

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2020

Prepared for	Step 2, Inc. 3700 Safe Harbor Way Reno, NV 89512
Prepared by	Barnard, Vogler & CO., CPA's 100 W Liberty Street, Suite 1100 Reno, NV 89501-1959
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by May 17, 2021.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

STEP 2, INC.

**** - ***5207**

Name and title of officer

MARI HUTCHINSON
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,062,363.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN **Enter five numbers, but do not enter all zeros**

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

88042581068

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization STEP 2, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3700 SAFE HARBOR WAY City or town, state or province, country, and ZIP or foreign postal code RENO, NV 89512 F Name and address of principal officer: MARI HUTCHINSON 3700 SAFE HARBOR WAY, RENO, NV 89512	D Employer identification number ** - *** 5207 E Telephone number 775-787-9411 G Gross receipts \$ 2,134,990. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.STEP2RENO.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: NV

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3 Number of voting members of the governing body (Part VI, line 1a)	3 14																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 14																								
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 45																								
	6 Total number of volunteers (estimate if necessary)	6 300																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																								
	7b Net unrelated business taxable income from Form 990-T, line 39	7b 0.																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">1,527,765.</td> <td style="text-align: right;">1,724,635.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">180,931.</td> <td style="text-align: right;">209,372.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">259.</td> <td style="text-align: right;">308.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">191,528.</td> <td style="text-align: right;">128,048.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,900,483.</td> <td style="text-align: right;">2,062,363.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,527,765.	1,724,635.	9 Program service revenue (Part VIII, line 2g)	180,931.	209,372.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	259.	308.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,528.	128,048.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,900,483.	2,062,363.						
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Expenses		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">1,051,092.</td> <td style="text-align: right;">1,153,291.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 108,439.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">737,588.</td> <td style="text-align: right;">788,734.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">1,788,680.</td> <td style="text-align: right;">1,942,025.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">111,803.</td> <td style="text-align: right;">120,338.</td> </tr> </tbody> </table>	13 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.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,051,092.	1,153,291.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 108,439.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	737,588.	788,734.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,788,680.	1,942,025.	19 Revenue less expenses. Subtract line 18 from line 12	111,803.	120,338.
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Part II Signature Block

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

Sign Here	Signature of officer MARI HUTCHINSON, CHIEF EXECUTIVE OFFICER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID SCHAPER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01286303
	Firm's name ▶ BARNARD, VOGLER & CO., CPA'S Firm's address ▶ 100 W LIBERTY STREET, SUITE 1100 RENO, NV 89501-1959	Firm's EIN ▶ ** - *** 8801 Phone no. (775) 786-6141

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
STEP2 IS A COMPREHENSIVE SUBSTANCE ABUSE TREATMENT PROGRAM THAT PROVIDES WOMEN AND THEIR CHILDREN SUFFERING FROM CHEMICAL ADDICTION, POVERTY AND DOMESTIC VIOLENCE THE OPPORTUNITY TO REBUILD THEIR LIVES. THE RESULT IS SELF-SUFFICIENT HEALTHY FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4a (Code:) (Expenses \$ 1,081,253. including grants of \$) (Revenue \$ 209,855.) TO PROVIDE A CONTROLLED, ADMINISTERED PROGRAM FOR CHEMICALLY ADDICTED WOMEN AND THEIR CHILDREN TO BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,081,253.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	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		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (14); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records STEP 2, INC. - 775-787-9411 3700 SAFE HARBOR WAY, RENO, NV 89512

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH BICKFORD TREASURER	0.50	X		X				0.	0.	0.
(2) JEANNE ACKLEY DIRECTOR	0.50	X						0.	0.	0.
(3) LAUREN YURICK IMMEDIATE PAST PRESIDENT	0.50	X		X				0.	0.	0.
(4) MICHAEL ALONSO DIRECTOR	0.50	X						0.	0.	0.
(5) JJ JARZYNSKA PRESIDENT	0.50	X		X				0.	0.	0.
(6) TYLER WHITTEN DIRECTOR	0.50	X						0.	0.	0.
(7) STEVE TATE DIRECTOR	0.50	X						0.	0.	0.
(8) KATHY LEGGETT SECRETARY	0.50	X		X				0.	0.	0.
(9) BRIAN CASSIDY PRESIDENT ELECT	0.50	X		X				0.	0.	0.
(10) JASMINE DHINDSA DIRECTOR	0.50	X						0.	0.	0.
(11) SHANE KELLEY DIRECTOR	0.50	X						0.	0.	0.
(12) LINDSEY KERN DIRECTOR	0.50	X						0.	0.	0.
(13) SHELLA POCO DIRECTOR	0.50	X						0.	0.	0.
(14) PAMELA TROY DIRECTOR	0.50	X						0.	0.	0.
(15) MARI HUTCHINSON CHIEF EXECUTIVE OFFICER	40.00			X				135,000.	0.	0.
(16) CHEREE BOTELE CHIEF MARKETING OFFICER	40.00			X				86,405.	0.	0.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes subtotal rows for 1b, 1c, and 1d.

Summary rows for 2 (Total number of individuals) and 3-5 (Qualification questions) with Yes/No columns.

Section B. Independent Contractors

Table for independent contractors with columns (A) Name and business address, (B) Description of services, (C) Compensation. Includes a total row for 2.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,211,137.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	513,498.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,724,635.			
Program Service Revenue	2 a PROGRAM FEES	Business Code					
		623990	164,981.	164,981.			
	b CLIENT CO-PAY FEES	623990	44,391.	44,391.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			209,372.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		308.	308.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		200,500.				
		b Less: direct expenses	8b	72,627.			
		c Net income or (loss) from fundraising events		127,873.		127,873.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a MISCELLANEOUS REVENUE	Business Code					
		532000	175.	175.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			175.				
12 Total revenue. See instructions			2,062,363.	209,855.	0.	127,873.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	221,405.	150,555.	59,779.	11,071.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	763,120.	521,558.	209,633.	31,929.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	96,904.	88,043.	4,629.	4,232.
10 Payroll taxes	71,862.	46,390.	22,333.	3,139.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	18,810.	950.	17,100.	760.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	12,116.	4,869.	7,247.	
13 Office expenses	9,403.	181.	9,222.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	3,539.	2,115.	1,424.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	30,360.			30,360.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	364,500.	122,169.	226,411.	15,920.
23 Insurance	30,037.	1,843.	26,882.	1,312.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES AND TELEPHONE	120,608.	89,449.	25,891.	5,268.
b CLIENT SUPPORT SERVICES	58,012.	28,927.	29,085.	
c OUTSIDE SERVICES	56,497.	3,086.	50,882.	2,529.
d REPAIRS AND MAINTENANCE	19,752.	6,039.	13,713.	
e All other expenses	65,100.	15,079.	48,102.	1,919.
25 Total functional expenses. Add lines 1 through 24e	1,942,025.	1,081,253.	752,333.	108,439.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	675,436.	1	925,449.
	2 Savings and temporary cash investments	369,357.	2	449,814.
	3 Pledges and grants receivable, net	228,594.	3	181,570.
	4 Accounts receivable, net	38,828.	4	36,709.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	13,527.	9	35,098.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,077,781.		
	b Less: accumulated depreciation	10b 2,468,300.	8,746,920.	10c 8,609,481.
	11 Investments - publicly traded securities	9,574.	11	17,949.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		10,082,236.	16	10,256,070.
Liabilities	17 Accounts payable and accrued expenses	52,186.	17	50,184.
	18 Grants payable		18	
	19 Deferred revenue	8,311.	19	23,385.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,462,326.	23	1,500,360.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	500.	25	500.
	26 Total liabilities. Add lines 17 through 25		1,523,323.	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,436,066.	27	8,558,794.
	28 Net assets with donor restrictions	122,847.	28	122,847.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,558,913.	32	8,681,641.
33 Total liabilities and net assets/fund balances		10,082,236.	33	10,256,070.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,062,363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,942,025.
3	Revenue less expenses. Subtract line 2 from line 1	3	120,338.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,558,913.
5	Net unrealized gains (losses) on investments	5	2,390.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,681,641.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **STEP 2, INC.** Employer identification number ****-***5207**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,134,667.	1,542,669.	1,534,320.	1,367,765.	1,566,525.	8,145,946.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	2,134,667.	1,542,669.	1,534,320.	1,367,765.	1,566,525.	8,145,946.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						8,145,946.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2,134,667.	1,542,669.	1,534,320.	1,367,765.	1,566,525.	8,145,946.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	57.	133.	110.	259.	308.	867.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,856.	1,238.	25.	201.	175.	8,495.
11 Total support. Add lines 7 through 10						8,155,308.
12 Gross receipts from related activities, etc. (see instructions)					12	1,580,920.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.89 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.78 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **STEP 2, INC.** Employer identification number ****-***5207**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2019

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

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,392,264.		1,392,264.
b Buildings		9,387,966.	2,206,303.	7,181,663.
c Leasehold improvements				
d Equipment		297,551.	261,997.	35,554.
e Other				0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,609,481.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT DEPOSITS	500.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	500.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,137,380.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	75,017.	
e	Add lines 2a through 2d	2e		75,017.
3	Subtract line 2e from line 1		3	2,062,363.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,062,363.

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

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

1	Total expenses and losses per audited financial statements		1	2,014,652.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	72,627.	
e	Add lines 2a through 2d	2e		72,627.
3	Subtract line 2e from line 1		3	1,942,025.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,942,025.

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT COSTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT COSTS

PARTS XI AND XII, LINE 2D - OTHER ADJUSTMENTS:

THE AUDITED FINANCIAL STATEMENTS DO NOT REFLECT THE NET EFFECT OF FUNDRAISING EXPENSES AGAINST FUNDRAISING REVENUE

Part XIII Supplemental Information (continued)

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

STEP 2, INC.

Employer identification number

**** - *** 5207**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		JINGLE & MINGLE (event type)		2 (total number)	
Revenue	1	Gross receipts	200,500.		200,500.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	200,500.		200,500.
Direct Expenses	4	Cash prizes	1,350.		1,350.
	5	Noncash prizes			
	6	Rent/facility costs	2,981.		2,981.
	7	Food and beverages	35,706.		35,706.
	8	Entertainment			
	9	Other direct expenses	22,820.	9,770.	32,590.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			72,627.
11	Net income summary. Subtract line 10 from line 3, column (d)			127,873.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

COPY

SCHEDULE O
(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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

STEP 2, INC.

Employer identification number

** - ***5207

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO PROVIDE A COMPREHENSIVE SUBSTANCE ABUSE TREATMENT PROGRAM TO WOMEN
AND THEIR CHILDREN SUFFERING FROM CHEMICAL ADDICTION, POVERTY AND
DOMESTIC VIOLENCE IN ORDER TO REBUILD SELF-SUFFICIENT HEALTHY FAMILIES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE OFFICERS OF STEP 2 SHALL BE A BOARD CHAIR/PRESIDENT, A VICE PRESIDENT,
A SECRETARY, AND A TREASURER. AS THE BOARD MAY ELECT, THE OFFICES OF
SECRETARY AND TREASURER MAY BE CONSIDERED A JOINT OFFICE HELD BY ONE (1)
INDIVIDUAL. THE OFFICERS SHALL BE ELECTED BY THE BOARD OF DIRECTORS FROM
THEIR OWN NUMBER AT THE FIRST MONTHLY MEETING OF THE NEW FISCAL YEAR. THE
OFFICERS SHALL SERVE FOR TWO (2) YEARS OR UNTIL SUCCESSORS HAVE BEEN
ELECTED. A VACANCY IN ANY OFFICE MAY BE FILLED FOR THE BALANCE OF THE
CURRENT TERM BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS OR IN LIEU OF
SUCH ACTION AT A MEETING, BY NOMINATION SUBMITTED BY LETTER BY A MEMBER OF
THE BOARD OF DIRECTORS TO THE SECRETARY. UPON RECEIPT OF THE WRITTEN
NOMINATION, THE SECRETARY SHALL FORWARD IT TO THE MEMBERS OF THE BOARD OF
DIRECTORS FOR A DECISION TO BE RENDERED.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF DIRECTORS SHALL MANAGE AND RETAIN ULTIMATE AUTHORITY FOR ALL
AFFAIRS OF STEP 2, SHALL EXERCISE ALL OF ITS CORPORATE POWERS, AND SHALL
HAVE AUTHORITY TO DELEGATE ANY SUCH AUTHORITY. THE BOARD OF DIRECTORS
SHALL BE RESPONSIBLE FOR:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization STEP 2, INC.	Employer identification number ** - ***5207
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- (A) PROMULGATING THE POLICIES AND PROCEDURES OF THE CORPORATION;
- (B) SUPERVISING AND DIRECTING THE GENERAL ADMINISTRATION OF THE CORPORATION;
- (C) EMPLOYING AN EXECUTIVE DIRECTOR;
- (D) APPOINTING A QUALIFIED ADMINISTRATOR WHO HAS THE AUTHORITY AND RESPONSIBILITIES WHICH ARE APPROPRIATE TO THE REQUIREMENTS OF THE PROGRAM;
- (E) NOTIFYING THE BUREAU OF ALCOHOL AND DRUG ABUSE WITHIN FIVE (5) WORKING DAYS IF THE BOARD CHANGES ADMINISTRATORS OR IS WITHOUT AN ADMINISTRATOR;
- (F) ADOPTING A SYSTEM OF CONTROLS WHICH MAINTAIN ACCEPTABLE STANDARDS FOR PROVISION OF SERVICE AND FINANCIAL AND ORGANIZATIONAL INTEGRITY;
- (G) ANNUALLY REVIEWING AND APPROVING A BUDGET FOR CARRYING OUT THE OBJECTIVES OF THE PROGRAM;
- (H) ANNUALLY REVIEWING AND APPROVING PROGRAM OPERATIONS;
- (I) REVIEWING AND ADOPTING AMENDED BYLAWS AND POLICIES AND PROCEDURES THAT DEFINE THE POWERS AND DUTIES OF THE GOVERNING BODY, ITS COMMITTEES, THE PROGRAM ADMINISTRATOR AND ANY ADVISORY GROUPS;
- (J) REVIEWING THE CRITERIA RELATING TO THE ADMISSION AND DISCHARGE OF PATIENTS;
- (K) REVIEWING AND UPDATING THE POLICIES AND PROCEDURES OF THE PROGRAM;
- (L) BORROWING MONEY, RAISING FUNDS, AND APPROVING EXTRAORDINARY DISBURSEMENTS OF FUNDS;
- (M) APPROVING AND EXECUTING OR DELEGATING AUTHORITY TO EXECUTE CONTRACTS AND LEASES; AND
- (N) ASSISTING ACTIVELY IN SPECIAL EVENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MANAGEMENT AND BOARD REVIEW FORM 990 IN DETAIL PRIOR TO FILING.

Name of the organization

STEP 2, INC.

Employer identification number

-*5207

ELECTRONIC AND HARD COPIES OF FORM 990 ARE PROVIDED TO THE PRESIDENT OF THE BOARD, VICE PRESIDENT OF THE BOARD, CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER OF STEP 2, INC.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT: A. HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; B. HAS READ AND UNDERSTANDS THE POLICY; C. HAS AGREED TO COMPLY WITH THE POLICY; AND D. UNDERSTANDS STEP 2 IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. THE POLICY INCLUDES DUTY TO DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST TO THE BOARD OR EXECUTIVE COMMITTEE. A PERSON HAS A FINANCIAL INTEREST IF THE PERSON HAS, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT, OR FAMILY.

FORM 990, PART VI, SECTION B, LINE 15A:

ANNUAL EVALUATIONS OF OFFICERS ARE PERFORMED BY THE BOARD: THE BOARD ANALYZES THE ANNUAL EVALUATION RESULTS AND COMPARES INDUSTRIAL AVERAGE TO DETERMINE OFFICERS' COMPENSATION. OFFICERS' COMPENSATION IS SUBJECT TO BOARD'S APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS AVAILABLE TO THE PUBLIC:

STEP 2'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL

Name of the organization

STEP 2, INC.

Employer identification number

** - ***5207

STATEMENTS AND FORM 990 ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FOORM 990, PART XII, LINE 2C

OVERSIGHT OF THE AUDIT BY THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SELECTS AND APPROVES THE INDEPENDENT AUDITORS AND OVERSEES AND TAKES RESPONSIBILITY FOR THE ANNUAL FINANCIAL STATEMENT AUDIT.

COPY

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
10037	LIGHTHOUSE BUILDING	10/06/15	SL	13.00		16	1,225,500.				1,225,500.	353,059.		94,269.	447,328.
10041	2 COTTAGE REMODELS	12/01/17	SL	15.00		16	80,000.				80,000.	8,444.		5,333.	13,777.
10042	4 COTTAGE REMODELS	11/01/18	SL	15.00		16	160,000.				160,000.	7,111.		10,667.	17,778.
10043	4 COTTAGE REMODELS	10/01/19	SL	15.00		16	160,000.				160,000.			8,000.	8,000.
	* 990 PAGE 10 TOTAL BUILDINGS						1,625,500.				1,625,500.	368,614.		118,269.	486,883.
	FURNITURE & FIXTURES														
10039	LIGHTHOUSE FF&E	10/06/15	SL	5.00		16	19,500.				19,500.	14,625.		3,900.	18,525.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						19,500.				19,500.	14,625.		3,900.	18,525.
	LAND														
10038	LIGHTHOUSE LAND	10/06/15	L				880,000.				880,000.			0.	
10003	LAND	10/03/10	L				512,264.				512,264.			0.	
	* 990 PAGE 10 TOTAL LAND						1,392,264.				1,392,264.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						3,037,264.				3,037,264.	383,239.		122,169.	505,408.
	BUILDINGS														
1100	CARPET REPLACEMENT (CHILDCARE)	10/21/99	SL	7.00		16	1,561.				1,561.	1,561.		0.	1,561.
1101	TILE INSTALLATION CORONADO CHILDCARE	10/25/99	SL	30.00		16	589.				589.	391.		20.	411.
1102	QUICKSPACE ADMIN TEMP BLDG UPGRADES	06/15/01	SL	3.00		16	4,500.				4,500.	4,500.		0.	4,500.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1103	QUICKSPACE CLINICAL TEMP BLDG UPGRADE	06/15/01	SL	3.00		16	11,700.				11,700.	11,700.		0.	11,700.
1104	QUICKSPACE CHILDCARE TEMP BLDG UPGRADES	06/15/01	SL	3.00		16	4,650.				4,650.	4,650.		0.	4,650.
1105	QUICKSPACE TEMP BLDG UPGRADE-1/3	07/13/01	SL	3.00		16	6,037.				6,037.	6,037.		0.	6,037.
1106	QUICKSPACE TEMP BLDG UPGRADE (1/3)	07/13/01	SL	3.00		16	6,037.				6,037.	6,037.		0.	6,037.
1107	QUICKSPACE TEMP BLDG UPGRADE-1/3	07/13/01	SL	3.00		16	6,037.				6,037.	6,037.		0.	6,037.
1108	FIRE ALARM CHILDCARE TEMP BLDG	09/10/01	SL	7.00		16	3,465.				3,465.	3,465.		0.	3,465.
1109	1/3 ADA RAMPS-ADMIN	09/25/01	SL	15.00		16	5,250.				5,250.	5,250.		0.	5,250.
1110	1/3 ADA RAMPS-CHILDCARE	09/25/01	SL	15.00		16	5,250.				5,250.	5,250.		0.	5,250.
1111	1/3 ADA RAMPS-CLINICAL	09/25/01	SL	15.00		16	5,250.				5,250.	5,250.		0.	5,250.
1112	QUICKSPACE ADMIN TEMP BLDG STORAGE SHED	02/19/02	SL	7.00		16	1,400.				1,400.	1,400.		0.	1,400.
1113	IRON FENCE FOR CHILDCARE BLDG	06/01/02	SL	15.00		16	707.				707.	707.		0.	707.
1114	J&L WINDOWS	01/22/04	SL	7.00		16	3,278.				3,278.	3,278.		0.	3,278.
1115	CORONADO W/D RELOCATE	02/29/04	SL	7.00		16	3,827.				3,827.	3,827.		0.	3,827.
1116	KINGS ROW RECEPTION REMODELING	08/16/04	SL	7.00		16	900.				900.	900.		0.	900.
1117	MAINTENANCE SHED	10/13/04	SL	7.00		16	2,900.				2,900.	2,900.		0.	2,900.
1118	REPLACE VIRGINIA STREET FLOOR	10/25/04	SL	7.00		16	2,834.				2,834.	2,834.		0.	2,834.
	* 990 PAGE 10 TOTAL BUILDINGS						76,172.				76,172.	75,974.		20.	75,994.
	* 990 PAGE 10 TOTAL -						76,172.				76,172.	75,974.		20.	75,994.

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
10044	WALKING PATH	03/01/20	SL	10.00		16	52,148.				52,148.			1,738.	1,738.
	* 990 PAGE 10 TOTAL BUILDINGS						52,148.				52,148.	0.		1,738.	1,738.
	MACHINERY & EQUIPMENT														
2000	FURNITURE	12/01/95	SL	5.00		16	4,500.				4,500.	4,500.		0.	4,500.
2001	OFFICE FURNITURE	12/08/98	SL	7.00		16	80.				80.	80.		0.	80.
2002	CALIFORNIA CLOSETS	01/25/99	SL	7.00		16	784.				784.	784.		0.	784.
2003	BURGUNDY CHAIRS	02/11/99	SL	7.00		16	733.				733.	733.		0.	733.
2004	OFFICE FURNITURE	05/20/99	SL	7.00		16	165.				165.	165.		0.	165.
2005	FUNDRAISING MGMT SOFTWARE	09/07/99	SL	5.00		16	2,495.				2,495.	2,495.		0.	2,495.
2006	STORAGE UNIT	12/29/05	SL	7.00		16	3,500.				3,500.	3,500.		0.	3,500.
2100	REFRIDGERATOR (CORONADO)	07/06/98	SL	7.00		16	920.				920.	920.		0.	920.
2101	DISHWASHER-CORONADO	08/06/98	SL	7.00		16	3,075.				3,075.	3,075.		0.	3,075.
2102	WASHING MACHINE	09/17/98	SL	7.00		16	150.				150.	150.		0.	150.
2103	PRINTER	02/05/99	SL	5.00		16	200.				200.	200.		0.	200.
2104	PLAY EQUIPMENT-VIRGINIA ST.	02/18/99	SL	7.00		16	1,225.				1,225.	1,225.		0.	1,225.
2105	YMCA PHONE SYSTEM-CORONADO	01/04/00	SL	5.00		16	500.				500.	500.		0.	500.
2106	SIERRA TELEPHONE SYSTEMS-ADDTL LINES	06/22/00	SL	5.00		16	647.				647.	647.		0.	647.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2107	FIBERCATS COMM. PHONE SYSTEM-CORONADO	03/08/00	SL	5.00		16	1,810.				1,810.	1,810.		0.	1,810.
2108	SEWER PUMP-CORONADO	09/15/99	SL	10.00		16	1,275.				1,275.	1,275.		0.	1,275.
2109	ADDTL PHONE LINES-KINGS ROW	07/11/00	SL	5.00		16	2,013.				2,013.	2,013.		0.	2,013.
2110	BASE 11 FOR WINDOWS SOFTWARE	06/26/02	SL	3.00		16	1,017.				1,017.	1,017.		0.	1,017.
2111	FUNDWARE ACCOUNTING SOFTWARE	07/01/03	SL	5.00		16	13,890.				13,890.	13,890.		0.	13,890.
2112	PAC STATES COMMUN.	07/31/03	SL	5.00		16	1,903.				1,903.	1,903.		0.	1,903.
2113	PAC STATES COMMUN.	08/20/03	SL	5.00		16	1,903.				1,903.	1,903.		0.	1,903.
2114	SOFTERWARE	08/28/03	SL	5.00		16	1,743.				1,743.	1,743.		0.	1,743.
2115	DONOR QUEST SOFTWARE	09/25/03	SL	3.00		16	1,500.				1,500.	1,500.		0.	1,500.
2116	SOFTERWARE	10/10/03	SL	5.00		16	4,262.				4,262.	4,262.		0.	4,262.
2117	DELL COMPUTER	11/06/03	SL	5.00		16	1,157.				1,157.	1,157.		0.	1,157.
2118	DELL COMPUTER	12/16/03	SL	5.00		16	2,855.				2,855.	2,855.		0.	2,855.
2119	DELL COMPUTER-INCL REBATE	02/10/04	SL	5.00		16	4,968.				4,968.	4,968.		0.	4,968.
2120	WASHER AND DRYER	03/19/04	SL	5.00		16	1,021.				1,021.	1,021.		0.	1,021.
2121	VGA PROJECTOR TIGER DIRECT	05/01/04	SL	5.00		16	1,026.				1,026.	1,026.		0.	1,026.
2122	WASHER AND DRYER	06/30/04	SL	5.00		16	1,193.				1,193.	1,193.		0.	1,193.
2123	COMPUTERS-EXCHANGE SERVERS/FIREWALL UPGRADES	07/27/04	SL	5.00		16	2,199.				2,199.	2,199.		0.	2,199.
2124	EXCHANGE SOFTWARE FOR NEW EMAIL SERVER	08/31/04	SL	3.00		16	1,431.				1,431.	1,431.		0.	1,431.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2125	LIGHTHOUSE MANAGEMENT SOFTWARE	09/17/04	SL	3.00		16	4,760.				4,760.	4,760.		0.	4,760.
2126	VOICEMAIL SYSTEM	11/09/04	SL	5.00		16	2,538.				2,538.	2,538.		0.	2,538.
2127	LIGHTHOUSE MANAGEMENT SOFTWARE	03/25/05	SL	3.00		16	1,000.				1,000.	1,000.		0.	1,000.
2128	SONY VX2100 CAMERA	07/19/05	SL	5.00		16	2,940.				2,940.	2,940.		0.	2,940.
2129	HFH POS SYSTEM CAM COMMERCE	09/08/05	SL	5.00		16	1,458.				1,458.	1,458.		0.	1,458.
2130	FURNITURE	08/01/88	SL	5.00		16	1,875.				1,875.			0.	
2131	DRESSERS	04/06/90	SL	5.00		16	716.				716.			0.	
2132	SWAMP COOLER	08/15/90	SL	5.00		16	604.				604.			0.	
2133	WATER TREATMENT	09/30/90	SL	5.00		16	349.				349.			0.	
2134	WASHER AND DRYER	10/30/90	SL	5.00		16	2,902.				2,902.			0.	
2135	FIXTURES	09/09/91	SL	5.00		16	286.				286.			0.	
2136	STOVE	03/24/92	SL	5.00		16	286.				286.			0.	
2137	DISHWASHER	04/14/92	SL	5.00		16	840.				840.			0.	
2138	SOFTWARE	05/15/92	SL	5.00		16	695.				695.			0.	
2139	APPLIANCE	06/23/92	SL	5.00		16	950.				950.			0.	
2140	APPLIANCE	07/01/92	SL	5.00		16	177.				177.			0.	
2141	COOLERS	08/01/92	SL	5.00		16	930.				930.			0.	
2142	PHONE SYSTEM	09/01/95	SL	5.00		16	1,340.				1,340.			0.	

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2143	NEWER SANITIZER	01/01/14	SL	3.00		16	3,495.				3,495.	3,495.		0.	3,495.
9999	FULLY DEPRECIATED ASSETS	09/01/90	SL	5.00		16						32,903.		0.	32,903.
10035	WASHER AND DRYER - REDFIELD	06/22/18	SL	5.00		16	7,589.				7,589.	1,518.		1,518.	3,036.
10036	NEW SERVER	06/30/18	SL	5.00		16	1,929.				1,929.	386.		386.	772.
10040	CISCO SECURITY DEVICE AND SERVICE	09/01/18	SL	5.00		16	5,338.				5,338.	890.		1,068.	1,958.
10045	EXERCISE EQUIPMENT	03/01/20	SL	5.00		16	13,514.				13,514.			901.	901.
10046	LENOVO THINKCENTRE	03/01/20	SL	5.00		16	1,400.				1,400.			93.	93.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						124,051.				124,051.	118,028.		3,966.	121,994.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						176,199.				176,199.	118,028.		5,704.	123,732.
3000	DONATED FORD VAN	12/15/98	SL	5.00		16	10,150.				10,150.	10,150.		0.	10,150.
3001	1999 FORD CLUBWAGON VAN	10/20/00	SL	5.00		16	20,000.				20,000.	20,000.		0.	20,000.
3002	CHEVY MOVING VAN	07/13/04	SL	5.00		16	13,908.				13,908.	13,908.		0.	13,908.
3003	2005 DODGE CARAVAN	03/22/06	SL	5.00		16	16,227.				16,227.	16,227.		0.	16,227.
3004	2013 DODGE TOWN & COUNTRY	04/29/14	SL	5.00		16	20,316.				20,316.	20,316.		0.	20,316.
10014	2012 CHEVY EXPRESS VAN	10/31/12	SL	5.00		16	34,607.				34,607.	34,607.		0.	34,607.
10032	2006 FORD E450 WHITE TRUCK	03/01/16	SL	5.00		16	8,792.				8,792.	5,860.		1,758.	7,618.
10034	2016 DODGE GRAND CARAVAN	09/01/16	SL	5.00		16	30,000.				30,000.	17,000.		6,000.	23,000.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						154,000.				154,000.	138,068.		7,758.	145,826.
	* 990 PAGE 10 TOTAL -						154,000.				154,000.	138,068.		7,758.	145,826.
	BUILDINGS														
5000	FCC BUILDING & IMPROVEMENTS	10/01/11	SL	39.00	MM	16	3,970,762.				3,970,762.	792,709.		101,814.	894,523.
10000	FCC FURNITURE	10/01/11	SL	7.00		16	30,276.				30,276.	30,276.		0.	30,276.
10001	FCC BATHROOM ACCESSORIES	10/01/11	SL	7.00		16	7,075.				7,075.	7,075.		0.	7,075.
10002	FCC LANDSCAPING	10/01/11	SL	10.00		16	61,868.				61,868.	47,949.		6,187.	54,136.
10004	FCC CARPETING	10/01/11	SL	5.00		16	20,208.				20,208.	20,208.		0.	20,208.
10005	FCC SIGNAGE	10/01/11	SL	10.00		16	12,788.				12,788.	9,912.		1,279.	11,191.
10006	FCC FIRE PROTECTION SYSTEM	10/01/11	SL	10.00		16	36,707.				36,707.	28,450.		3,671.	32,121.
10007	FCC FENCING	10/01/11	SL	15.00		16	43,219.				43,219.	22,328.		2,881.	25,209.
10008	FCC PAVING	10/01/11	SL	15.00		16	63,320.				63,320.	32,713.		4,221.	36,934.
10009	FCC CURB/CUTTERS	10/01/11	SL	20.00		16	51,781.				51,781.	20,065.		2,589.	22,654.
10010	FCC ROOF	10/01/11	SL	20.00		16	27,206.				27,206.	10,540.		1,360.	11,900.
10011	FCC INTERIOR PAINT	10/01/11	SL	7.00		16	42,707.				42,707.	42,707.		0.	42,707.
10015	SECURITY/CAMERA SYSTEM	06/01/14	SL	10.00		16	2,800.				2,800.	1,423.		280.	1,703.
	* 990 PAGE 10 TOTAL BUILDINGS						4,370,717.				4,370,717.	1,066,355.		124,282.	1,190,637.
	* 990 PAGE 10 TOTAL -						4,370,717.				4,370,717.	1,066,355.		124,282.	1,190,637.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
10016	REDFIELD PAINTING	05/01/16	SL	7.00		16	18,784.				18,784.	8,496.		2,683.	11,179.
10018	REDFIELD LANDSCAPING	05/01/16	SL	10.00		16	38,856.				38,856.	12,306.		3,886.	16,192.
10019	REDFIELD ROOF	05/01/16	SL	20.00		16	69,790.				69,790.	11,052.		3,490.	14,542.
10020	REDFIELD SECURITY SYSTEM	05/01/16	SL	10.00		16	3,497.				3,497.	1,108.		350.	1,458.
10021	REDFIELD FENCING	05/01/16	SL	15.00		16	18,910.				18,910.	3,993.		1,261.	5,254.
10022	REDFIELD SIGNAGE	05/01/16	SL	10.00		16	5,963.				5,963.	1,887.		596.	2,483.
10023	REDFIELD GENERAL BUILDING & IMPROVEMENTS	05/01/16	SL	39.00	MM	16	2,184,655.				2,184,655.	177,387.		56,017.	233,404.
	* 990 PAGE 10 TOTAL BUILDINGS						2,340,455.				2,340,455.	216,229.		68,283.	284,512.
	FURNITURE & FIXTURES														
10017	REDFIELD FF&E	05/01/16	SL	7.00		16	41,849.				41,849.	18,930.		5,978.	24,908.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						41,849.				41,849.	18,930.		5,978.	24,908.
	* 990 PAGE 10 TOTAL -						2,382,304.				2,382,304.	235,159.		74,261.	309,420.
	BUILDINGS														
10024	STORAGE FACILITY PAINTING	05/01/16	SL	7.00		16	6,947.				6,947.	3,141.		992.	4,133.
10026	STORAGE FACILITY LANDSCAPING	05/01/16	SL	10.00		16	14,371.				14,371.	4,551.		1,437.	5,988.
10027	STORAGE FACILITY ROOF	05/01/16	SL	20.00		16	25,813.				25,813.	4,088.		1,291.	5,379.
10028	STORAGE FACILITY SECURITY SYSTEM	05/01/16	SL	10.00		16	1,293.				1,293.	409.		129.	538.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10029	STORAGE FACILITY FENCING	05/01/16	SL	15.00		16	6,994.				6,994.	1,476.		466.	1,942.
10030	STORAGE FACILITY SIGNAGE	05/01/16	SL	10.00		16	2,206.				2,206.	700.		221.	921.
10031	STORAGE FACILITY GENERAL BUILDING & IMPROVEMENTS	05/01/16	SL	39.00	MM	16	808,023.				808,023.	65,610.		20,719.	86,329.
	* 990 PAGE 10 TOTAL BUILDINGS						865,647.				865,647.	79,975.		25,255.	105,230.
	FURNITURE & FIXTURES														
10025	STORAGE FACILITY FF&E	05/01/16	SL	7.00		16	15,478.				15,478.	7,002.		2,211.	9,213.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						15,478.				15,478.	7,002.		2,211.	9,213.
	* 990 PAGE 10 TOTAL -						881,125.				881,125.	86,977.		27,466.	114,443.
	* GRAND TOTAL 990 PAGE 10 DEPR						11077781.				11077781.	2,103,800.		361,660.	2,465,460.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						10850719.			0.	10850719.	2,103,800.			2,454,728.
	ACQUISITIONS						227,062.			0.	227,062.	0.			10,732.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						11077781.			0.	11077781.	2,103,800.			2,465,460.
	ENDING ACCUM DEPR											2,465,460.			
	ENDING BOOK VALUE											3,612,321.			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. STEP 2, INC.	Taxpayer identification number (TIN) ** - *** 5207
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 3700 SAFE HARBOR WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENO, NV 89512	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STEP 2, INC.

- The books are in the care of ▶ **3700 SAFE HARBOR WAY - RENO, NV 89512**
Telephone No. ▶ **775-787-9411** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.