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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 45-0262160	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (701) 258-4911	
C Name of organization STEER INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1236 City or town, state or country, and ZIP + 4 BISMARCK, ND 585021236		G Gross receipts \$ 2,552,858	
F Name and address of principal officer KEITH KOST OFFICER 1026 E TURNPIKE AVENUE BISMARCK, ND 58501		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: WWW.STEERINC.COM		H(c) Group exemption number	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other		L Year of formation 1976	M State of legal domicile ND

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CENTERED ON THE LORD JESUS CHRIST, THE MISSION OF STEER, INC SHALL BE TO ADVANCE THE WORK OF THE LORD JESUS CHRIST ON EARTH BY PROVIDING FINANCIAL SUPPORT FOR MEMBER MISSION SOCIETIES TO TAKE THE GOSPEL TO ALL NATIONS OF THE WORLD BEFORE THE COMING OF JESUS CHRIST		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7
6 Total number of volunteers (estimate if necessary)	6	800	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	164,927	156,878
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,212	113,967
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,953	35,230
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,301,179	1,635,287
		1,625,271	1,941,362
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,084,678	1,389,644
	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)	300,177	313,676
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☐ 95,184		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	149,435	132,519
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,534,290	1,835,839
	19 Revenue less expenses Subtract line 18 from line 12	90,981	105,523
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,025,131	4,110,003
	21 Total liabilities (Part X, line 26)	86,914	85,074
	22 Net assets or fund balances Subtract line 21 from line 20	3,938,217	4,024,929

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		2012-10-08 Date
	KEITH KOST OFFICER EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	PATRICK J BROWN	Date 2012-10-08
	Check if self-employed	Preparer's taxpayer identification number (see instructions) P00149579	
	Firm's name (or yours if self-employed), address, and ZIP + 4	BRADY MARTZ & ASSOCIATES PC PO BOX 1297 BISMARCK, ND 585021297	
EIN		45-0310328	
Phone no		(701) 223-1717	
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 to any question in this Part III

☐

☒

1

Briefly describe the organization’s mission

THE PURPOSE OF THIS ORGANIZATION SHALL BE TO ADVANCE THE WORK OF THE LORD JESUS CHRIST ON EARTH BY RAISING MONEY TO HELP EXISTING MISSIONARY SOCIETIES GET THE GOSPEL TO THE ENDS OF THE EARTH IN THE SHORTEST POSSIBLE TIME BY MEANS AND METHODS AS SET FORTH IN THE ARTICLES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 1,609,605 including grants of \$) (Revenue \$ 1,737,787)

3 WAY STEWARDSHIP PROGRAM AS FOLLOWS 1) DONORS GIVE \$700 UNITS TO MULTIPLY FINANCIAL SUPPORT ON AN ANNUAL BASIS FOR AN AVERAGE GAIN OF 50% THE DONOR BECOMES A PARTNER WITH A FARMER WHO RAISES THESE UNITS FOR THE SUPPORT OF A MEMBER MISSION AGENCY OF STEER 2) FARMER/RANCHER SIGN UP AND ARE GIVEN UNIT FUNDS TO PURCHASE THE LIVESTOCK OF THEIR CHOICE OR TO HELP PLANT AND HARVEST THE CROP OF THEIR CHOICE CALLED "GOD'S ACRES" FARMER/RANCHERS WHO WORK WITH THESE DEDICATED UNITS CAN DESIGNATE THE PROFIT TO A MISSIONARY OF THEIR CHOICE PROVIDED THE MISSION IS A MEMBER OF STEER FARMER/RANCHERS BECOME PARTNERS WITH THE DONORS WHO HAVE GIVEN THESE DEDICATED \$700 UNITS CURRENTLY THERE ARE APPROXIMATELY 800 FARMERS AND RANCHERS PARTICIPATING IN OUR PROGRAMS 3)MEMBER MISSION AGENCIES MAKE APPLICATION AND ONCE APPROVED WORK TOGETHER WITH STEER TO RECEIVE LONG-TERM FINANCIAL SUPPORT WHICH ENABLES THEM TO KEEP PROCLAIMING THE GOSPEL OF JESUS CHRIST TO ALL NATIONS OF THE WORLD FOR THESE MISSION AGENCIES AND THEIR MISSIONARIES, THE STEER PROGRAM BECOMES A MARVELOUS METHOD OF RECEIVING PRAYER AND FINANCIAL SUPPORT DEMONSTRATING A TEAM SPIRIT IN WORKING TOGETHER THROUGHOUT THE BODY OF CHRIST JESUS

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 1,609,605

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		
20b			

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	28			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. KATHLEEN JORGENSON - STEER INC 1533 N 12TH STREET BISMARCK, ND 58501 (701) 258-4911

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) KEVIN HAY DIRECTOR	1 00	X						0	0	0
(2) BRUCE SCHAUER SECRETARY	1 00	X		X				0	0	0
(3) PAUL MARRS DIRECTOR	1 00	X						0	0	0
(4) AARON MAHIN DIRECTOR	1 00	X						0	0	0
(5) RODNEY ZIMMERMAN DIRECTOR	1 00	X						0	0	0
(6) BRENT PETERSEN DIRECTOR	1 00	X						0	0	0
(7) RORY METZ DIRECTOR	1 00	X						0	0	0
(8) OH MITT MITTELBERG DIRECTOR	1 00	X						0	0	0
(9) JEFF AUCH CHAIR	1 00	X		X				0	0	0
(10) DAVID LEROY DIRECTOR	1 00	X						0	0	0
(11) TOM STIEG DIRECTOR	1 00	X						0	0	0
(12) LINDA MACDONALD VICE-CHAIR	1 00	X		X				0	0	0
(13) RANDY HAUCK TREASURER	1 00	X		X				0	0	0
(14) PEGGY MARTIN DIRECTOR	1 00	X						0	0	0
(15) DOUG SCHELHAAS DIRECTOR	1 00	X						0	0	0
(16) KEITH KOST EXECUTIVE DIRECTOR	40 00			X				72,599	0	7,714
(17) KATHLEEN JORGENSON ACCOUNTANT	40 00			X				42,652	0	4,128

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	115,251	0	11,842

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b	33,376			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	123,502			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		156,878			
Program Service Revenue	2a	CONFERENCE & BANQUETS	Business Code 900099	113,967	113,967		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		113,967			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		21,498		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		13,732			13,732
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	16,597			
b		Less direct expenses	b	5,130			
c		Net income or (loss) from fundraising events . .		11,467			11,467
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a	2,044,082			
b		Less cost of goods sold	b	424,151			
c		Net income or (loss) from sales of inventory . .		1,619,931	1,619,931		
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	3,889	3,889			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		3,889				
12	Total revenue. See Instructions		1,941,362	1,737,787	0	46,697	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	1,389,644	1,389,644		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	82,303	47,025	26,271	9,007
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	193,298	99,044	70,189	24,065
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,026	3,724	2,459	843
9	Other employee benefits	10,104	3,368	3,368	3,368
10	Payroll taxes	20,945	11,101	7,331	2,513
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	9,080	3,027	3,027	3,026
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	9,192	4,596		4,596
13	Office expenses	25,989	8,922	8,145	8,922
14	Information technology				
15	Royalties				
16	Occupancy	16,090	5,364	5,363	5,363
17	Travel	2,670	1,156	359	1,155
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,293	1,147	573	573
23	Insurance	10,119	3,373	3,373	3,373
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ROUNDUPS AND RALLIES	52,067	26,034		26,033
b	VEHICLE	2,975	1,488		1,487
c	MISCELLANEOUS	935	312	312	311
d	SUBSCRIPTION/MEMBERS IP	839	280	280	279
e					
f	All other expenses	270			270
25	Total functional expenses. Add lines 1 through 24f	1,835,839	1,609,605	131,050	95,184
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			179,580	1	72,008
	2	Savings and temporary cash investments			1,053,160	2	1,059,223
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			6,033	9	6,110
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	225,256			
	b	Less: accumulated depreciation	10b	113,783	119,518	10c	111,473
	11	Investments—publicly traded securities			887,244	11	886,391
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			1,779,596	13	1,974,798
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,025,131	16	4,110,003
Liabilities	17	Accounts payable and accrued expenses			86,914	17	85,074
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	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				25	
	26	Total liabilities. Add lines 17 through 25			86,914	26	85,074
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			3,591,206	27	3,673,799
	28	Temporarily restricted net assets			61,517	28	60,336
	29	Permanently restricted net assets			285,494	29	290,794
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,938,217	33	4,024,929
	34	Total liabilities and net assets/fund balances			4,025,131	34	4,110,003

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,941,362
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,835,839
3	Revenue less expenses Subtract line 2 from line 1	3	105,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,938,217
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,811
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,024,929

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization STEER INC	Employer identification number 45-0262160
---------------------------------------	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	192,078	161,093	144,824	164,927	156,878	819,800
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,265,556	1,119,986	1,185,953	1,423,965	1,737,787	6,733,247
3Gross receipts from activities that are not an unrelated trade or business under section 513				16,891	25,199	42,090
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	1,457,634	1,281,079	1,330,777	1,605,783	1,919,864	7,595,137
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	6,620	5,390	15,978	28,707	31,083	87,778
bAmounts 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	174,463	137,182	68,408	109,234	73,654	562,941
cAdd lines 7a and 7b	181,083	142,572	84,386	137,941	104,737	650,719
8Public Support (Subtract line 7c from line 6)						6,944,418

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	1,457,634	1,281,079	1,330,777	1,605,783	1,919,864	7,595,137
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,641	42,935	19,700	19,488	21,498	187,262
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	83,641	42,935	19,700	19,488	21,498	187,262
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total support (Add lines 9, 10c, 11 and 12)	1,541,275	1,324,014	1,350,477	1,625,271	1,941,362	7,782,399
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Section C. Computation of Public Support Percentage		
15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	89.230 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	86.180 %

Section D. Computation of Investment Income Percentage		
17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	2.410 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	4.370 %
19a33 1/3% support tests—2011. 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	☐	
b33 1/3% support tests—2010. 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	☐	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	☐	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
STEER INC

Employer identification number
45-0262160

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

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

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

1

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

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

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

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

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,046,469	885,851	810,223	944,995	
b Contributions	5,300	4,600	7,050	4,150	
c Investment earnings or losses	-2,885	156,018	68,578	-138,922	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,048,884	1,046,469	885,851	810,223	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 72 280 %

b

Permanent endowment ▶ 27 720 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI Land, Buildings, and Equipment. 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		72,000		72,000
b Buildings				
c Leasehold improvements				
d Equipment		153,256	113,783	39,473
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				111,473

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,941,362
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,835,839
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	105,523
4	Net unrealized gains (losses) on investments	4	-21,927
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	3,116
9	Total adjustments (net) Add lines 4 - 8	9	-18,811
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	86,712

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,905,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-21,927
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-21,927
3	Subtract line 2e from line 1	3	1,927,630
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	13,732
c	Add lines 4a and 4b	4c	13,732
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,941,362

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	1,817,811
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	-18,028
e	Add lines 2a through 2d	2e	-18,028
3	Subtract line 2e from line 1	3	1,835,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,835,839

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INCOME FROM THE ENDOWMENT FUNDS ARE TO BE USED FOR CHARITABLE GRANTS AND OPERATION OF THE ORGANIZATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COMPANY IS A NONPROFIT ORGANIZATION AND IS EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). STEER, INC. HAS ADOPTED PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION TOPIC ASC 740-10 (PREVIOUSLY FINANCIAL INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES), ON JULY 1, 2009. THE IMPLEMENTATION ON THIS STANDARD HAS NO IMPACT ON THE FINANCIAL STATEMENTS AS OF THE DATE OF ADOPTION, AND AS OF JUNE 30, 2011, AND 2010, THE UNRECOGNIZED TAX BENEFIT ACCRUAL WAS \$ ZERO. STEER, INC. WILL RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IF INCURRED. STEER, INC. IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008 AND STATE EXAMINATIONS FOR YEARS BEFORE 2008.
PART XI, LINE 8 - OTHER ADJUSTMENTS		NONEXPENDABLE REDUCTION -1,181 ADJ OF ACTUARIAL LIABILITY OF ANNUITY 4,297 TOTAL TO SCHEDULE D, PART XI, LINE 8 3,116
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS INCLUDED IN EXPENSE IN AUDITED FINANCIAL STATEMENTS 13,732
PART XIII, LINE 2D - OTHER ADJUSTMENTS		GAIN INCLUDED IN INCOME ON 990 -18,028

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
STEER INC

Employer identification number
45-0262160

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(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 funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		ANNUAL STEER BARBEQUE (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	16,597		16,597
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	16,597		16,597
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,130		5,130
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) ▶			
					(5,130)
					11,467

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
STEER INC

Employer identification number
45-0262160

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

51

3

Enter total number of other organizations listed in the line 1 table ▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 IN ORDER TO BE A MEMBER MISSION SOCIETY OF STEER, THE MISSION HAS TO UNDERGO A PROCESS MONITORED BY A BOARD COMMITTEE TO ENSURE THAT THE SOCIETY QUALIFIES TO RECEIVE SUPPORT FROM STEER THEN AFTER IT BECOMES A MEMBER MISSION THAT SOCIETY HAS TO RENEW ITS MEMBERSHIP EVERY THREE YEARS ENSURING THAT IT STILL MEETS MEMBERSHIP REQUIREMENTS A CONTRIBUTION GIVEN TO THAT SOCIETY IS THEREFORE USED FOR THE PURPOSE THAT STEER INTENDS WHICH IS TO ADVANCE THE WORK OF JESUS CHRIST ON EARTH THESE SOCIETIES ARE 501(C)(3) ORGANIZATIONS WHICH ISSUE RECEIPTS WHEN THEY RECEIVE CONTRIBUTIONS THE ACCOUNTING DEPARTMENT CONFIRMS THAT THE FUNDS ARE DESIGNATED ON THE RECEIPT TO THE CORRECT INDIVIDUALS OR PROJECTS

Software ID:
Software Version:
EIN: 45-0262160
Name: STEER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MISSIONARY FELLOWSHIPPO BOX 370 VILLANOVA,PA 19085	23-1381400	501(C)(3)	27,934				MISSIONARY SERVICES
AVANT MINISTRIES10000 NORTH OAK TRAFFICWAY KANSAS CITY,MO 64155	44-0594428	501(C)(3)	9,116				MISSIONARY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWANAPO BOX 987 STREAMWOOD,IL 60107	36- 2428692	501(C)(3)	20,760				MISSIONARY SERVICES
BACK TO THE BIBLE INTERNATIONALPO BOX 82808 LINCOLN,NE 68501	47- 0405317	501(C)(3)	22,512				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRISTPO BOX 628222 ORLANDO, FL 32862	95- 6006173	501(C)(3)	170,514				MISSIONARY SERVICES
CHILD EVANGELISM FELLOWSHIPPO BOX 348 WARRENTON, MO 63383	38- 6091187	501(C)(3)	80,094				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S SHELTER OF CEBU PO BOX 247 CAMBRIDGE, MN 55008	41-1330241	501(C)(3)	8,740				MISSIONARY SERVICES
CHRISTIAN & MISSIONARY ALLIANCE PO BOX 35000 COLORADO SPRINGS, CO 80935	13-1623940	501(C)(3)	10,899				MISSIONARY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN VETERINARY MISSIONPO BOX 33000 SEATTLE, WA 98133	91-6012289	501(C)(3)	9,401				MISSIONARY SERVICES
CONVERGE WORLDWIDE2002 SOUTH ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60005	36-2181949	501(C)(3)	10,600				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAR EAST BROADCASTING COMPANYPO BOX 1 LA MIRADA, CA 90637	95-1461574	501(C)(3)	12,821				MISSIONARY SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	73,192				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP OF CHRISTIAN COWBOYSPO BOX 1210 CANON CITY, CO 81215	84-0832138	501(C)(3)	41,203				MISSIONARY SERVICES
ASSOCIATION OF FREE3110 EAST MEDICINE LAKE BLVD MINNEAPOLIS, MN 55441	41-0884943	501(C)(3)	6,548				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTARPO BOX 850367 RICHARDSON, TX 75085	22-1717576	501(C)(3)	5,928				MISSIONARY SERVICES
GLOBAL PARTNERS PO BOX 50434 INDIANAPOLIS, IN 46250	35-1148762	501(C)(3)	16,036				MISSIONARY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERACT MINISTRIES31000 SE KELSO ROAD BORING,OR 97009	92-6004561	501(C)(3)	16,280				MISSIONARY SERVICES
INTERSERVEUSAPO BOX 418 UPPER DARBY,PA 190820418	23-1644377	501(C)(3)	10,598				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERVARSITY CHRISTIAN FELLOWSHIPPO BOX 7895 MADISON, WI 537077895	36-2171714	501(C)(3)	10,216				MISSIONARY SERVICES
MB MISSION4867 E TOWNSEND AVE FRESNO, CA 93727	48-0627799	501(C)(3)	28,446				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION AVIATION FELLOWSHIPPO BOX 47 NAMPA, ID 836530047	95-1920983	501(C)(3)	19,796				MISSIONARY SERVICES
MISSIONS ABROADPO BOX 33677 DENVER, CO 802330677	84-0441300	501(C)(3)	11,729				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AMERICAN BAPTIST WORLDWIDE OUTREACH1 SOUTH 210 SUMMIT AVE OAKBROOK TERRACE,IL 60181	36-2192827	501(C)(3)	118,582				MISSIONARY SERVICES
OMS INTERNATIONAL941 FRY ROAD GREENWOOD,IN 46142	95-1891575	501(C)(3)	23,712				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACESETTERS1515 7TH STREET NW MINOT,ND 58703	45-0434675	501(C)(3)	17,430				MISSIONARY SERVICES
EFCA REACHGLOBAL901 EAST 78TH STREET MINNEAPOLIS, MN 554201334	41-0721672	501(C)(3)	60,445				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVIVAL PRAYER FELLOWSHIP3816 DOMINION STREET BISMARCK,ND 58503	95-3195712	501(C)(3)	26,638				MISSIONARY SERVICES
RICK & MICK VIGNEULLE MINISTRIESPO BOX 88 WILSONVILLE,AL 35186	63-0893353	501(C)(3)	12,129				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEND INTERNATIONALPO BOX 513 FARMINGTON, MI 48332	41-0713904	501(C)(3)	9,767				MISSIONARY SERVICES
SIM USA INCPO BOX 7900 CHARLOTTE, NC 282417900	22-1936391	501(C)(3)	16,465				MISSIONARY SERVICES

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THE EVANGELICAL ALLIANCE MISSIONPO BOX 969 WHEATON,IL 601870969	36-2169146	501(C)(3)	12,901				MISSIONARY SERVICES
TRANS WORLD RADIOPO BOX 8700 CARY,NC 27512	23-7346116	501(C)(3)	35,119				MISSIONARY SERVICES

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VILLAGE MISSIONSPO BOX 197 DALLAS, OR 97338	43-6043847	501(C)(3)	49,204				MISSIONARY SERVICES
VISION BEYOND BORDERSPO BOX 11385 BOZEMAN, MT 59719	83-0313191	501(C)(3)	8,880				MISSIONARY SERVICES

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COWBOYS WITH A MISSION PO BOX 490 MEETEETSE, WY 82433	81-0515065	501(C)(3)	7,445				MISSIONARY SERVICES
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 469520948	35-0911947	501(C)(3)	28,407				MISSIONARY SERVICES

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WORLD VISION INTERNATIONAL 34834 WEYERHAEUSER WAY S FEDERAL WAY, WA 98001	95-1922279	501(C)(3)	10,079				MISSIONARY SERVICES
WYCLIFFE BIBLE TRANLATORSPO BOX 628200 ORLANDO, FL 328628200	95-1831097	501(C)(3)	66,453				MISSIONARY SERVICES

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YOUTH FOR CHRIST INTERNATIONAL MINISTRIESPO BOX 4555 ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	32,619				MISSIONARY SERVICES
YOUTH MINISTRY INTERNATIONAL 1300 ENVOY CIRCLE SUITE 1306 LOUISVILLE, KY 40299	38-3209561	501(C)(3)	24,384				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOCATIONS FOR ORPHANS1210 FOURTH AVENUE BELLE FOURCHE, SD 57717	46- 0460906	501(C)(3)	10,808				MISSIONARY SERVICES
ABWE INTERNATIONAL INC PO BOX 8585 HARRISBURG, PA 17105	22- 3176019	501(C)(3)	9,793				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSWORLD 10000 NORTH OAK TRAFFICWAY KANSAS CITY, MO 64155	23- 1352564	501(C)(3)	11,935				MISSIONARY SERVICES
GOSPEL FOR ASIA 1800 GOLDEN TRAIL CT CARROLLTON, TX 75010	73- 1099096	501(C)(3)	9,868				MISSIONARY SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							MISSIONARY SERVICES
ONE-WAY EVANGELISTIC MINISTRIES110 E 17TH ST STE 201 CHEYENNE,WY 82001	83-0332146	501(C)(3)	10,949				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE INTERNATIONALPO BOX 3005 VANCOUVER, WA 98668	36-3486570	501(C)(3)	9,834				MISSIONARY SERVICES
ACTION INTERNATIONAL MINISTRIESPO BOX 398 MOUNTLAKE TERRACE, WA 98043	51-0163499	501(C)(3)	8,615				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GLOBAL HEALTH OUTREACH805 NORTH 5TH STREET INDIANAPOLIS, IN 46250	41-2005148	501(C)(3)	5,481				MISSIONARY SERVICES
MINISTRY AMONG NATIVE AMERICANS PO BOX 1453 PAGE, AZ 86040	48-1139561	501(C)(3)	5,924				MISSIONARY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTH AMERICAN MISSION INC 1021 MAXWELL MILL ROAD STE B FOR MILL, SC 29708	59-0662279	501(C)(3)	5,413				MISSIONARY SERVICES

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization STEER INC	Employer identification number 45-0262160
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	IT IS STEER, INC 'S POLICY THAT STEER'S BOARD OF DIRECTORS SHALL REVIEW THE IRS FORM 990 THAT IS FILED ON THE ORGANIZATIONS BEHALF BEFORE IT IS FILED WITH THE IRS A BOARD RESOLUTION IS NOT REQUIRED IN ORDER FOR THE FORM 990 TO BE FILED THE MEANS OF DELIVERY SHALL BE EITHER BY A HARD COPY AVAILABLE AT A QUARTERLY BOARD OF DIRECTORS MEETING OR VIA AN EMAIL LINK TO THE 990 FORM ON STEER'S WEB-SITE (WWW STEERINC COM) SENT TO EACH DIRECTOR'S EMAIL ADDRESS
	FORM 990, PART VI, SECTION B, LINE 12C	THE DIRECTORS ARE REQUIRED TO DISCLOSE YEARLY IF THERE IS A CONFLICT OF INTEREST THE STAFF MONITORS TRANSACTIONS THROUGHOUT THE YEAR AND IF A CONFLICT OR A POTENTIAL CONFLICT ARISES IT IS BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE WHO THEN REPORTS TO THE GENERAL BOARD OF DIRECTORS ANY CONFLICT OF INTEREST IS THEN RESOLVED THROUGH BOARD DISCUSSION/ACTION
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION CONSIDERATION--IN DETERMINING EXECUTIVE DIRECTOR COMPENSATION, THE DIRECTORS COMPARE LIKE SERVICES PROVIDED TO SIMILAR ORGANIZATIONS CONSIDERING SIMILAR DUTIES, TIME DEVOTED TO WORK, SIZE OF ORGANIZATION, EXPERIENCE, FAMILIARITY WITH THE ORGANIZATION'S MISSION, EDUCATIONAL REQUIREMENTS AND ECONOMIC CONDITIONS AND CONSIDERING THE EXECUTIVE DIRECTOR'S SPIRITUAL LEADERSHIP CAPABILITIES COMPENSATION APPROVAL--THE EXECUTIVE COMMITTEE WILL ANNUALLY REVIEW THE EXECUTIVE DIRECTOR'S PERFORMANCE THE COMMITTEE WILL REVIEW HIS/HER CURRENT SALARY , CONSIDER THE DIRECTOR'S PERFORMANCE, DETERMINE A RECOMMENDED SALARY , AND COMPARE THE SALARY RECOMMENDATION TO OTHERS IN LIKE POSITIONS THE EXECUTIVE COMMITTEE WILL BRING THEIR COMPENSATION RECOMMENDATION TO THE ENTIRE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL OTHER KEY EMPLOYEES---THE EXECUTIVE DIRECTOR ANNUALLY REVIEWS THE STAFF'S PERFORMANCE THE EXECUTIVE DIRECTOR COMPARES LIKE SERVICES PROVIDED TO SIMILAR ORGANIZATIONS CONSIDERING SIMILAR DUTIES, TIME DEVOTED TO WORK, SIZE OF THE ORGANIZATION, EXPERIENCE, FAMILIARITY WITH THE ORGANIZATION'S MISSION, EDUCATIONAL REQUIREMENTS AND ECONOMIC CONDITIONS AN ANNUAL REVIEW REPORT IS GENERATED BY THE EXECUTIVE DIRECTOR WHO THEN REPORTS TO THE EXECUTIVE COMMITTEE HIS FINDINGS ALONG WITH THE RECOMMENDED SALARY ADJUSTMENTS THE DIRECTOR HAS THE AUTHORITY TO RECOMMEND UP TO A 4% SALARY INCREASE THE GENERAL BOARD OF DIRECTORS EVALUATES THE STAFF PERFORMANCE EVERY TWO TO FIVE YEARS AND MAKES ANY SALARY ADJUSTMENTS AS DEEMED APPROPRIATE
	FORM 990, PART VI, SECTION C, LINE 19	WHEN THE GOVERNING DOCUMENTS(ARTICLES OF INCORPORATION, BYLAWS AND CONSTITUTION) AND CONFLICT OF INTEREST POLICY OF THE ORGANIZATION ARE SUBJECT TO THE FEDERAL OR STATE PUBLIC DISCLOSURE RULES, THESE DOCUMENTS WILL BE MADE AVAILABLE AS APPLICABLE LAW MAY REQUIRE OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE PROVIDED TO THE PUBLIC AT THE DISCRETION OF MANAGEMENT COPIES OF STEER INC 'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO ANY PERSON OR ENTITY UPON WRITTEN OR VERBAL REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -21,927 NONEXPENDABLE REDUCTION -1,181 ADJ OF ACTUARIAL LIABILITY OF ANNUITY 4,297 TOTAL TO FORM 990, PART XI, LINE 5 -18,811
	PART XI, LINE 2C EXPLANATION	THERE WAS NO CHANGE FROM PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 45-0262160
Name: STEER INC

Form 990, Special Condition Description:

Special Condition Description
