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)

OMB No. 1545-0047

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

Open to Public Inspection

A	ror tile	and a calendar year, or tax year beginning JUL I, ZUIZ and	ending J	UN 30, 2013	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	ST. STEPHEN'S HUMAN SERVICES, INC.			
F	Name chang	Doing Business As		01-0	639118
Ē	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Terminated		110011/Julio	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	874-0311
F	Amen	ded on the second secon		G Gross receipts \$	12,187,531.
	Applic			H(a) Is this a group re	
-	pendi	F Name and address of principal officer:ROY RICHARDSON		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	Tav.ev	empt status: X 501(c)(3) 501(c) ( )	or 527		list. (see instructions)
		te: > WWW.STSTEPHSMPLS.ORG	01 021	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	I Voor		State of legal domicile: MN
	art I	Summary	L Teal	or formation. ZUUZ  N	State of legal doffliche. MIN
	-	Briefly describe the organization's mission or most significant activities: TO EI	AD HOM	ADI DOCNIDOS D	V DDOUTDING
Activities & Governance	1	SHELTER, HOUSING, AND EMPLOYMENT TO FAMIL			
nar					
Ver	2	Check this box if the organization discontinued its operations or dispose		1	
Ĝ	3			3	<u>8</u>
<u>«</u> ۲	4	Number of independent voting members of the governing body (Part VI, line 1b)			
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			205
ξ	6	Total number of volunteers (estimate if necessary)		6	424
Ac	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	······································		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		9,801,617.	10,709,463.
len	9	Program service revenue (Part VIII, line 2g)		907,786.	1,285,994.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,851.	35,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-7,636.	3,795.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,743,618.	12,034,770.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,365,398.	4,886,990.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)  310,0	16.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,169,497.	6,985,887.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,534,895.	11,872,877.
	19	Revenue less expenses. Subtract line 18 from line 12		208,723.	161,893.
Assets or Ralances	200			eginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		3,813,697.	3,827,227.
t As	21	Total liabilities (Part X, line 26)		886,246.	697,161.
Net A	22	Net assets or fund balances. Subtract line 21 from line 20		2,927,451.	3,130,066.
P	art II	Signature Block			
Un	der pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	y knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich prepare	r has any knowledge.	
Sig	n	Signature of officer		Date	
He		ROY RICHARDSON, CURRENT EXECUTIVE DIR	ECTOR		
		Type or print name and title			
-	***************************************	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	id	DANIEL J. FLICEK	1	L0/15/13 if self-employ	P00076153
	parer	Firm's name MAHONEY, ULBRICH, CHRISTIANSEN &		P.A. Firm's EIN	41-1647057
	e Only	Firm's address 30 EAST PLATO BOULEVARD		THE PARTY OF THE P	
23,	,	SAINT PAUL, MN 55107-1809		Phone no. (	651)227-6695
Ma	ny the I	RS discuss this return with the preparer shown above? (see instructions)		11 Holle Ho.	X Yes No
IVIC	ty tile l	Tio disodes this retain with the preparer shown above: (see instructions)			LAN 103 L 100

ST. STEPHEN'S HUMAN SERVICES, INC. 01-0639118 Form 990 (2012) Page 3 Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 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 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X If "Yes," complete Schedule D, Part IV 9 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 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X 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 Х 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 X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X 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 Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV X

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, Parts III and IV

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

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

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

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

Form **990** (2012)

X

X

X

X

X

16

17

18

19

Form 990 (2012) ST. STEPHEN'S HUMAN SERVICES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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,			ĺ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	. 1		
	Schedule J	23		X
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		174	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012) ST. STEPHEN'S HUMAN SERVICES, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance 01-0639118 Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	5.44		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Mari
	filed for the calendar year ending with or within the year covered by this return 2a 205			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	134		\$ A
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		1999	1.11
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	Α
h		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting $N/A$			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1,50	
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)		1 1 1 1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	<u> </u>	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u></u>	<u></u>

Form 990 (2012) ST. STEPHEN'S HUMAN SERVICES, INC. 01-0639118 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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			1
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b		111	
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 governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	13.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion 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?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Alive.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	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).	3437		
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," 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?	16b		
Sec	tion 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 (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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, an	d fina	ncial	
-	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	<b>&gt;</b>	
	CAROL HOOD - 612-874-0311			
	2309 NICOLLET AVENUE MINNEAPOLIS MN 55404			

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

Check if Schedule O contains a response to any question 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 n	or any related	orga	ıniza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee.	
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	person is both an director/trustee)			compensation	compensation	amount of
	week		cer an	dad	recto	rrtrus	tee)	from	from related	other
	(list any hours for	ndividual trustee or director				_		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the
	related	0.00	stee			nsate			(44-27 1033-141130)	organization
	organizations	truste	institutional trustee		yee	Highest compensated employee		((, , , , , , , , , , , , , , , , , , ,		and related
	below	/idual	tetio	ia.	Key employee	est c	je			organizations
	line)	ğ	ınsti	Officer	Key	き	Former			
(1) JIM NIKOLAI	1.00									
CHAIR		X		X				0.	0.	0.
(2) JANE BORDEN	1.00									
VICE CHAIR		X	<u> </u>	X		<u> </u>	<u> </u>	0.	0.	0.
(3) HENRY BROMELKAMP	1.00									_
TREASURER		X	ļ	X		ļ	ļ	0.	0.	0.
(4) SANDRA LARSON	1.00									_
DIRECTOR		X	ļ			<del>                                     </del>	<u> </u>	0.	0.	0.
(5) KELSEY DAWSON WALTON	1.00							_		
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ	0.	0.	0.
(6) PATRICIA JENSEN, J.D.	1.00									_
DIRECTOR		X	<u> </u>	<u> </u>	ļ	<u> </u>	ļ	0.	0.	0.
(7) SUZANNE HERDER	1.00	l								
DIRECTOR		X	ļ	<u> </u>		-	<u> </u>	0.	0.	0.
(8) JAY MCGREGOR	1.00									
SECRETARY	1	X	-	X	-	-	-	0.	0.	0.
(9) MIKKEL BECKMEN	40.00	-						00 144		00 000
FORMER EXECUTIVE DIRECTOR	+	┼		X	├		-	83,144.	0.	20,900.
(10) CAROL HOOD	40.00	-						70 014		0 405
FINANCE DIRECTOR	40.00	-	├	X	-	-	-	72,214.	0.	9,405.
(11) KRISTEN BROWN	40.00	-		3,						_
INTERIM EXECUTIVE DIRECTOR		┼	┼	X	-	$\vdash$	├	0.	0.	0.
		-								
		-	┼	├─	-	┼─	┼			
		1								
***************************************		$\vdash$	-	-	┼-	+	$\vdash$			
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	<del> </del>	+	+-	+	t	+	+			
		1								
	_L	Ь		٠	т.		ــــــــــــــــــــــــــــــــــــــ		<u> </u>	

rail	(A)  Name and title	(B) Average hours per week (list any hours for related organizations below line)	(B) Average hours per week (list any hours for related ganizations below  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  paper particular  patential particular patential patenti			one h an tee)	(D) (E)  Reportable compensation from from related organization (W-2/1099-MISC)  (E)  Reportable compensation from related organization (W-2/1099-MISC)			other compensa				
			=	=	0	¥	王智	Œ				***************************************		
***************************************			-		-	-	-					••••		
-														*******
					-						_			<del></del>
			<del> </del>		-		$\vdash$				-			
			<u> </u>	ļ	ļ	<u> </u>	_	<u> </u>						
			-											
			_								$\exists$	***************************************	***************************************	
****			-		-	-	-	-						
			-											
1b	Sub-total						<b>&gt;</b>		155,358.		0.	30	, 30!	
	Total from continuation sheets to Part V								155,358.		$\frac{0}{0}$	2.0	, 30!	<u>0.</u>
<u>a</u>	Total (add lines 1b and 1c)							ho r		<del></del>		30	, 30.	<u>.</u>
<u></u>	compensation from the organization		······································											0
3	Did the organization list any former officer	director or tr	neta	م اد	av 6	mol	OV66	or	highest compensated a	employee on	Γ	Y	es N	VO.
3	line 1a? If "Yes," complete Schedule J for											3		X
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ens	atio	n an	d ot	her compensation from			MAN A		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	····	4		X
	rendered to the organization? If "Yes," con						-				<u></u>	5	<u>. l</u>	<u>X</u>
	tion B. Independent Contractors												***********	
1	Complete this table for your five highest control the organization. Report compensation for										oensa	tion froi	n	
	(A)								(B)			(C)		
	Name and business	s address	N	ON	E				Description of	services	C	mpens	ation	
											•			
2	Total number of independent contractors		not l	imite	ed to	o the	ose I	iste	d above) who received i	more than				
	\$100,000 of compensation from the organ	nzation 📂					U					- 00	00 (00	

Form 990 (2012	ST.	STEPHEN'S	HUMAN	SERVICES,	INC.	01-0639118	Page <b>9</b>
Part VIII	Statement of Re	venue					
	Check if Schedule O	contains a response to	o any questi	on in this Part VIII	************		
				(A)	(B)	(C)	(D)

					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats at	1 a	Federated campaigns	1a	188,574,				
g a	b	Membership dues	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c					
att	d	Related organizations	1d					
imi	е	Government grants (contributi	ons) 1e	8,730,655.				
tio.	f	All other contributions, gifts, grant	s, and	,				
the		similar amounts not included above	/e <b>1f</b>	1,790,234.				
함	g	Noncash contributions included in lines	1a-1f: \$	54,456.				
မှု လ	h	Total. Add lines 1a-1f			10,709,463,		7.17.4.34	
				Business Code				
ا بو	2 a	BOARD AND LODGE INCOME		532000	1,037,199,	1,037,199.		
ž "	b			900099	248,795.	248,795.		
Program Service Revenue	С							
eve	d							
Pga	е					***************************************		
P.	f	All other program service reve	nue				,	
	а	Total. Add lines 2a-2f			1 285 994.	Tanan Aristang		i i i i i i i i i i i i i i i i i i i
	3	Investment income (including						
	_	other similar amounts)	·		6,132,			6,132,
	4	Income from investment of tax						
	5	Royalties					***************************************	
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	V					
		Less: rental expenses						
	1	: Rental income or (loss)						
		Net rental income or (loss)	L	<b>&gt;</b>	The state of the s			
	i	Gross amount from sales of	(i) Securities	(ii) Other				
	. ~	assets other than inventory	179,898					
	h	Less: cost or other basis	179,090	•				
	5	and sales expenses	150,512					
	_	Gain or (loss)						
		Net gain or (loss)			29,386.			29,386.
	t	Gross income from fundraising			25,500.			25,300.
enne	0 0	including \$	-					
•		contributions reported on line					Na Villagia	
Other Re		Part IV, line 18		6,044.				
her	h	Less: direct expenses						
õ	1	: Net income or (loss) from fund		Z,243,	3,795.		1 1011 1111	3,795.
	i	Gross income from gaming ac	_		3,793.			3.733.
	9 0	Part IV, line 19						
	h			l .				
	1	<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from gam</li> </ul>			The artist, but it is not seen the CA 25, 10 me in			Algebra de de la composition della composition d
	1	· · · · · · · · · · · · · · · · · · ·	-					
	10 a	Gross sales of inventory, less						
		and allowances						
	1	Less: cost of goods sold			The state of the s		e di di esse più elle se	Takey with the first of the
	<del></del>	Net income or (loss) from sale						
	-	Miscellaneous Revenu		Business Code				
	11 a		·····					
	b							<del> </del>
	C							<u> </u>
	C	***************************************				1.0	2.55	
	1	Total. Add lines 11a-11d						<b></b>
	12	Total revenue. See instructions.			12 034 770	1,285,994.	0	39,313.

#### 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 to any question in this Part IX (**D)** Fundraising (A) Total expenses (C) Management and Do not include amounts reported on lines 6b, Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees ..... 32,254. 10,404. 185,663. 143,005. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,576,422. 3,068,787. 348,053. 159,582. 7 Other salaries and wages Pension plan accruals and contributions (include 3,601. section 401(k) and 403(b) employer contributions) 90,027. 80,124. 6,302. 27,395. 24,257. 640,747. 589,095. Other employee benefits 394,131, 44,090. 17,927. 332,114. Payroll taxes 10 Fees for services (non-employees): a Management 2,082. 2,082. Legal 12,500. 12,500. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees q Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 84,787. 52,963. 14,785. 17,039. Advertising and promotion \_\_\_\_\_ 12 346,435. 113,490. 210,964. 21,981. Office expenses 13 14 Information technology 15 Royalties 366,299. 310,805. 33,235. 22,259. Occupancy 16 109,606. 109,133. 419. 54. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,868. 582. 34,885. 22,435. Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates \_\_\_\_\_ 45,157. 32,322. <u>12,835.</u> Depreciation, depletion, and amortization ..... 22 18,024. 16,213. 1,811. 23 Insurance Other expenses, Itemize expenses not covered 24 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.) ..... 5,931,187. 5,931,187. a SPECIFIC ASSISTANCE 32,330. PRINTING & PUBLICATIONS 34,834. 2,274. 230. 91. 91. c EVENTS d e All other expenses 11,872,877. 10,691,385. 871,476. 310,016. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2012)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response to any	quest	on in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,007,939.	1	837,724.
	2	Savings and temporary cash investments			1,209,234.	2	1,228,786.
	3	Pledges and grants receivable, net			614,720.	3	636,312.
	4	Accounts receivable, net			42,402.	4	59,670.
	5	Loans and other receivables from current and fo		- I			
		trustees, key employees, and highest compensa					
		Part II of Schedule L			-1	5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	· · · · · · · · · · · · · · · · · · ·			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
ets	7	Notes and loans receivable, net	857.	7			
Assets	8	Inventories for sale or use				8	
Q.	9	Prepaid expenses and deferred charges			68,124.	9	2,565.
	1	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	650,721.	•	:	
	b				290,383.	10c	431,037.
	11	Investments - publicly traded securities			580,038.	11	631,133.
	12	Investments - other securities. See Part IV, line			3007030.	12	002,200
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	3,813,697.	16	3,827,227.		
	17	Accounts payable and accrued expenses	343,847.	***************************************	298,744.		
	18	Grants payable	3437047.	18	250//44.		
	19	Deferred revenue			155,700.	19	65,965.
	20	Tax-exempt bond liabilities			133,100.	20	05,503.
<b>'</b> A	21	Escrow or custodial account liability. Complete		1		21	
Liabilities	22	Loans and other payables to current and forme				21	
ij	22	key employees, highest compensated employee		i i			
Ë		Complete Part II of Schedule L				22	
	00	Secured mortgages and notes payable to unrela			<u> </u>	23	
	23	Unsecured notes and loans payable to unrelate				24	***************************************
	25					24	
	25	Other liabilities (including federal income tax, pa		1			
		parties, and other liabilities not included on lines Schedule D			386,699.	25	332,452.
	26	Total liabilities. Add lines 17 through 25			886,246.		697,161.
	20	Organizations that follow SFAS 117 (ASC 958			000,240.	20	
"		complete lines 27 through 29, and lines 33 ar		Kilele P La allu			
Š	07				2,589,635.	27	2,841,899.
lan	27	Unrestricted net assets			337,816.		288,167.
Ba	28	Temporarily restricted net assets			337,010.	1	200,107.
Pur	29			0) - h l - h		29	
표		Organizations that do not follow SFAS 117 (A	130 93	8), check here		1	
s o	00	and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds		1		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed		ſ		31	<del> </del>
Net	32	Retained earnings, endowment, accumulated in		r .	2 027 451	32	2 120 066
-	33	Total net assets or fund balances			2,927,451.	33	3,130,066.
	34	Total liabilities and net assets/fund balances .			3,813,697.	34	3,827,227.

	990 (2012) ST. STEPHEN'S HUMAN SERVICES, INC.	01-	06391	18	Pag	ge <b>12</b>
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,	034	4,7	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	87:	2,8	<u>77.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		16:	1,8	<u>93.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	92'	7,4	<u>51.</u>
5	Net unrealized gains (losses) on investments	5		4(	0,7	<u> 22.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3,	13	0,0	66.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	, , , ,				X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				The The
	consolidated basis, or both:		-			
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	].	N.		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					

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

**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

Act and OMB Circular A-133?

Form 990 (2012)

За

3b

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2012

Open to Public Inspection

Name of the organization

Employer identification number

,		ST. STE	PHEN'S HUMAN	SERV	ICES,	INC.			01	-0639	118	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mus	st complete	e this part	.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox.)					
1	A church, cor	nvention of churches	s, or association of churc	ches descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	ital service organization o	described i	n section	170(b)(1)(	A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hosp	pital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital'	's nam	ie,
	city, and stat	e:		*****								
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	ed in		
-	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental unit	t described	in sectio	n 170(b)(1	)(A)(v).					
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contril	butions, m	nembershi	p fees, an	d gross red	eipts :	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support t	from gross	invest	ment
	income and ι	ınrelated business t	axable income (less sect	tion 511 tax	x) from bu	sinesses a	cquired b	y the orga	ınization a	ifter June 3	0, 197	'5 <i>.</i>
·		<b>509(a)(2).</b> (Complete	•									
10			perated exclusively to te									
11			perated exclusively for th									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											
	I	· · · · · · · · · · · · · · · · · · ·	organization and comple		-							
	a Type	·	• •	ype III - Fur	-	-				-functional		
e 📖			at the organization is not									n
			than one or more publicly		-				9(a)(1) or s	section 509	(a)(2).	
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th	***************************************									. L
g			organization accepted ar	-		-		-				·
			directly controls, either al	_						<del></del>	Yes	No
			upported organization?									
			n described in (i) above?									
			a person described in (i) o						•••••	11g(iii)	L	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization(	(s).							
			T	(in) le the e	rganization	(u) Did you	, notify the	(vi) ls	the			
, ,	e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis		organizat		(vi) ls organizati (i) organiz	on in col.	(vii) Amount		netary
urg	anzanon		above or IRC section		document?			U.S	i.?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												·
***************************************										····		
												****
				1, 50,712					in the			
			I STANFORM									

Schedule A (Form 990 or 990-EZ) 2012 ST. STEPHEN'S HUMAN SERVICES, INC. 01-0639118 Page 2

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

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

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	Gifts, grants, contributions, and						,				
	membership fees received. (Do not										
	include any "unusual grants.")	5,389,356.	7,577,957.	10,288,371,	9,801,617.	10,709,463,	43,766,764.				
2	Tax revenues levied for the organ-						,				
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities			·····							
•	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	5,389,356.	7,577,957.	10,288,371.	9.801.617.	10,709,463.	43,766,764.				
	The portion of total contributions	3,303,330,	7,511,551.	10,200,371.	J,001,017,	10,705,405,	45,700,704.				
5	by each person (other than a					0.000					
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11.										
	1 (0										
_	column (f)										
	Public support. Subtract line 5 from line 4.					n to the extra none (13) agreeting	43,766,764.				
			# \ cccc	1 1 0010	1,0011	(1)0010	(0 T-1-1				
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
	Amounts from line 4	5,389,356,	7,577,957.	10,288,371,	9,801,617.	10,709,463,	43,766,764.				
8	Gross income from interest,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
	dividends, payments received on										
	securities loans, rents, royalties			44 605	6 254	c 100	40 010				
	and income from similar sources	9,935.	14,867.	11,607.	6,371.	6,132.	48,912.				
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						43,815,676.				
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 4	,376,301.				
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)					
	organization, check this box and stop			***********							
Se	ction C. Computation of Publ	lic Support Pe	rcentage								
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11,	column (f))		14	99.89 %				
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	99.84 %				
	33 1/3% support test - 2012. If the					nore, check this bo	x and				
	stop here. The organization qualifies										
ŀ											
	b 33 1/3% support test - 2011. 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										
17:	10% -facts-and-circumstances tes										
***	and if the organization meets the "fac										
	meets the "facts-and-circumstances"			•	<u>=</u>						
£	10% -facts-and-circumstances tes										
E	more, and if the organization meets t										
	organization meets the "facts-and-cir						· · · · · · · · · · · · · · · · · · ·				
40											
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) 2012 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.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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	***************************************							
Ŭ	are not an unrelated trade or business under section 513			-					
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf			T- 12-12-12-12-12-12-12-12-12-12-12-12-12-1					
5	The value of services or facilities								
J	furnished by a governmental unit to the organization without charge	į							
6	Total. Add lines 1 through 5								
7 a	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								
	Public support (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>				
14	First five years. If the Form 990 is fo	r the organization'	s first, second, th	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,		
	check this box and stop here			••••••		***************************************	<b>&gt;</b>		
	ction C. Computation of Publ								
15	Public support percentage for 2012 (		-			15	<u>%</u>		
16	Public support percentage from 201					16	%		
Se	ction D. Computation of Inve					T			
17	` <del>-</del>					17	%		
18	Investment income percentage from					18	%		
198	a 33 1/3% support tests - 2012. If the						<b>.</b>		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
ł	b 33 1/3% support tests - 2011. 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	on did not check a	box on line 14, 1	ea, or 19b, check	tnis box and see ir	istructions	<u> 🔁 🗀 .</u>		

### **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. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

ST. STEPHEN'S HUMAN SERVICES, INC.

Employer identification number 01-0639118

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6. (a) Donor advised funds	(b) Funds and other accounts
	Tabal assembles and after a	(a) Donor advised lands	(b) Folios and other accounts
1	Total number at end of year	MANAGER PARIS, Randon and American Company of the C	
2	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	<del></del>	
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ac		-
	for charitable purposes and not for the benefit of the donor or	, , , ,	
Par	impermissible private benefit?  t II Conservation Easements. Complete if the org.		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		intericulty important land area
	Preservation of land for public use (e.g., recreation or ed		istorically important land area
		Preservation of a ce	rtified historic structure
	Preservation of open space	ad concentation contribution in the form	n of a consequetion assemble to the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	n or a conservation easement on the last
	day of the tax year.		Hold at the End of the Tay Voca
_	Total number of concernation accoments		Held at the End of the Tax Year
	Total number of conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		! 1
3	Number of conservation easements modified, transferred, rele		
3	year	casea, extinguished, or terminated by t	no organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		- f
Ŭ	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov	_	
_	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports conservation		
_	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
h	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treating		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		🕨 \$
	Assets included in Form 990, Part X		***************************************

		PHEN'S HUMA	<del></del>	<del></del>		01-06			
Par	t III   Organizations Maintaining C	ollections of Art	., Historical Tre	easures, or Oth	<u>er Si</u>	milar Asse	<b>ts</b> (continu	ed)	
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):								
а	Public exhibition	d		nange programs					
b	Scholarly research	е	Other				···		
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's exe	empt p	ourpose in Par	t XIII.		
5	During the year, did the organization solicit or						<b>-</b>	p	
	to be sold to raise funds rather than to be ma						Yes	No_	
Par	t IV Escrow and Custodial Arrang		e if the organization	n answered "Yes" to	Form	990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t inclu	ded	_		
	on Form 990, Part X?					L	」 Yes	L No	
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_			······································	
					_		Amount		
С	Beginning balance				L	1c		~~~~	
d	Additions during the year					1d			
е	Distributions during the year				_	1e		·····	
f	Ending balance					1f	<del></del>	<del></del>	
	Did the organization include an amount on Fo						Yes	☐ No	
	If "Yes," explain the arrangement in Part XIII.					**********			
Par	t V Endowment Funds. Complete in	f the organization ans	swered "Yes" to For		T		r		
		(a) Current year	(b) Prior year	(c) Two years back	ck (d) Three years back (e) Four years back				
1a	Beginning of year balance	ear balance 402,436. 539,134. 429,104. 362,283, 607,172,							
b	Contributions								
С	Net investment earnings, gains, and losses	73,200.	-30,524.	141,142.	ļ	96,050.	-:	238,261,	
d	Grants or scholarships				<u> </u>				
е	Other expenditures for facilities								
	and programs	-15,907.	-100,000.	-23,932,	.	-22,484.			
f	Administrative expenses	-6,281,	-6,174,	-7,180,	<b>.</b>	-6,745.	<u> </u>	-6,628.	
g	End of year balance	453,448.	402,436.	*		429,104,		362,283,	
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	•							
За	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	nd administered for	the o	rganization	г-		
	by:							Yes No	
	(i) unrelated organizations						. 3a(i)	<u>X</u>	
	• •							X	
b	b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?								
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipn		·						
	Description of property	(a) Cost or of	1 , .			nulated	(d) Book	value	
		basis (investn	nent) basis	(other) d	eprec	ation			
1a	a Land								
b	Buildings							.,009.	
С	Leasehold improvements			4,709.	94	1,681.	190	,028.	
d	Equipment								
	Other						101	000	
Tota	1 Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X column (R) line 1	1()(c) )			4.51	.,037.	

Part VII Investments - Other Securities. See  (a) Description of security or category (including name of security)	Form 990, Part X, line (b) Book value		aluation: Cost or end-of-ye	ar market value
	(-)	(-)		
2) Financial derivatives 2) Closely-held equity interests			***************************************	
Other		***************************************		·
(A)				
(B)				
(C)			<u></u>	
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		AVANCE CONTRA		
Part VIII Investments - Program Related. Se	e Form 990, Part X, lin	e 13.		
(a) Description of investment type	(b) Book value		aluation: Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				***************************************
(6)				
(7)			<del></del>	
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
(1) (2)	Description		***************************************	(b) Book value
(3)				
(4)				
(5)				
(6)	***************************************	<u> </u>		
(7)				
(8)				
(9)	***************************************			
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities. See Form 990, Part X,				
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PARTICIPANT DEPOSITS		332,452.		
(3)				
(4)				
(5)				
(6)		, , , , , , , , , , , , , , , , , , ,		
(7)		***************************************		
N. A.				
(8)	i		<b>⊣</b>	
(8)			1873	
(9)				
(9) (10)				
(9)	9 25.)	332,452.		

ST. STEPHEN'S HUMAN SERVICES, INC.

01-0639118 Page 3

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 ST. STEPHEN'S HUMAN SERVICE t XI Reconciliation of Revenue per Audited Financial Statemer			01-	0639118 Page 4	
1					12,075,492.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	14,013,434.	
	Net unrealized gains on investments	2a	40,722.			
b	man and the second seco	2b	±0,722•			
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)					
	Add lines 2a through 2d			2e	40,722.	
3	Subtract line 2e from line 1			3	12,034,770.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	********	***************************************		12/034/1700	
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1		
	Other (Describe in Part XIII.)					
	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	12,034,770.	
	t XII Reconciliation of Expenses per Audited Financial Stateme					
1	Total expenses and losses per audited financial statements			1	11,872,877.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	man to the second secon	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	0.	
3	Subtract line 2e from line 1			3	11,872,877.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	*********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	1				
С	Add lines 4a and 4b			4c	0.	
5				5	11,872,877.	
Pa	rt XIII Supplemental Information			-		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1	a and 4; Part IV, lines 1	b and	2b; Part V, line 4; Part	
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	orovide	any additional informat	ion.		
PA	RT V, LINE 4: EARNINGS ARE TO BE USED FOR S	OCI.	AL SERVICE P	ROG	RAMS.	
PAI	RT X, LINE 2: HUMAN SERVICES IS NOT CURRENT	'LY	UNDER EXAMIN	ATI	ON BY	
AN	Y TAXING JURISDICTION. FEDERAL AND STATE T	'AX'	AUTHORITIES	GEN	ERALLY HAVE	
TH:	E RIGHT TO EXAMINE RETURNS FOR A PRIOR OF T	HRE	E YEARS AFTE	R T	HEY ARE	
FILED.						

### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

01-0639118

Department of the Treasury Internal Revenue Service

Name of the organization

ST.

Attach to Form 990.

STEPHEN'S HUMAN SERVICES, INC.

Part I Types of Property (d) (a) (b) (c) Number of Noncash contribution Check if Method of determining amounts reported on contributions or noncash contribution amounts applicable Form 990, Part VIII, line 1g tems contributed Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications ..... 4 44,323. RUMMAGE SALE PRICING Clothing and household goods ..... 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock \_\_\_\_\_ 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures \_\_\_\_\_ Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles ..... 18 10,133. COMPARATIVE FOOD PRI Food inventory X 19 20 Drugs and medical supplies \_\_\_\_\_ 21 Taxidermy ..... 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 Other 25 26 Other 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Ye<u>s</u> No 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 X the entire holding period? 30a b If "Yes," describe the arrangement in Part II. X Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? Х 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
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 IS OFFERED TO FORTY-FIVE ADULT MEN				
EVERY NIGHT WHILE WE WORK WITH THEM TO ACCESS HOUSING AND SUPPORT				
SERVICES. HUMAN SERVICES SHELTER EMPLOYMENT PROGRAM WORKS WITH PEOPLE				
STAYING IN SOUTH MINNEAPOLIS SHELTERS TO SECURE OR IMPROVE EMPLOYMENT.				
EXPENSES \$ 651,014. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
STREET OUTREACH - THIS PROGRAM PROVIDES THE FIRST CONTACT FOR				
INDIVIDUALS LIVING OUTSIDE AND FOR THE COMMUNITY MEMBERS CONCERNED FOR				
THEM. PARTNERING WITH LAW ENFORCEMENT, PROBATION OFFICERS, AND OTHER				
STAKEHOLDERS, THIS INTENSIVE OUTREACH CONNECTS PEOPLE TO HOUSING AND				
OTHER SERVICES.				
EXPENSES \$ 513,146. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
PREVENTION - HUMAN SERVICES WORKS WITH FAMILIES AND SINGLE ADULTS WHO				
ARE FACING EVICTION OR FORECLOSURE AND ARE ONE STEP AWAY OF BECOMING				
HOMELESS. THE PROGRAM KEEPS THEM HOUSED OR RE-HOUSES THEM INTO A MORE				
STABLE, AFFORDABLE ENVIRONMENT WHEN NECESSARY.				
EXPENSES \$ 285,544. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
EMPLOYMENT SERVICES - THIS PROGRAM WORKS WITH PEOPLE WITH HISTORIES OF				
HOMELESSNESS AND MINIMAL WORK EXPERIENCE. ONE PROGRAM WORKS WITH				
FAMILIES CURRENTLY RECEIVING ASSISTANCE FROM MINNESOTA FAMILY				
INVESTMENT PROGRAM AND THE OTHER WORKS WITH SINGLE HOMELESS ADULTS WITH				
CHALLENGES SUCH AS CRIMINAL RECORDS OR LACK OF TRAINING.				
EXPENSES \$ 244,822. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number ST. STEPHEN'S HUMAN SERVICES, INC. 01-0639118 COMMUNITY ENGAGEMENT - THIS PROGRAM EDUCATES THROUGH THEATER. PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS CREATE AND ACT IN PERFORMANCES AROUND THE METRO FOR SCHOOLS, FAITH COMMUNITIES, WORKPLACES, AND OTHER COMMUNITY GROUPS. THIS PROGRAM ALSO ENGAGES PEOPLE EXPERIENCING HOMELESSNESS AND OTHER MEMBERS OF THE COMMUNITY IN ADVOCATING FOR SYSTEMIC CHANGE IN THE WAYS HOMELESSNESS IS ADDRESSED. THE PROGRAM OFFERS A DAY IN THE LIFE, AN EXPERIENTIAL-LEARNING PROGRAM THAT GIVES PARTICIPANTS AN OPPORTUNITY TO LEARN DIRECTLY FROM PEOPLE EXPERIENCING HOMELESSNESS. EXPENSES \$ 230,243. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. REP PAYEE - THE ALLIANCE OF THE STREETS CONNECTS PEOPLE EXPERIENCING HOMELESSNESS OR POVERTY TO ESSENTIAL RESOURCES, SUCH AS REPRESENTATIVE PAYEE SERVICES, BIRTH CERTIFICATES, AND THE HANDBOOK OF THE STREETS, ENABLING THEM TO EFFECTIVELY NAVIGATE THEIR WAY THROUGH CHALLENGES. EXPENSES \$ 65,013. INCLUDING GRANTS OF \$ 0. REVENUE \$ 248,795. KATERI RESIDENCE - KATERI RESIDENCE PROVIDES SOBER TRANSITIONAL HOUSING TO AMERICAN INDIAN WOMEN RECOVERING FROM CHEMICAL DEPENDENCY. KATERI BLENDS TRADITIONAL RECOVERY METHODS SUCH AS AA AND 12-STEP WITH A FOCUS ON AMERICAN INDIAN CULTURE AND SPIRITUALITY. EXPENSES \$ 923,543. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY THE AUDITING

FIRM. THE EXECUTIVE DIRECTOR EMAILS A DRAFT COPY OF THE 990 TO MEMBERS OF THE BOARD OF DIRECTORS FOR REVIEW. IT IS DISCUSSED AND APPROVED AT THE

NEXT MEETING OF THE BOARD.

ST. STEPHEN'S HUMAN SERVICES, INC.	Employer identification number 01-0639118
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, THE CON	FLICT OF INTEREST
POLICY AND THE GIFT POLICY IS PROVIDED TO EACH PERSON FOR	
APPROVAL. THE HUMAN RESOURCES DIRECTOR VERIFIES THAT THE	
RECEIVED FROM EACH PERSON.	
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIREC	TORS HIRES AN
INDEPENDENT CONSULTANT TO FACILITATE THE ANNUAL REVIEW OF	THE EXECUTIVE
DIRECTOR FOR JOB PERFORMANCE. COMPENSATION IS DETERMINED	BY REVIEWING
COMPARABLE DATA AND BUDGET CONSTRAINTS.	
MEMBERS OF THE BOARD OF DIRECTORS ARE NOT PAID. OTHER OFF	ICERS AND KEY
EMPLOYEES COMPENSATION IS DETERMINED BY REVIEWING COMPARA	BLE DATA AND
BUDGET CONSTRAINTS.	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS AR	E MADE AVAILABLE
UPON REQUEST.	
FORM 990, PART XII	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	