

**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)

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

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

**C** Name of organization: **ST. STEPHEN'S HUMAN SERVICES, INC.**  
 Number and street (or P O box if mail is not delivered to street address): **2211 CLINTON AVENUE SOUTH**  
 Room/suite: \_\_\_\_\_  
 City or town, state or country, and ZIP + 4: **MINNEAPOLIS, MN 55404-3694**

**D** Employer identification number: **01-0639118**

**E** Telephone number: **612-874-0311**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates: \_\_\_\_\_

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Web site: **WWW.STSTEPHSCOMMUNITY.ORG**

**J** Organization type (check only one):  501(c)(3) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **2,161,163.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	1a	726,171.		
<b>b</b>	Indirect public support	1b	75,789.		
<b>c</b>	Government contributions (grants)	1c	1,128,349.		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <u>1,918,507.</u> noncash \$ <u>11,802.</u> )	1d		1,930,309.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		238,667.	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6 a</b>	Gross rents	6a			
<b>b</b>	Less rental expenses	6b			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8 a</b>	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	8a			
<b>c</b>	Net gain or (loss) (attach schedule)	8b			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
<b>b</b>	Less direct expenses other than fundraising expenses	9b			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a			
<b>b</b>	Less cost of goods sold	10b			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		-7,813.	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		2,161,163.	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		1,972,852.	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		196,841.	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		113,683.	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		2,283,376.	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-122,213.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		513,772.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b>	<b>20</b>		33,558.	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		425,117.	

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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	65,149.	65,149.	0.
26	Other salaries and wages	26	931,552.	890,127.	41,425.
27	Pension plan contributions	27	32,473.	31,125.	1,348.
28	Other employee benefits	28	170,260.	163,185.	7,075.
29	Payroll taxes	29	93,228.	89,355.	3,873.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	15,344.	15,121.	223.
35	Postage and shipping	35			
36	Occupancy	36	132,651.	132,651.	
37	Equipment rental and maintenance	37	32,779.	13,010.	19,769.
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40	37,189.	11,283.	7,648.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
	a _____	43a			
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e SEE STATEMENT 2	43e	772,751.	561,846.	169,424.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	2,283,376.	1,972,852.	196,841.

Joint Costs Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? SEE STATEMENT 3		Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a	SEE STATEMENT 4	
	(Grants and allocations \$ _____)	354,770.
b	HOUSING SERVICES PROGRAM-A COMPREHENSIVE PROGRAM THAT PLACES 260 HOMELESS FAMILIES AND 160 HOMELESS SINGLES ANNUALLY INTO PERMANENT HOUSING. THE PROGRAM PREVENTED 180 SINGLES FROM LOSING HOUSING DURING 2003.	
	(Grants and allocations \$ _____)	508,524.
c	SEE STATEMENT 5	
	(Grants and allocations \$ _____)	483,341.
d	FREE STORE-PROVIDES CLOTHING AND SMALL HOUSEHOLD ITEMS AT NO COST TO NEIGHBORHOOD RESIDENTS IN NEED. AN ESTIMATED 3,000 - 4,000 INDIVIDUALS ARE PROVIDED GOODS EACH YEAR.	
	(Grants and allocations \$ _____)	21,629.
e	Other program services (attach schedule) STATEMENT 6	604,588.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,972,852.



**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

a	Total revenue, gains, and other support per audited financial statements	a	2,161,163.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	2,161,163.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,161,163.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total expenses and losses per audited financial statements	a	2,283,376.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	2,283,376.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,283,376.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GARY ELLIS 1026 SHERWOOD ROAD SHOREVIEW, MN 55126	TEMPORARY PRESIDENT 1	0.	0.	0.
PAT GRIFFIN 2211 CLINTON AVE SOUTH MINNEAPOLIS, MN 55404	EX-OFFICIO 1	0.	0.	0.
EILEEN SHORE 3137 42ND AVENUE SOUTH MINNEAPOLIS, MN 55406	 1	0.	0.	0.
JERRY ORGAN 224 NORTH HOWELL STREET ST. PAUL, MN 55104	TEMP. SECRETARY/TREASURER 1	0.	0.	0.
CATHY TENBROEKE 2544 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404	 1	0.	0.	0.
ANNE QUINCY 5157 OAKLAND AVENUE MINNEAPOLIS, MN 55417	 1	0.	0.	0.
DIANNE HAULCY 2211 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404	EXECUTIVE DIRECTOR 40	65,149.	9,671.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No Form 990 (2002)

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed MN		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 65		
91	The books are in care of MARV WELK Telephone no 612-870-2261		
	Located at 2211 CLINTON AVENUE SOUTH, MPLS, MN ZIP +4 55404-3694		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a FEE SERVICES					15,142.
b RENT INCOME					223,525.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a LOSS ON INVESTMENTS			18	-7,813.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		-7,813.	238,667.
105 Total (add line 104, columns (B), (D), and (E))					230,854.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ORGANIZATION CHARGES A FEE TO CONTINUE TO OPERATE A MONTHLY INDIVIDUAL BILL PAYING SERVICE FOR HOMELESS INDIVIDUALS.
93B	RENTS CHARGED TO LOW-INCOME RENTERS.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

09-23-03 ▶ DIANNE HAULCY, EXECUTIVE DIREC  
Date Type or print name and title

Date / / Check if self- Preparer's SSN or PTIN

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2002**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information--(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **ST. STEPHEN'S HUMAN SERVICES, INC.** Employer identification number **01 0639118**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KATE BENDEL ----- 2211 CLINTON AVE S, MPLS, MN 55404	PROG DIRECTOR  40	50,380.	6,242.	
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?		X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12  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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,964,876.				1,964,876.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	-6,537.				-6,537.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,958,339.	0.	0.	0.	1,958,339.
24 Line 23 minus line 17	1,958,339.				1,958,339.
25 Enter 1% of line 23	19,583.				
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 39,167.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts				26b 40,833.
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 1,958,339.
	d Add Amounts from column (e) for lines 18 <u>-6,537.</u> 19 _____ 22 _____ 26b <u>40,833.</u>				26d 34,296.
	e Public support (line 26c minus line 26d total)				26e 1,924,043.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 98.2487%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group Check  b  if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities





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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	33,558.
TOTAL TO FORM 990, PART I, LINE 20	33,558.

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FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM EXPENSES	507,657.	507,657.		
CONTRACTED SERVICES	2,955.	2,955.		
PROFESSIONAL FEES	8,600.	8,600.		
OFFICE EXPENSES	72,184.	22,033.	3,662.	46,489.
TRANSPORTATION	18,737.	18,652.	61.	24.
ADMINISTRATIVE	160,669.	0.	165,701.	-5,032.
STAFF DEVELOPMENT	1,949.	1,949.		
TOTAL TO FM 990, LN 43	772,751.	561,846.	169,424.	41,481.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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## EXPLANATION

THE ORGANIZATION IS AN ACTIVE PROVIDER OF SOCIAL SERVICE PROGRAMS IN SOUTH MINNEAPOLIS, MINNESOTA.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

ST. STEPHEN SHELTER AND ADJUNCT SHELTER - PROVIDES 40 BEDS OF SAFE AND SOBER SHELTER FOR MEN EVERY NIGHT. ALSO PROVIDES ADVOCACY SERVICES TO PROMOTE SELF-RELIANCE, MEALS, SHOWERS, CLOTHING AND ON-SITE MEDICAL SERVICES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		354,770.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE THREE

EMPLOYMENT AND FAMILY SERVICES-SERVES CLIENTS WITH SEVERE BARRIERS TO SELF-SUFFICIENCY. CLIENTS ARE PLACED IN HOUSING AND THEIR BARRIERS ARE ADDRESSED. CLIENTS ARE ALSO GIVEN JOB-READINESS CLASSES. OVER 200 FAMILIES SERVED IN 2003.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		483,341.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 6

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ALLIANCE OF THE STREETS-IS A COALITION OF HOMELESS AND FORMERLY HOMELESS PEOPLE WORKING TO FIND SOLUTIONS TO THEIR PROBLEMS. THE ALLIANCE MAKES AVAILABLE TO PEOPLE WHO LIVE ON THE STREETS INFORMATION REGARDING SERVICES AVAILABLE. IT ALSO ADVOCATES RELATED ISSUES SUCH AS AFFORDABLE HOUSING. THE PROGRAM ALSO PROVIDES REPRESENTATIVE PAYEE SERVICES TO 195 HOMELESS PEOPLE. KATERI RESIDENCE-PROVIDES A SAFE PLACE OF HEALING FOR NATIVE AMERICAN WOMEN WHO SEEK TO TAKE OWNERSHIP OF THEIR LIVES IN SOBRIETY. UP TO 14		91,886.

WOMEN LIVE AT KATERI WHILE LEARNING LONG-TERM STRATEGIES FOR MAINTAINING SOBRIETY.

512,702.

TOTAL TO FORM 990, PART III, LINE E

604,588.

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FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	323,246.				323,246.
TOTAL TO FORM 990, LN 54 COL B	323,246.				323,246.

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FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LOVE POWER SHELTER - PAUL GATES ARCHITECT	2,074.	0.	2,074.
TOTAL TO FORM 990, PART IV, LN 57	2,074.	0.	2,074.

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FORM 990 OTHER ASSETS STATEMENT 9

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DESCRIPTION	AMOUNT
DUE FROM CHURCH OF SAINT STEPHEN	0.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	0.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 10

LENDER'S NAME TERMS OF REPAYMENT

CHURCH OF ST. STEPHEN'S DEMAND

DATE OF NOTE MATURITY DATE ORIGINAL LOAN AMOUNT INTEREST RATE

VARIOUS VARIOUS 78,767. .00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

NONE SHORT-TERM OPERATIONS

RELATIONSHIP OF LENDER

RELATED PARTY

DESCRIPTION OF CONSIDERATION FMV OF CONSIDERATION BALANCE DUE
CASH 78,767. 78,767.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 78,767.