programs, evaluating success, ensuring quality, and reporting to the CEO, Board and Senior Leadership on program effectiveness. Is responsible for maintaining regulatory compliance and relevant accreditation standards.

Selected Achievements:

- Received Certificate in Business Management from Washington University, August 2016.
- Agency coordinator for Accreditation. Received accreditation from the Council on Accreditation in 2014 as a first time agency. Entire process was led by employees.
- Coordinated and led internal Women’s Economic Team to implement agency financial empowerment services.
- Conceived, designed and implemented internal monitoring systems for non-head start programs with cross team support.
- Designed, wrote and developed the only one time grant for the Phyllis Wheatley Apartments from the City of St. Louis Affordable Housing Commission.
- Presenter at the Association of Fundraising Professionals St Louis Regional Chapter – “Collaborations and Grant Seeking”
- Invited twice by Housing and Urban Development Regional Office as a presenter for a Peer-to-Peer Conference and Faith Based Conference.
- Graduated from CORO Women in Leadership Program.
- Awarded by the YWCA for 1996 and 2005 Circle of Excellence; received the Top Ladies of Distinction, Inc., “Achieving Excellence: One Step Beyond” in 2006; honored by the YWCA Phyllis Wheatley Committee on Administration in 2010.

1995–2014: Fast track promotions in earlier career at YWCA St. Louis included Counselor, Case Manager, Program Director, Branch Director, and Senior Director of Programs with accountability for therapy, case management, transitional housing, grant writing, conducting research, and staff management.

Youth Emergency Services, St. Louis, Missouri

1993–1994

Outreach Counselor

Provided therapy to families in crisis and to imminent-risk children entering out-of-home placement due to abuse, neglect, behavior and/or emotional problems. Additionally, provided needs assessments and evaluations for intake of new clients and families.

Selected Achievements:

- Developed and facilitated a support group for in-house clients with long-term residency and repeat entrance issues.
- Created and revised on-site resource binder for agency use.

ACADEMIC PREPARATION

Washington University, St. Louis, Missouri

Brown School of Social Work

Master of Social Work, May 1999

University of Tennessee, Knoxville, Tennessee

Child and Family Studies

Bachelor of Science May 1991

John Fraser, CPA
1041 Grand Tree Court
Fenton, MO 63026
314.420.6874
jfraser123@outlook.com



EDUCATION

University of Nebraska
B.S., Business Administration, Accounting

OVERVIEW

Areas of Expertise:

- Supervision
- Project Management
- Financial Reporting
- Strategic planning
- Internal & Cost Controls
- Forecasts/Budgeting/Analysis
- Database and relational tables
- Compliance Programs
- Investment Management

Attributes

Hands on Manager ▪ Customer Focused ▪ Trainer ▪ Coach ▪ Technical Skills
Adapts to Changing Environment ▪ Relationship Builder ▪ Sense of Urgency

EXPERIENCE

YWCA Metro St. Louis
Chief Financial Officer
St. Louis, MO

2011 – Present

Reconfiguration of financial reporting, rebuilding financial team, elimination of compliance risks.

- Member of strategic planning team
- Implemented on-line accounts payable system
- Established compliance protocols, eliminated compliance risks.
- Redesigned financial processes, and reporting
- Built financial models and trained staff to build financial models

Fraser Enterprises
Consultant
St. Louis, MO

2006 – 2011

Owner of a small retail store. Interim CFO engagements responsible for budgets, accounting, personnel, marketing, finance, banking and customer relations.

- Restructured financial systems of a United Way member nonprofit in six months while handling 22 government audits.
- Re-built financial systems, reports and forecasts that resulted in closing the real estate deal
- Re-built the accounting team of medium size nonprofit, Re-established confidence in the financial reports
- Performed some forensic analysis to isolate the decisions that led to the financial troubles

Saint Louis Art Museum
Assistant Director for Finance and Administration/Controller
St. Louis, MO

2003 – 2006

Managed finance, retail, human resources and information systems

- Project Manager for restructuring of aging business systems
- Achieved an increase in staff efficiency without incurring downtime
- Designed and implemented new financial reporting systems in six months resulting in enhanced confidence in financial systems with customers/investors netting several hundred thousand dollars in donations
- Incorporated and distributed self-serve cost accounting data and purchasing controls into new accounting system allowing managers to self-monitor costs reducing budget variances to 1%
- Made significant personnel changes resulting in a significant increase of satisfaction with internal customers
- Created a compliance program resulting in lower risk to organization; created compliance tools for staff

Saint Louis Symphony Orchestra
Chief Financial Officer
St. Louis, MO

1999 – 2003

Managed finance, information systems and investment management

- Project Manager for redesign of financial reporting and installation of new accounting software in four months resulting in accurate financial reporting and significant reduction in financial statement preparation time
- Project Manager for the reconstruction of all remaining back office processes in the company contributing to a 15% reduction in staffing costs
- Incorporated activity based cost accounting features in new accounting system resulting in organization having access to cost accounting data, and allowing management to identify underperforming products
- Developed budgeting and forecasting models allowing the organization to have data/information to make significant financial decisions and resulting in 1% budget variances
- Played key role in restructuring of company, including union negotiations, resulting in 15% reduction in costs
- Supervised startup of pension plan administration resulting in better investment returns
- Established and implemented startup of endowment trust entity improving donor/investor confidence, leading to several million in increased or renewed donations
- Directed spin off of underperforming entity saving the organization from funding significant losses
- Negotiated construction contract

Home Health Consultant
Interim Financial Management
St. Louis, MO

1997 – 1999

Projects performed:

- Provided critiques of home health billing departments resulting in higher reimbursements and lower error rates
- Performed interim payment system modeling for strategic planning purpose.
- Performed compliance reviews reducing risk to agencies
- Reviewed cost reports obtaining additional reimbursement for agencies
- Performed critiques of agency's financial reporting, created accurate financial reporting

- Prepared budgets for agencies with multiple business lines to plan for maximum reimbursement
- Analyzed organizational structures for agencies resulting in greater reimbursement
- Created database application for customers, reducing time spent creating job bids

Lab Health Professionals, Inc.

1997

Director of Finance

St. Louis, MO

- Acted as Director of home care management business
- Established financial models to determine effect of home office cost allocations
- Developed financial plan for new business venture
- Created turn-around and buy-out plans for troubled company
- Saved company from unprofitable business acquisition through recommendations made in due diligence study

Cardinal Ritter Institute

1990 – 1997

Director / Assistant Director of Finance / Network Administrator

St. Louis, MO

Managed finance, network administration, software installation projects and computer purchases.

- Project Manager for automation of accounting and billing functions; researched / recommended and implemented software and hardware resulting in 20% reduction in overhead costs
- Project Manager and Trainer for design of new accounting and billing system procedures; trained 20 staff member
- Prepared financial and government audit documents; prepared cost certifications and all financial reports
- Developed cost reporting practices for \$24 million social services agency with multiple cost centers
- Supervised accounting department
- Interfaced with government auditors, HUD and insurance companies

Public Accounting

1986 – 1990

ADDITIONAL

- Certified Public Accountant May 19th, 1989
- Dale Carnegie course and Dale Carnegie “Communicating with Greater Impact” Course
- Public Speaking Washington University; two day course by Communication Edge, Inc.

Mark Rives
Mobile Phone: 314-753-2426

E-mail: mrives5054@msn.com

OBJECTIVE

To secure a career position within an established company and become a knowledgeable team player and asset.

WORK EXPERIENCE

Facilities Director- YWCA Metro St. Louis 6/2010 – Present

Manage all aspects of facilities operations including: Real Estate transactions, work order systems. Major renovations of facilities. Janitorial, landscaping, property management, HVAC, plumbing, electrical troubleshooting. Daily operations of 13 facilities.

Maintenance/Project Manager 7/2003 – 6/2010
New Lindell Towers, St. Louis, MO

Project Management - Oversight of three (3) renovation projects which included historical, full and partial renovation projects to ensure cost effectiveness and compliance with federal and state grants. Oversee maintenance and construction updates on 290 unit resort facility in the Cayman Islands. Provide support, resources and input to various outside contractors to ensure renovations and new construction meet or exceed local, state and federal guidelines with compliance of building codes through print and drawing reviews. Schedule and oversee various functions such as equipment specifications, space allocation, city and state permits for renovation and new construction.

Maintenance Manager- Supervise and manage approximately 35 facilities which include a theatre, bowling alley, commercial office space, restaurants and high rise residential housing. Manage a staff of 30 which includes janitorial, landscaping and maintenance. Responsibilities include training, human resources; oversee daily operations that include emergency on-call schedules, daily work schedules, preventive maintenance, budget reports, and monthly progress reports. Maintain all HVAC and building systems including boilers, Chillers, fresh water booster pacs for high rise buildings and heat exchangers. Work with numerous contractors on design and installation and upgrading phone systems, security systems, electrical, plumbing and HVAC systems in a team environment to meet state and local codes.

Knowledgeable in the following fields:

Construction, Plumbing, Electrical troubleshooting commercial and residential.

Flooring systems.

Roofing systems.

Lock systems including electronic keying systems.

HVAC both commercial and residential.

Janitorial including floor prep and finishing.

Landscaping including design and layout.

Maintenance Supervisor/Project Manager
YWCA Metro Office/YWCA Head Start Program
3820 West Pine Blvd., St. Louis, MO
1911 Beltway Dr., St. Louis MO

9/1996 – 7/2003

Maintenance Technician/Maintenance Supervisor- Began as a Maintenance Technician advanced to Maintenance Supervisor within two years. Responsibilities included: supervision and management of staff to maintain all aspects of building maintenance and compliance with the Department of Health and Human Services and the Missouri Department Child Care Licensing for 14 Head Start/Metro locations. Worked with numerous contractors on design/installation upgrades to phone systems, security systems, and electrical systems to meet local and state codes, "hands on" repair jobs conducted by in-house workforce and outside contractors. Coordinated numerous facility renovations and upgrades.

Directly responsible for maintenance, janitorial and repair of all facilities including phone systems, HVAC, sprinkler systems and various emergency equipment. Charged with infrastructure repair and modifications. Supported numerous office and workstation relocations in minimal time and without loss of productivity.

Project Manager (Head Start)-Participated in five Peer Reviews, which included monitoring and oversight of projects assigned by Head Start Director and Administrative Team. Involvement in expansion projects that included approximately 726 children and families.

Die Setter/Lead Person
Roesch Inc. | Belleville, Ill.

4/1995 - 8/1996

Set dies and brakes for production scheduling. Assisted in the implementation of ISO 9001. Worked to improve the efficiency of the die setting operations and to assist in the acquisition of the ISO 9001 quality certification program.

Hired in to Plant Manager/Production Supervisor

4/1986- 9/1995

Jakel Inc. Highland Ill.

Experience in manufacturing management. Planned and coordinated production for up to forty-five personnel, read blueprints and schematics to setup equipment, troubleshoot machinery, setup machinery and dies, checked parts for proper specifications. Setup plant for ISO-9000 registration, planned and coordinated shifts and work schedules, maintained the plants departmental inventories, purchased tooling, equipment and supplies. Performed research and development for new parts, design and tooling. Utilized Material Requirements Inventory Control, and just in time delivery systems. Operated overhead cranes and lift systems, performed employee evaluations, quality control, use of various measuring devices: calipers depth gauges, protractors etc...assisted engineers in die and tooling for parts fabrication.

U. S. Coast Guard

3/1978 -3/1986

Contract Administrator/Facilities Manager- Broad experience in working with prime and subcontractors in overseeing scheduled and emergency repairs. Represented the U.S. Government in the management of a 6 million-renovation project of barracks for incoming recruits and "A" school training centers.

EDUCATION

Belleville Area College
Certification- Heating Ventilation and Air Conditioning.

Harris Stowe State College
Attained 26 Credit Hours towards Bachelors Degree.

University of Missouri at St. Louis
Certification, Project Management,
Certification, M.S Project Management Software

Rockhurst University
Project Management

B.O.M.I. Institute
Working on completion of the Facilities Management Administrators certification.

National Head Start Association
Certificate-National Head Start Facilities Management Institute, Bowling Green, KY

SKILLS

M.S. Project Management	Advanced
M.S. word, excel, Powerpoint, Outlook, Access	Advanced
Metal Roll Forming Machinery	Advanced
High Speed Presses	Advanced
Die-Setter	Advanced
High rise building maintenance	Advanced
HVAC	Advanced

PROFESSIONAL MEMBERSHIPS / AFFILIATIONS

B.O.M.A.
Project Management Institute
Certified Facilities Manager- BOMI

NICOLE HUGHES

823 Fox Chase
Arnold, Missouri 63010

Phone: 765.237.8838 (cell); 314.533.9400, ext. 5275 (work)
E-Mail: hughes_nicolette@yahoo.com

Key Skills and Strengths Include:

- Over 14 years' experience in the nonprofit field with ten in program development and management
- Relevant management skills in the following areas: governance, fiscal and operations
- Possess skills essential for oral and written communication, strategic planning and leadership
- Ability to organize and prioritize my efforts in a fast-paced, performance-based organization
- Practice continuous quality improvement through participation in professional development and evaluation opportunities

Work Experience:

Phyllis Wheatley YWCA Transitional Housing Program, St. Louis, MO 63108

Transitional Housing Program Director

2010 - Present

- Manage the organization's transitional housing program operations
- Supervise professional and support staff
- Provide accurate and timely information to the Board of Directors
- Secure and maintain accurate program and statistical records through the Efforts to outcomes (ETO) performance management database, City of St. Louis HMIS database and Housing and Urban Development (HUD) e-snaps
- Regular interaction with the Board of Directors, particularly the Facilities Committee

Women's Economic Stability Partnership (WESP)

2007-2012

- Provide case management and supportive service assistance to ten recipients of the TRIO Foundation of St. Louis and YWCA of Metro St. Louis Economic Stability Initiative Grant project for low-income single mothers acquiring education in a non-traditional field
- Develop and manage partnership budget

Program Supervisor

2005-2009

- Work with Housing Director on program planning and development; monitor established program outcomes and makes adjustments as needed
- Secure and maintain accurate program and statistical records through the Efforts to outcomes (ETO) performance management database, City of St. Louis HMIS database and Housing and Urban Development (HUD) e-snaps
- Design, direct and supervise transitional housing program supportive services
- Develop and implement monthly in-service training for case management staff
- Provide direct support and supervision to the Residential Assistants team

Case Manager

2003-2004

- Assist program participants in locating, securing, and transitioning into appropriate permanent housing
- Assist program participants with supportive services and/or other types of assistance
- Maintain up to date case record files utilizing case management benchmarks measurable outcomes outline and utilization of Efforts to Outcomes (ETO) performance management system
- Develop and implement financial education and permanent housing workshop classes

Awards received:

2012 – Outstanding Master of Management Student, Fontbonne University

2009 - Summa Cum Laude, UMSL

2006 - 2008 - UMSL Merit Scholarship
2006 - YWCA THP Circle of Excellence Award

Professional Affiliations:

2008 - Present – National Association of Social Workers
2008 - Present – Missouri Association for Social Welfare
2008 - Present - Phi Kappa Phi Honor Society
2007 - Present – Tau Sigma Honors Fraternity
2003 - Present - Phi Theta Kappa International Honor Fraternity

Volunteer Activities:

2009 – 2011 – Guest Lecturer, Purdue University, Women’s Studies Program
2009 - Present - Member of the City of St. Louis Continuum of Care Service Delivery Committee
2005 – 2007 - St. Louis University Campus Kitchens Advisory Board Member
2002 - 2005 - The Center for Women In Transition Advocacy Board Member

Education:

2014 – Fontbonne University

- Master of Science in Nonprofit Management

2012 – Fontbonne University

- Master of Management

2009 – University of Missouri – St. Louis

- Bachelor of Science in Social Work

2005-2008 – St. Louis Community College

- AA Human Services
- Certificate of Proficiency – Addictions Studies

Catherine Cox
3671 Wilmington Ave Apt. A
Saint Louis, Mo 63116
314-898-5274
clc8811@gmail.com

Highlights

-
- | | |
|---|--|
| ☞ Experience working with diverse populations | ☞ Knowledge of local social service resources |
| ☞ Experience with crisis intervention strategies | ☞ Thorough knowledge of Domestic and Sexual Violence dynamics |
| ☞ Ability to empower women towards valuing their own autonomy | ☞ Ability to work independently as well as part of an interdisciplinary team |
-

Education:

Master of Social Work **December, 2013**
University of Missouri- St. Louis
Family Practice Emphasis

Bachelor of Arts in Psychology **May, 2010**
Webster University- Webster Groves

Social Work Experience:

Case Manager December 2013- Present
YWCA Transitional Housing Program St. Louis, Mo

- Assessment of the needs, wants, strengths and preferences of individuals seeking services and support
- Creating a individualized service plan using specific, measurable, attainable, realistic, and time bound goals
- Monitoring the progress and services related to individualized service plans
- Collaborating and coordinating with other service providers as is appropriate per individual participant
- Provide crisis intervention and follow-up services
- Completing intake assessment for women referred to the program
- Using relevant databases (Efforts to Outcomes, Compass ROSE) to monitor and track participant statistics and progress

Crisis Intervention Advocate July 2010- Present
Safe Connections St. Louis, Mo.

- Crisis intervention with callers involved in a variety of situations: Domestic violence, sexual violence, pregnancy, crime victims, suicidal ideations, mental health dilemmas, etc.
- Safety planning, performing duty to protect and warn when needed.
- Provide referrals where appropriate for additional services.
- Attend bi-weekly staff and case meetings on-site.
- Responsible for maintaining call records, creating and updating agency frequent caller list and protocol.
- Performing on-call backup duties for volunteers and overnight crisis line workers.

Social Work Intern January 2013- September 2013
Domestic Violence Shelter Advocate St. Louis, Mo.
Saint Martha's Hall

- Performed duties of paid shelter advocate, including: phone screenings for potential shelter residents, resident

intake interviews, tours of shelter and rule explanations, completion of resident abuse histories, completion of resident goal plans, contract renewals for residential goal plans, and crisis intervention as needed on phone, and in-person.

- Coordinated services between residents and other professionals as needed, I.e. - resident's caseworkers and substance abuse treatment agencies.
- Ensured that all service coordination releases were signed and tracked in resident history.
- Educated residents on nature and effect of domestic and sexual violence, referred to additional agencies as needed during their shelter stay.
- Attended weekly staff meetings to discuss resident progress, worked as part of a team to improve resident circumstances and the agency's impact on the community.

Social Work Intern

May 2012- September 2012

Domestic Violence Court Advocate

St. Louis, Mo.

St. Louis County Domestic Violence Court

- Attend Domestic Violence dockets; meet with petitioners as needed to provide crisis intervention, support, and referrals.
- Enter petitioner information into docket system prior to court date.
- Assist petitioners in the Adult Abuse Office with questions and concerns, filing of an order of protection.
- Perform call-backs for petitioners that had been to court, check-in around safety, concerns, and additional needs.

Additional Work Experience:

Server

April 2011- Present

First Watch

Personal Care Assistant

April 2010- October 2010

Behavior Intervention Services

St. Louis, Mo.

- One on one staffing with developmentally disabled clients in the home.
- Assisting clients with personal hygiene needs, meal preparation, and community outings.
- Following client developmental plans as directed by professional clinical supervisor.
- Building effective verbal and nonverbal client communication via structured learning activities.

Professional Affiliations:

National Association of Social Workers

December 2013-Present

CRYSTAL N. SMALL

7010 Woodrow
St. Louis, Missouri 63121

Phone: 314-383-1108

Summary of Qualifications

Supervisor/manager with 20+ years experience in human services to enhance the quality of education for families in the community. Maintained an effective written and verbal communication network between staff and families served.

Work History

03/31/2003 to Present Program specialist, YWCA Metro St Louis

- Coordinates education and training referral network for program participants
- Implement job reediness and career education component
- Provide THP office support through coordinated efforts with the Program Manager
- Provide support services to current and former participants to include monthly follow-up
- Complete statistical inputs into ETO system, Compose Rose
- Provide intake, move-in, and move-out process for program participants

1990-2003 Community Development Institute Family & Community Partnership Coordinator , Head Start Program

Responsible for providing and coordinating social services in cooperation with other social agencies to Head Start and families.

- Complete recruitment, enrollment, and screening of eligible children and families.
- Served as liaison daily to families, children, and participating agencies.
- Complete written referrals to agencies on behalf of families, including referrals for emergency assistance or crisis intervention.
- Participated in developing and implementing agency administrative policies.
- Responsible for oversight/ development of providing/ coordinating social service.
- Provided on site supervision / direction for 36 fulltime family service workers, trained new employees on department procedures and government regulations
- Provided support to social service staff in completing of the family service credentials or other educational support programs that create and invite enhancement of staff skills.
- Initiated collaborative agreements, contracts, and relative agreements to bring focal services to families and children
- Budgeting, planning, public relations and in-service training activities, Coordinated and implemented quality educational, social, emotional, language services to participants and their families
- Coordinated Head Start Awareness Week activities for 300 employee's/ 1500 children

1978-1990 Northside Community Center-Program Director/Housing Director

Responsible for directing and coordinating housing, summer youth, senior and children after school drop off

- Managed 108 rental units and emergency drop off centers, senior and summer youth programs
- Budgeted, researched, wrote and submitted proposals for grants and funding
- Housing director for 10 years
- Networked to refer families and senior citizens to service agencies
- Followed up on clients and child abuse and neglect cases

1978-1990 SLATE (St Louis on Training & Employment) Program Director

Responsible for the implementation and service delivery of training and employment services for the summer youth program

- Coordinated the entire summer program
- Supervised 6 adult supervisors and up to 120 youth workers
- Coordinated 9 host agencies and supervised all secretarial matters

CRYSTAL N. SMALL

Education

AA in Human Services

- *Forest Park Community College / Harris Stowe State College*

Professional Development

- *MC Plus Peer Networking*
- *Doing Business Differently/ Keeping Children Safe*
- *In-depth Review of Head Start Fiscal and Administration Requirements*
- *NHSA Training Conference—Certified: Mentoring & Administrative Credential*
- *Practice Essentials for Transgender Clients VI-SPDAT/SPDAT Training housing based case management*
- *Employment Connection, Advisory Council 2004– present, Community Response Team 2005-2014*
- *ARCHS, Community Awareness Sub-committee, 2006-Present*
- *Notary Public Since 1980*

Computer Skills

Child Plus (Database) , Head Start Family Information Center tracking system, Windows 95/98, Outlook, Internet/ETO system, Compose Rose

References Upon Request

Airmia Word

4453 Oakland Ave St Louis Mo 63110 | 314-600-7265 | rmwr2928@gmail.com

OBJECTIVE

To obtain employment that will utilize my skills and provide growth opportunity.

EDUCATION

GENERAL STUDIES | JUNE 2005 | CLEVELAND NJROTC HIGH SCHOOL

GENERAL STUDIES | CONTINUING AUGUST 2016 | ST LOUIS COMMUNITY COLLEGE

- Major: General Studies

EXPERIENCE

EVENING FRONT DESK RECEPTIONIST | YWCA METRO ST LOUIS | AUGUST 2015- PRESENT

- Answer telephone, screen and direct calls
- Take and relay messages
- Provide information to callers
- Greet persons entering organization
- Direct persons to correct destination
- Deal with queries from the public and customers
- Ensure knowledge of staff movements in and out of organization
- Monitor visitor access and maintain security awareness
- Provide general administrative and clerical support
- Prepare correspondence and documents
- Receive and sort mail and deliveries
- Schedule meeting room bookings and Maintain electronically
- Monitor and maintain office equipment
- Control inventory relevant to reception area
- Tidy and maintain the reception area

HOUSE PARENT (PRN) | THE HAVEN OF GRACE | DECEMBER 2015- JANUARY 2016

- Provide childcare as needed
- Perform building safety checks
- Complete housekeeping chores
- Perform and document daily shift activities as required by program policies, contract stipulations and professional standards
- Supervise and monitor resident movement, activity and rule compliance
- Assess and respond appropriately to resident behaviors, attitudes and dispositions
- Provide input and feedback related to resident program

PSYCHIATRIC AIDE | SHALOM HOUSE | NOVEMBER 2013- JULY 2015

- Perform and document daily shift activities as required by program policies, contract stipulations and professional standards
- Monitored clients with mental illness by providing therapeutic care
- Supervise and monitor resident movement, activity and rule compliance
- Assess and respond appropriately to resident behaviors, attitudes and dispositions
- Carry out drug and alcohol monitoring procedures
- Provide input and feedback related to resident program, treatment and/or transition Plans

ACTIVITIES COODINATOR | INNOVATVE LIVING SOLUTIONS | JANUARY 2015- MARCH 2015

- Certified Nursing Assistant
- Attends care plan meetings; prepares activity care plans weekly for clients who were mentally ill with developmental disabilities
- Assists with the planning, development, coordination, and implementation of varying levels of activities for clients
- Conducts one-on-one activity therapy to offer sensory stimulation
- Prepares progress notes quarterly and/or as deemed necessary
- Conducts activity groups to assure residents make progress
- Communicate and setting up for activities on a daily basis
- Assists in ordering or purchasing supplies for activities
- Completes Care Plan documentation and meetings
- Performs other duties as required and numerous daily operational duties

COMMUNITY SKILLS INSTRUCTOR | EASTER SEALS-MIDWEST | FEBRUARY 2010- NOVEMBER 2014

- Implement and evaluate Person Centered Plan outcomes and objectives for specific individuals.
- Implement and evaluate ideas for community outings, as well as, assist in the development of community volunteer sites based upon the outcomes and objectives of the individual's Person Center Plan.
- Maintain and submit daily and monthly paperwork
- Represented self and agency in a professional manner while in the community, providing public relations and education when necessary.
- Maintained a professional relationship with individuals, families, community members, and residential staff
- Worked both independently and in a team setting
- Assisted with hygiene, toileting, and wheelchair bound clients.
- Applied agency training methodologies on the job

SKILLS & ABILITIES

Telephone Skills, Verbal Communication, Microsoft Office Skills, Listening, Professionalism, Customer Focus, Organization, Informing Others, Handles Pressure

References provided upon request.

DETAILED BUDGET

New Projects

1. Complete the following 2016 CoC budget tables for your CoC program. QUANTITY DESCRIPTIONS MUST BE ENTERED.

SUPPORTIVE SERVICES BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Assistance Requested
Assessment of Services Needs		
Assistance with Moving Costs		
Case Management	64% of \$48K Case manager, 3.25% of \$61K Director salary, plus Fica & Health insurance benefits	\$38,664
Child Care		
Education Services		
Employment Assistance	3.25% of \$61K Director salary, 7.7% of \$31.2K Specialist salary plus Fica & Health insurance benefits	\$5,292
Food		
Housing/Counseling Services		
Legal Services		
Life Skills	3.25% of \$61K Director salary, 6.1% of \$31.2K Specialist salary plus Fica & Health insurance benefits	\$4,651
Mental Health Services	16% of case manager, 3.25% of \$61K Director salary	\$11,393
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation	15 x \$133.33, moving cost assistance	\$2,000
Utility Deposits		
Total Services Assistance Requested		\$62,000

OPERATING BUDGET		
Eligible Costs	Quantity Description (400 characters max)	CoC Assistance Requested
Maintenance/Repair		
Property Taxes & Insurance		
Replacement Reserve		
Building Security	41.93% of evening desk salary of \$24,900 plus fica and health insurance benefits	\$13,425
Electricity, Gas & Water		
Furniture	\$1,000 x 13 clients	\$13,000
Equipment (lease, buy)		
Total Operating Assistance Requested		\$26,425

LEASING/LONG-TERM RENTAL ASSISTANCE BUDGET						
Size of Units	# of Units		FMR		# of Months	Total Budget
SRO		x		x	12	=
0 Bedroom		x	558	x	12	=
1 Bedroom	13	x	645	x	12	= \$100,620
2 Bedrooms		x	840	x	12	=
3 Bedrooms		x	1109	x	12	=
4 Bedrooms		x	1284	x	12	=
5 Bedrooms		x		x	12	=
6+ Bedrooms		x		x	12	=
Total	13					= \$100,620

SUMMARY BUDGET			
Eligible Costs	CoC Assistance Requested	Match specify cash, in-kind, amount & source	Total
Leased Units			
Leased Structures			
Housing Relocation and Stabilization			
Short-term/Medium Term Assistance			
Long-term Rental Assistance	\$100,620	Cash – United Way	\$25,155
Supportive Services	\$62,000	Cash – United Way	\$15,500
Operating	\$26,425	Cash – United Way	\$6,606
HMIS			\$47,261
Sub-Total Requested	\$189,045		
Admin (up to 7%)	\$18,905	Cash – United Way	\$4,726
Total plus Admin Requested	\$207,950		
Sub-Total Cash Match		\$51,987	
Sub-total In-Kind Match		\$0	
TOTAL MATCH		\$51,987	\$51,987
TOTAL BUDGET			\$259,937

Match requirements – 25% overall match of total grant minus Leasing costs. Matching funds must be used on eligible CoC program costs. NOTE: Program income, including client rent or occupancy charges, CANNOT be used as match.