



MAHONEY
ULBRICH
CHRISTIANSEN
RUSS P.A.
CERTIFIED PUBLIC ACCOUNTANTS

30 EAST PLATO BOULEVARD SAINT PAUL, MN 55107-1809
TELEPHONE 651.227.6695 FACSIMILE 651.227.9796

September 27, 2010

Mikkel Beckmen
Carol Hood
St. Stephen's Human Services, Inc
2211 Clinton Ave South
Minneapolis, MN 55404-3656

Dear Mikkel and Carol:

Enclosed are copies of the 2009 Federal Form 990, Annual Registration for a Minnesota Non-profit Corporation, and State of Minnesota Charitable Organization Annual Report for the year ended June 30, 2009.

FEDERAL FORM 990:

This return has been prepared for electronic filing. Form 8879-EO should be signed and dated by an officer and returned to our office as soon as possible. We will then submit your electronic Form 990 to the IRS by the due date of November 15, 2010. Do not mail the paper copy of the Form 990 to the IRS.

No payment is required.

MINNESOTA SECRETARY OF STATE ANNUAL REGISTRATION FOR A MINNESOTA NON-PROFIT CORPORATION:

This Registration is required to be filed annually with the Office of the Secretary of State. We have electronically verified that your 2010 Non-Profit Corporation Annual Registration with the Minnesota Secretary of State has been filed. Your corporation is in good standing in Minnesota through December 31, 2010.

No payment is required.

STATE OF MINNESOTA OFFICE OF ATTORNEY GENERAL CHARITABLE ORGANIZATION ANNUAL REPORT:

Page 6 of this report should be signed and dated by two officers, and mailed to the following address by January 15, 2011:

State of Minnesota
Attorney General's Office
Charities Unit
1200 Bremer Tower
445 Minnesota Street
Saint Paul, Minnesota 55101-2130

Payment of \$25 is required.

A copy of the Form 990 and the audited financial statements should be included with this report. Please review the report carefully before filing and if you have any questions, please contact us.

Please be advised that you are required by law to make your exemption application (Form 1023 or 1024) and your Form 990 for the last three years available for public inspection. You must provide the entire 990, and if applicable, Schedules A and B, and 990-T. However, the names and addresses of the donors may be omitted from the Public Inspection copy. If a copy is requested, you may charge a reasonable fee for reproduction and actual postage costs. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the internet.

Sincerely,

Daniel J. Flicek

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010▶ **Do not send to the IRS. Keep for your records.**▶ **See instructions.****2009**Department of the Treasury
Internal Revenue Service

Name of exempt organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number

01-0639118

Name and title of officer

**MIKKEL BECKMEN
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information** (Whole Dollars Only)

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

1a Form 990 check here ▶ ☒	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>8197452</u>
2a Form 990-EZ check here ▶ ☐	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ ☐	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ ☐	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.** to enter my PIN **55404**
ERO firm name Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **41291255107**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **08/16/10**

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

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning** JUL 1, 2009 **and ending** JUN 30, 2010**B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ated
return
- ☐ Amend-
ed
return
- ☐ Applica-
tion
pending

Please
use IRS
label or
print or
type.See
Specific
Instruc-
tions.**C** Name of organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

2211 CLINTON AVENUE SOUTH

City or town, state or country, and ZIP + 4

MINNEAPOLIS, MN 55404-3656

F Name and address of principal officer: MIKKEL BECKMEN
SAME AS C ABOVE**D** Employer identification number

01-0639118

E Telephone number

612-874-0311

G Gross receipts \$ 8,696,656.**H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.STSTEPHSMPLS.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2002 **M** State of legal domicile: MN**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO END HOMELESSNESS BY PROVIDING SHELTER, HOUSING, AND EMPLOYMENT TO FAMILIES AND INDIVIDUALS.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of employees (Part V, line 2a)	5	164
	6	Total number of volunteers (estimate if necessary)	6	550
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	5,389,356.	7,577,957.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	586,678.	717,641.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-109,459.	-103,920.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,279.	5,774.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,876,854.	8,197,452.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,987,508.	3,278,847.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 225,715.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,993,930.	4,609,866.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,981,438.	7,888,713.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-104,584.	308,739.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	2,412,869.	3,023,234.
	22	Net assets or fund balances. Subtract line 21 from line 20	855,382.	934,662.
		1,557,487.	2,088,572.	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

MIKKEL BECKMEN, EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 08/16/10 Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 **MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.** EIN ▶ _____

30 EAST PLATO BOULEVARD

SAINT PAUL, MN 55107-1809 Phone no. ▶ (651) 227-6695

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:
TO END HOMELESSNESS.
-
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,052,184. including grants of \$) (Revenue \$ 549,727.)
HOUSING SERVICES - THIS PROGRAM HELPS FAMILIES AND SINGLES MOVE OUT OF SHELTERS WITH SUBSIDIZED HOUSING AND SUPPORT SERVICES. HUMAN SERVICES PROVIDES HOMELESSNESS PREVENTION ASSISTANCE AND SPECIAL HOUSING FOR PREGNANT WOMEN AND ALSO RUNS AN EX-OFFENDER HOUSING PROGRAM AND PARTNER TO OPERATE THE STRONG (STRENGTHENING OUR NEXT GENERATION) PROGRAM FOR YOUNG MOTHERS. IN 2010, ST. STEPHEN'S HOUSING DIVISION SERVED 1,532 HOUSEHOLDS.
-
- 4b (Code:) (Expenses \$ 2,289,412. including grants of \$) (Revenue \$)
ENDING LONG-TERM HOMELESSNESS - THIS PROGRAM WORKS TO FIND PERMANENT HOUSING FOR LONG-TERM HOMELESS INDIVIDUALS AND SUPPORT THEM IN THEIR NEW HOUSING. PROGRAMS INCLUDE THE COLLABORATION ON HOUSING RESOURCES (COHR), FREQUENT USER SERVICE ENHANCEMENT INITIATIVE (FUSE), AND THE STREET CASE MANAGEMENT PROJECT (STREET CM).
-
- 4c (Code:) (Expenses \$ 1,081,358. including grants of \$) (Revenue \$)
THE KATERI RESIDENCE - KATERI RESIDENCE IS A TRANSITIONAL HOUSING PROGRAM FOR HOMELESS AMERICAN INDIAN WOMEN IN RECOVERY AND THEIR CHILDREN. AN ALUMNAE AFTERCARE PROGRAM PROVIDES SUBSIDIZED HOUSING AND SUPPORT AS WOMEN TRANSITION TO INDEPENDENCE AND WORK TOWARD LONG-TERM SOBRIETY. UP TO 14 WOMEN AT A TIME LIVE AT KATERI WHILE THEY LEARN LONG-TERM STRATEGIES FOR MAINTAINING SOBRIETY, FAMILY REUNIFICATION, ACCESSING EDUCATIONAL OPPORTUNITIES, AND IMPROVED PHYSICAL AND EMOTIONAL HEALTH. IN 2010, KATERI RESIDENCE PROVIDED SUPPORT SERVICES FOR 100 WOMEN AND THEIR FAMILIES RECOVERING FROM CHEMICAL DEPENDENCY.
-
- 4d Other program services. (Describe in Schedule O.)
(Expenses \$ 1,668,116. including grants of \$) (Revenue \$ 167,914.)
- 4e Total program service expenses ► \$ 7,091,070.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II ...	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; 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	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• 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.		
• 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.		
• 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.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
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	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) 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>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	X
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>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	18	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	164	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? N/A		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter: N/A		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter: N/A		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

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.

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MN

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
MARVIN WELK - 612-874-0311
2211 CLINTON AVENUE SOUTH, MINNEAPOLIS, MN 55404-3656

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1 b Total								85,892.	0.	17,290.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a	97,499.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5452575.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2027883.				
	g Noncash contributions included in lines 1a-1f: \$		115,282.				
	h Total. Add lines 1a-1f			7577957.			
Program Service Revenue	2 a BOARD AND LODGE INCOME	Business Code	532000	549,727.	549,727.		
	b FEE INCOME		900099	167,914.	167,914.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			717,641.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,867.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses				376337.			
c Gain or (loss)				495124.			
d Net gain or (loss)				-118,787.			-118787.
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a		9,854.			
b Less: direct expenses		b		4,080.			
c Net income or (loss) from fundraising events				5,774.			5,774.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				8197452.	717,641.	0.	-98,146.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	103,182.	20,636.	82,546.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,373,124.	2,087,701.	188,059.	97,364.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	80,227.	71,690.	4,322.	4,215.
9 Other employee benefits	495,037.	434,401.	34,363.	26,273.
10 Payroll taxes	227,277.	196,273.	22,708.	8,296.
11 Fees for services (non-employees):				
a Management				
b Legal	1,255.		1,255.	
c Accounting	11,750.		11,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	139,696.	39,674.	89,122.	10,900.
12 Advertising and promotion				
13 Office expenses	76,631.	50,073.	6,313.	20,245.
14 Information technology				
15 Royalties				
16 Occupancy	236,267.	195,503.	37,340.	3,424.
17 Travel	77,008.	76,770.	202.	36.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,338.	15,470.	15,050.	7,818.
20 Interest	1,228.		1,228.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,836.	26,123.	1,713.	
23 Insurance	12,669.	310.	12,359.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SPECIFIC ASSISTANCE	3,818,859.	3,818,859.		
b EQUIPMENT & MAINTENANCE	92,670.	29,072.	63,598.	
c PRINTING & PUBLICATIONS	51,947.	15,715.		36,232.
d PRODUCTION EXPENSES	11,898.	11,898.		
e EVENTS	11,814.	902.		10,912.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,888,713.	7,091,070.	571,928.	225,715.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	236,381.	1	213,378.
	2 Savings and temporary cash investments	976,163.	2	1,386,549.
	3 Pledges and grants receivable, net	361,563.	3	511,545.
	4 Accounts receivable, net	10,306.	4	8,124.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,939.	7	1,079.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	38,597.	9	46,271.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 400,413.		
	b Less: accumulated depreciation	10b 121,079.		
	11 Investments - publicly traded securities	307,170.	10c	279,334.
	12 Investments - other securities. See Part IV, line 11	480,750.	11	576,954.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,412,869.	15		
Liabilities	17 Accounts payable and accrued expenses	326,636.	16	3,023,234.
	18 Grants payable		17	294,853.
	19 Deferred revenue	178,951.	18	
	20 Tax-exempt bond liabilities		19	293,508.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	349,795.	24	
	26 Total liabilities. Add lines 17 through 25	855,382.	25	346,301.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,302,633.	26	934,662.
	28 Temporarily restricted net assets	254,854.	27	1,749,776.
	29 Permanently restricted net assets		28	338,796.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	1,557,487.	32	2,088,572.
34 Total liabilities and net assets/fund balances	2,412,869.	33	3,023,234.	

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
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?	X	
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.	X	

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number

01-0639118

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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,149,205.	2,808,426.	4,342,993.	5,389,356.	7,577,957.	23,267,937.
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	3,149,205.	2,808,426.	4,342,993.	5,389,356.	7,577,957.	23,267,937.
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.						23,267,937.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,149,205.	2,808,426.	4,342,993.	5,389,356.	7,577,957.	23,267,937.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,088.	6,905.	17,435.	9,935.	14,867.	53,230.
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 IV.)						
11 Total support. Add lines 7 through 10						23,321,167.
12 Gross receipts from related activities, etc. (see instructions)					12	2,823,533.
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.77	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.64	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			☒
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			
			☐
17a 10% -facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
			☐
b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			
			☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			
			☐

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ▶ ☐

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

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

OMB No. 1545-0047

2009

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number

01-0639118

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules**☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

ST. STEPHEN'S HUMAN SERVICES, INC.

01-0639118

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF MINNEAPOLIS 350 SOUTH 5TH STREET, ROOM 325M MINNEAPOLIS, MN 55415	\$ 180,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
2	HENNEPIN COUNTY 300 SOUTH SIXTH STREET, A-1300 MINNEAPOLIS, MN 55487	\$ 1,045,199.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
3	STATE OF MINNESOTA 540 CEDAR STREET SAINT PAUL, MN 55155	\$ 4,083,188.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
4	HEADING HOME MINNESOTA PARTNERS FUND 801 NICOLLET MALL, SUITE 1650 MINNEAPOLIS, MN 55402	\$ 255,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

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, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number

01-0639118

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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 XIV.

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 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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	362,283.	607,172.			
b Contributions					
c Net investment earnings, gains, and losses	96,050.	-238,261.			
d Grants or scholarships					
e Other expenditures for facilities and programs	-22,484.				
f Administrative expenses	-6,745.	-6,628.			
g End of year balance	429,104.	362,283.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☒ 100.00 %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

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		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		391,852.	118,511.	273,341.
d Equipment		8,561.	2,568.	5,993.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				279,334.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,197,452.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,888,713.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	308,739.
4	Net unrealized gains (losses) on investments	4	222,346.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	222,346.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	531,085.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,419,798.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	222,346.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	222,346.
3	Subtract line 2e from line 1	3	8,197,452.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,197,452.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,888,713.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,888,713.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,888,713.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: EARNINGS ARE TO BE USED FOR SOCIAL SERVICE PROGRAMS.

PART X: HUMAN SERVICES IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION. FEDERAL AND STATE TAX AUTHORITIES GENERALLY HAVE THE RIGHT TO EXAMINE RETURNS FOR A PRIOR OF THREE YEARS AFTER THEY ARE FILED.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number

01-0639118

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		94,029.	RUMMAGE SALE PRICING
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	32,836.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	99	11,653.	COMPARATIVE FOOD PRI
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>COMPUTER EQUI</u>)	X	1	9,600.	COMPARATIVE PRICING
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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 Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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 revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number
01-0639118

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ST. STEPHEN'S SHELTER - THE SHELTER PROVIDES SAFE, SOBER SHELTER,
MEALS, ADVOCACY AND HOUSING ASSISTANCE TO MEN EXPERIENCING
HOMELESSNESS. HUMAN SERVICES ALSO OFFERS A SPECIALIZED SHELTER
EMPLOYMENT PROGRAM AND AN ON-SITE SAVINGS PROGRAM TO SAVE TOWARD
INDEPENDENT HOUSING.

EXPENSES \$ 579936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

STREET OUTREACH - THIS PROGRAM WORKS WITH PEOPLE LIVING ON THE STREETS
IN MINNEAPOLIS AND COMMUNITY MEMBERS WHO ARE CONCERNED ABOUT THEM. THE
OUTREACH TEAM IS A FIRST CONTACT FOR THE HOMELESS TO BEGIN THE PROCESS
OF FINDING HOUSING AND SERVICES NEEDED FOR STABILITY. IN 2010 THIS
PROGRAM SERVED 1,662 HOUSEHOLDS.

EXPENSES \$ 454073. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

EMPLOYMENT AND FAMILY SERVICES (EFS) - EFS WORKS WITH PARENTS TO HELP
THEM TRANSITION FROM GOVERNMENT ASSISTANCE TO SELF-RELIANCE BY
OBTAINING AND MAINTAINING EMPLOYMENT. IN 2010, THIS PROGRAM SERVED 273
HOUSEHOLDS.

EXPENSES \$ 306717. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ZAMYA THEATRE - THIS PROGRAM WORKS WITH HOSUED AND HOMELESS PEOPLE TO
CREATE AND ACT IN PERFORMANCES THAT ADDRESS HOMELESSNESS. THEY PERFORM
AROUND THE METRO FOR SCHOOLS, FAITH COMMUNITIES, WORKPLACES, AND OTHER
COMMUNITY GROUPS.

EXPENSES \$ 20822. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number
01-0639118

FREE STORE - HUMAN SERVICES PROVIDES CLOTHING AND SMALL HOUSEHOLD ITEMS
AT NO COST TO NEIGHBORHOOD RESIDENTS IN NEED. AN ESTIMATED 2,200
PEOPLE VISIT THE FREE STORE EACH YEAR.

EXPENSES \$ 108674. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

ALLIANCE OF THE STREETS - THE ALLIANCE IS A COALITION OF HOMELESS AND
FORMERLY HOMELESS PEOPLE WORKING TO FIND SOLUTIONS TO THEIR PROBLEMS.
THE ALLIANCE PUBLISHES AND DISTRIBUTES THE HANDBOOK OF THE STREETS, A
RESOURCE GUIDE FOR ARE HOMELESS SERVICES. IN 2010, 28,305 HANDBOOKS
WERE DISTRIBUTED. HUMAN SERVICES ALSO PROVIDES MONTHLY REPRESENTATIVE
PAYEE SERVICES, ASSISTS PEOPLE IN OBTAINING BIRTH CERTIFICATES AND
VOICEMAIL BOXES, AND PROVIDES HOLIDAY MEALS.

EXPENSES \$ 119346. INCLUDING GRANTS OF \$ 0. REVENUE \$ 167914.

HUMAN RIGHTS - A HUMAN RIGHTS PROGRAM ASSISTS FORMERLY OR CURRENTLY
HOMELESS INDIVIDUALS IN SELF-ADVOCACY. TOGETHER, HUMAN SERVICES
ORGANIZES TO IMPROVE PUBLIC POLICY AND EDUCATE COMMUNITY GROUPS ABOUT
HOMELESSNESS WITH A LEARNING OPPORTUNITY CALLED A DAY IN THE LIFE. IN
2010 THERE WERE 1,869 PARTICIPANTS IN A DAY IN THE LIFE EXPERIENTIAL
LEARNING PROGRAM ABOUT HOMELESSNESS.

EXPENSES \$ 78548. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: ST. STEPHEN'S MERGED WITH THE ZAMYA
THEATER COMPANY (A NON-PROFIT ORGANIZATION) ON AUGUST 1, 2009.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number
01-0639118

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR EMAILED THE
FORM 990 DRAFT TO THE BOARD MEMBERS IN ORDER FOR THEM TO REVIEW IT. AT THE
FOLLOWING MEETING OF THE BOARD, THERE IS TIME FOR ANY QUESTIONS.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY NEW EMPLOYEE AND BOARD
MEMBER IS REQUIRED TO READ THE POLICY AND COMPLETE THE QUESTIONNAIRE.
ANNUALLY, THE POLICY IS PROVIDED TO EACH PERSON TO READ AND SIGN. THE HUM
AN RESOURCES DIRECTOR VERIFIES THAT THE POLICY IS RECEIVED FROM EACH
PERSON.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS SETS THE
SALARY OF THE EXECUTIVE DIRECTOR. THE BOARD HIRES A CONSULTANT TO LEAD
THEM IN THE EXECUTIVE DIRECTOR'S ANNUAL REVIEW AND THEY GET INPUT FROM
VARIOUS SOURCES INCLUDING INTERVIEWS WITH STAFF THAT DIRECTLY REPORT TO THE
EXECUTIVE DIRECTOR. THE MN COUNCIL OF NONPROFITS PUBLISHES A BI-ANNUAL
SALARY SURVEY THAT IS ALSO CONSULTED. THE BOARD REVIEWS THE EXECUTIVE
DIRECTOR'S SUCCESS AND THE ORGANIZATION'S SUCCESS WHICH IS COMPARED TO THE
WORK PLAN THAT THE EXECUTIVE DIRECTOR WAS TO FOLLOW.

THE EXECUTIVE DIRECTOR REVIEWS THE PROGRAM MANAGERS PERFORMANCE AND ADJUSTS
THEIR SALARY AS NEEDED USING COMPARABLE DATA AND CONSIDERING BUDGETS
CONSTRAINTS.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE
UPON REQUEST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number

01-0639118

FORM 990, PAGE 12, PART XI, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



WELCOME TO THE OFFICE OF THE

Minnesota**Secretary of State**

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Filing Number:	1Z-51	Entity Type:	Non-Profit Corporation
Original Date of Filing:	2/7/2002	Entity Status:	Active
Duration:	Perpetual	Good Standing:	2010
		(date of last annual filing)	
Name:	St. Stephen's Human Services, Inc.		
Registered Office Address:	2211 Clinton Ave S Mpls, MN, 55404		
Agent Name:	No Agent Filed		

[Additional Entity Detail](#)[Return to Search List](#)[New Search](#)

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STATE OF MINNESOTA
CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

☒ Annual Reporting ☐ Initial Registration

FEDERAL EIN NUMBER: 01-0639118

FOR YEAR ENDING: 6/30/10

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* St. Stephen's Human Services, Inc.
- If annual reporting, is this a new name since the organization's last filing? ☐ Yes ☒ No
- If so, please state former name: _____
2. List all names under which the organization solicits contributions:
St. Stephen's Human Services, Inc.
3. *Mailing Address of Organization* 2211 Clinton Avenue South
Minneapolis, MN 55404
- Physical Address of Organization* 2211 Clinton Avenue South
Minneapolis, MN 55404
4. *Contact Person* Mikkel Beckmen *E-mail* MBeckmen@ststephensmpls.org
Tel. No. 612-874-0311 *Fax No.* 612-874-0313
5. Complete the following for the most recent twelve-month accounting year. *While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.*

INCOME

Contributions from the public
Government Grants
Other revenue

TOTAL REVENUE

For Year Ending: 6/30/10

\$ 2,125,382.00
\$ 5,452,575.00
\$ 619,495.00
\$ 8,197,452.00

EXPENSES

Amount spent for program or charitable purposes
Management/general expense
Fund-raising expense

TOTAL EXPENSES

\$ 7,091,070.00
\$ 571,928.00
\$ 225,715.00
\$ 7,888,713.00

EXCESS or DEFICIT \$ 308,739.00
TOTAL Assets \$ 3,023,234.00
TOTAL Liabilities \$ 934,662.00

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 2,088,572.00

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?
☐ Yes ☒ No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name _____
Address _____
City _____ State _____ Zip _____ Compensation _____

7. Does this professional fund-raiser solicit or consult in Minnesota? ☐ Yes ☒ No

8. Month and day accounting year ends: June 30

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? ☒ Yes ☐ No

For Office Use Only: ☐\$25 ☐\$50 ☐\$75 ☐A/R/F ☐SIG ☐990 ☐EZ ☐PF ☐F/E/S ☐B/D ☐SAL ☐Audit

SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.
Name _____
Street and Number _____
City _____ State _____ Zip _____ Telephone # _____
2. Type of legal entity (**Attach** the creating document):
☐ Nonprofit corporation ☐ Trust ☐ Unincorporated association
3. Place and date the organization was incorporated: _____
(state) (date)
4. Is the organization exempt from federal income taxes?
☐ Yes (**Attach** a copy of the IRS determination letter) Status: 501(c)(____)
☐ No Date organization submitted Form 1023 to the IRS _____
5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN: _____

6. Has the organization been denied the right to solicit contributions?
a. By any government agency? ☐ Yes ☐ No If yes, attach explanation.
b. By any court? ☐ Yes ☐ No If yes, attach explanation.
7. Explain in detail the charitable purposes of the organization, including major program activities.

8. Please mark all items that describe the organization's charitable mission:
☐ Arts & Culture ☐ Human Services ☐ Civic/Lobbying ☐ International ☐ Health
☐ Environment ☐ Mental Health ☐ Education ☐ Religious ☐ Other _____
Or: List the NTEE code(s) that describe the organization's purpose: _____
9. Which of the above two best describes the organization's primary purpose(s)?
1. _____ 2. _____
10. Check one or more methods of solicitation the organization anticipates using:
☐ Telephone appeals ☐ Grant writing ☐ Sweep ☐ Other _____
☐ Direct mail ☐ Internet ☐ Media
11. State the total contributions the organization received during the accounting year last ended:
\$ _____
12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each. ☐ Attached

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-5.

1. Has the organization's accounting year changed since the last report was filed? ☐ Yes ☒ No
If yes, provide the new year-end date: _____
2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. ☒ None ☐ Attached
3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

	Name/Title	Compensation
1	Mikkel Beckmen / Executive Director	103,182
2	Marv Welk / Director of Finance	68,059
3	Margaret Miles / Director of Development	68,378
4	P. Kate Bendel / Kateri Residence Director	67,160
5	Richard Amos / Housing Services Program Director	67,319

4. **Attach** a list of organization's board of directors. ☐ Attached ☒ Included in IRS Return
5. **Attach a GAAP audit** if total revenue exceeds \$750,000. ☒ Attached
☐ Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).
6. Minnesota law requires that an organization file a copy of any IRS Form 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)? ☒ Yes ☐ No

NOTE: By answering YES to the above question, you are attesting that the IRS information return filed with this office is an exact copy, including all schedules and attachments, of the IRS information return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. The following organizations must complete and return the statement of functional expenses below:
 1) organizations that do not file a return with the IRS; 2) organizations that file a 990-EZ or 990-PF; and 3) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.				
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d All other expenses				
25 Total functional expenses. Add lines 1 through 24d				
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the _____ (Title) and _____ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____ day of _____, 20____, approving the contents of the document, and do hereby certify that the _____ (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

Name (Print)

Name (Print)

Signature

Signature

Title

Title

Date

Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include *social security numbers, driver's license numbers or bank account numbers* on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.