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Form **990**

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

and ending

OMB No 1545-0047

Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer identific	ation number		
Г	Addres	S CACDAMENMO CMEDO EODUADO					
F	lchange Name	Sur Business As		27-49	907397		
F	change linitial		Room/suite	E Telephone number			
F	return Termin		100	(916)	577-9770		
F	ated Amend		100	G Gross receipts \$	2,615,781.		
늗	return Applica	City, town, or post office, state, and ZIP code SACRAMENTO, CA 95833					
ᆫ	tión pendin	DACKAMENTO, CA 93033		H(a) Is this a group re	Yes X No		
		F Name and address of principal officer: PASTOR RICK COLE SAME AS C ABOVE	for affiliates? Yes X No H(b) Are all affiliates included? Yes No				
-			507	1 ' '			
÷	lax-exe	mpt status X 501(c)(3) 501(c) () (insert no) 4947(a)(1) (e: ► SACRAMENTOSTEPSFORWARD . ORG	or 527		ist. (see instructions)		
			1. ٧	H(c) Group exemption			
		organization X Corporation	L Year	of formation ZOII M	State of legal domicile CA		
-	art I	Summary	TTMAME	MUE DDOUTC	TON OF		
e	1 1	Briefly describe the organization's mission or most significant activities FACT	PITATE	O DECTON	LON OF		
Activities & Governance		HOMELESS SERVICES AND HOUSING IN THE SAC					
E	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as:			
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	5		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5		
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	9		
<u> </u>	6	Total number of volunteers (estimate if necessary)		6	500		
Ct	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	<u>b</u>	Net unrelated business taxable income from Form 990 Trine 34 / F		7b	0.		
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	<u> </u>	Prior Year	Current Year		
Œ	, 8	Contributions and grants (Part VIII, line 1h)		554,405.	2,615,781.		
2	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
α	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c) 10c) and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		554,405.	2,615,781.		
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	,	0.	1,520,884.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
u	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,338.	456,980.		
Fxnenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		5,013.	9,600.		
ě	102	Total fundraising expenses (Part IX, column (D), line 25) 48, 4	17.		······································		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		361,835.	762,291.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		456,186.	2,749,755.		
			<u> </u>	98,219.	<133,974.>		
-	19 g	Revenue less expenses. Subtract line 18 from line 12	Ro	ginning of Current Year	End of Year		
Net Assets or		Total access (Part V. line 16)	1 00	282,534.	227,449.		
SSE	20	Total assets (Part X, line 16)		184,315.	263,204.		
et	21	Total liabilities (Part X, line 26)		98,219.	<35,755.>		
	리 22 Part II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		707217	(33)133.		
		Ities of perjury, Pdeclare that have examined this return, including accompanying schedule	and statem	ante and to the best of m	knowledge and heliaf it is		
_	-	t, and complete Declaration of preparer (other than officer) set the sed on all information of w			knowledge and belief, it is		
وح آلآ	e, correc	t, and complete Declaration of preparer (other than officer) be seed on all information of w	ilicii piepaiei	lias any knowledge			
N		Signature of officer		Date 06	-/10		
	gn	TENDAMENT BURTON, FXFCUT LYED	ma FOCA	n all	5713		
$\preceq^{H_{f}}$	ere	TEAN AND TO THE DURING TO PEND SOLE DE	Mexico	77	7		
		Type of print name and title		Date/ Check	PTIN		
) - -		Print/Type preparer's name Preparer's signature	001	9/21/12/11	TD00364494		
∐Pa Z		LINDA D. GEERY Firm's name GILBERT ASSOCIATES, INC.	1. VI	1124/13 self-employe	68-0037990		
Time hame							
\ Us	e Only	Firm's address 2880 GATEWAY OAKS DR, STE 100			16 616 6161		
ว์ _		SACRAMENTO, CA 95833		Phone no 9	16-646-6464		
<u>M</u>	ay the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		
23	2001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form 990 (2012)		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	n 990 (2012) SACRAMENTO STEPS FORWARD	27-4907397 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: FACILITATE THE PROVISION OF HOMELESS SERVICES AND HO SACRAMENTO REGION.	USING IN THE
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	
4a	revenue, if any, for each program service reported. (Code) (Expenses \$ 2,183,734 . including grants of \$ 1,520,884 .)	(Revenue \$
70	SCRAMENTO STEPS FORWARDED PARTNERED WITH THE SACRAME	
	COMMUNITY FOUNDATION TO HOST A SERIES OF WORKSHOPS O	N THE HEARTH
	(HOMELESS EMERGENCY ASSISTANCE AND RAPID TRANSITION	TO HOUSING) ACT,
	NEW FEDERAL LEGISLATION GOVERNING HUD-FUNDED HOMELES	S PROGRAMS.
	THE READY? SET. GO! MOVING TO HEARTH CONVENINGS, MO	DELED AFTER THE
	NATIONAL ALLIANCE TO END HOMELESSNESS'S HEARTH ACADE	MY, EDUCATED THE
	COMMUNITY ABOUT THE NEW REGULATIONS AND BROUGHT PROG	RAM PERFORMANCE TO
	THE FOREFRONT IN A SYSTEMATIC WAY, FOCUSED ON PROGRA	M QUALITY
	IMPROVEMENT.	
	RAISED THE NECESSARY FUNDING AND IMPLEMENTED ANOTHER	SUCCESSFUL YEAR OF
	WINTER SANCTUARY AND HOMELESS CONNECT	
4b	(Code) (Expenses \$	(Revenue \$)
		18.00
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
		
4d		
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 2,183,734.	Form 990 (2012)
		Form 990 (2012)

Form	990 (2012) SACRAMENTO STEPS FORWARD 27-490	<u>7397</u>	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	t		
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			1
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9		X
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
С	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 167 If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		١	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		١.,	
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	_		٠,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b			İ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			U
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
4.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	1

Х

19

20a

complete Schedule G, Part III

 $\textbf{20a} \quad \text{Did the organization operate one or more hospital facilities? } \textit{If "Yes," complete Schedule H}$

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

Form 990 (2012) SACRAMENTO STEPS F Part IV Checklist of Required Schedules (continued)

		$\overline{}$		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		,	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ا مما		Х
04-	Schedule J	23		
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? If "Yes," answer lines 24b through 24d and complete	04-		Х
.	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
٠	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	i		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,,
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	 -	_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		Х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-50		 -
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2012)
				,

Page 5

rai	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 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns [?]	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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, securities account, or other financial	account)?	4a		X
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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		Х
	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 to	he organization solicit			v
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gitts			
_	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nuces provided to the payor?	7a	,	Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	ivices provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	,,,,	ļ	
C	to file Form 8282?	ras requires	7c		X
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u> </u>	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	L	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	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?		9ь	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	11			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
	amounts due or received from them.)	11b	12a		1
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	120	-	
_ b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a	 	1
а	Note. See the instructions for additional information the organization must report on Schedule O.		1.00	1	-
L	Enter the amount of reserves the organization is required to maintain by the states in which the				
þ	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Ves " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O	14b		

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 5		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	Х	
40	In Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	, 14		
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? The organization's CEO, Executive Director, or top management official	15a	Х	
a	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		Х
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	le	
-	for public inspection. Indicate how you made these available Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion. 🕨		
	CHRIS WELTON - (916) 577-9770			
	1331 GARDEN HIGHWAY, NO. 100, SACRAMENTO, CA 95833			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			than		Reportable	Reportable	Estimated	
	hours per week			ss pe d a d				compensation from	compensation from related	amount of other
	(list any	ģ						the	organizations	compensation
	hours for	P. P.				멅		organization	(W-2/1099-MISC)	from the
	related	82	uste		_	eusa,		(W·2/1099-MISC)		organization
	organizations	를	onal t		ay of	S 8				and related
	below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) TINA REYNOLDS	0.00	╁╧	=	0	<u>×</u>	Ι 6	už.			
MEMBER AT LARGE		X						0.	0.	0.
(2) SHAMUS ROLLER	0.00	T							-	
MEMBER AT LARGE		X			İ			0.	0.	0.
(3) RICK COLE	0.00									
TREASURER/SECRETARY		X		Х				0.	0.	0.
(4) CHET HEWITT	0.00									
CHAIR		X		X				0.	0.	0.
(5) FRED TEICHERT	0.00									
VICE CHAIR		X		X				0.	0.	0.
(6) BENJAMIN BURTON	40.00								_	_
EXECUTIVE DIRECTOR				Х				105,872.	0.	0.
(7) JASON TOWEY	40.00							50 454		
CFO				X	L	<u> </u>		73,471.	0.	0.
		-		ļ						
		_				_	<u> </u>		<u> </u>	
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	<u> </u>	1	1	1	1	[1

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(45	not c	Pos			058	Reportable	Reportable	Est	ımate	d
		hours per	ю́ох	, unle	ss pe	erson	ıs bot	h an		compensation	am	ount c	of
		week	⊢-	officer and a director/trustee			or/trus	itee)	- Irom	from related	0	other	
		(list any	EG						the	organizations		ensat	
		hours for related	or d	88	l		Sted		organization	(W-2/1099-MISC)	1	m the	
		organizations	l age	喜		8	De la		(W-2/1099-MISC)		1	ınızatıd Frelate	
		below	t lang	tona	١.	ļģ.	ast co	_			1	nizatio	
		line)	Individual frustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Ę			5.5		
		1			<u> </u>	<u> </u>							
			1										
			T										
					<u></u>	<u> </u>							
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				_		ļ							
			<u> </u>	1	<u> </u>	L			179,343.	0.	<u> </u>		0.
	Sub-total								0.	0			0.
	Total from continuation sheets to Part V	II, Section A							179,343.	0			0.
	Total (add lines 1b and 1c) Total number of individuals (including but i					bass	٠١ ١٠٠	ha #		l 	<u>'</u>		•
2	compensation from the organization	not limited to tr	iose	ışı	eo a	DOV	e) w	1101	received more than \$100	7,000 of reportable			1
	compensation from the organization		-									Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	еу ег	mple	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for	such individual									3		X
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atio	n an	d ot	ther compensation from	the organization			
	and related organizations greater than \$15										4	\longrightarrow	<u>X</u>
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services	_		v
	rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	per	son_				5	1	<u> </u>
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	ompensated in	den	en d	ent c		ract	ore f	that received more than	\$100,000 of compen	sation f		
•	the organization Report compensation for										oution ii		
	(A)	tiro odioridar y	· ·	0.1.0	9	.,,,,,,	<u> </u>		(B)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)	
	Name and business	s address	N	ON:	E				Description of	services	Comper	sation	n
		-											
													
2	Total number of independent contractors		not I	ımıte	ed to			ste	d above) who received r	nore than			
	\$100,000 of compensation from the organ	ization -					0		 		For	990 (2010

Form	990_(AMENTO ST	EPS FORW	ARD		27-490	7397 Page 9
Pa	rt VII	Statement of Reve	nue				_	
		Check if Schedule O conf	tains a response	to any question		Y		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a	•				
our ar	b	Membership dues	1b					
s, C	С	Fundraising events	1c					
Sift	d	Related organizations	1d					
ini;	е	Government grants (contribut	tions) 1e 2,	409,994.				
tion S	f	All other contributions, gifts, gran						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ve 1f	205,787.				
들	g	Noncash contributions included in lines	s 1a-1f \$					
<u>3 g</u>	<u>h</u>	Total. Add lines 1a-1f			2,615,781.			
				Business Code				
Program Service Revenue	2 a							
e e	ь							
e a S	C					-		
Re	d			ļ				
ğ	е			-				
-	f	All other program service reve	enue	•			·····	
		Total. Add lines 2a-2f		<u></u>				
	3	Investment income (including	i aiviaenas, intere	est, and				
		other similar amounts) Income from investment of ta	v avamat band n	-				
	4 5	Royalties	k-exempt bolla p	oroceeus -				
	5	noyallies	(ı) Real	(II) Personal				
į	6.	Gross rents	(I) Neal	(ii) reisonai				
1								
		Net rental income or (loss)		•		ĺ		İ
		Gross amount from sales of	(i) Securities	(II) Other				
	, .	assets other than inventory	ti) Geconties	(i) Other				
	h	Less: cost or other basis						
	_	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)			1	[1
60		Gross income from fundraisin	ng events (not					
Other Revenue		including \$						
eve		contributions reported on line						
Ε.		Part IV, line 18	a					
Ě	b	Less: direct expenses	b					
0	С	Net income or (loss) from fun	draising events					
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	a					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gar	ming activities	<u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	ļ				
	ь	Less: cost of goods sold	b		-			
	c	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Reveni	ue	Business Code	-			
	11 a				-	-		
	ь					<u> </u>		
	C				-			
	d					-		
		Total. Add lines 11a-11d			2,615,781.	0.	0	. 0.
	12	Total revenue. See instructions			K,017,101.	U •		•1 0 •

Form 990 (2012) SACRAMENTO STEPS FORWARD Part IX Statement of Functional Expenses

<u> </u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		s Part IX		X
Do 1	not include amounts reported on lines 6b, 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	1 500 004	1 520 004		
	organizations in the United States See Part IV, line 21	1,520,884.	1,520,884.		
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				1.319310.1311111111111
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	179,343.	58,634.	107,030.	13,679.
	trustees, and key employees	177,343.	30,034.	1077030.	13/013.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ļ	
7	persons described in section 4958(c)(3)(B)	210,245.	68,737.	125,472.	16,036.
7 8	Other salaries and wages Pension plan accruals and contributions (include	210/210.	33,737.	220/1/20	
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,003.	8,351.	27,652.	
10	Payroll taxes	31,389.	10,400.	18,571.	2,418.
11	Fees for services (non-employees):	02,000	20,2000		
a	Management				
	Legal	10,539.	5,230.	5,309.	
c	Accounting	4,618.		4,618.	
	Lobbying				
	Professional fundraising services See Part IV, line 17	9,600.	· · · · · · · · · · · · · · · · · · ·		9,600.
f	Investment management fees				
3	column (A) amount, list line 11g expenses on Sch O)	625,527.	465,723.	159,804.	
12	Advertising and promotion	1,512.	12.	750.	750.
13	Office expenses	20,028.	8,367.	11,247.	414.
14	Information technology	5,898.		5,898.	
15	Royalties				
16	Occupancy	74,342.	24,309.	45,038.	4,995.
17	Travel	4,628.	3,560.	989.	79.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,757.	1,293.	364.	100.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		1 005		
23	Insurance	4,150.	1,327.	2,531.	292.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	DEVELOPMENT & TRAINING	3,796.	3,766.	30.	
b	REGOGNITION & APPRECIAT	2,379.	2,140.	239.	
c					
d					
e	All other expenses	3,117.	1,001.	2,062.	54.
25	Total functional expenses. Add lines 1 through 24e	2,749,755.	2,183,734.	517,604.	48,417.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here I if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response to any question in this Pa		Γ	/D)
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	144,036.	1	107,941.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	131,900.	3	114,911.
4	Accounts receivable, net	475.	4	<u> </u>
5	Loans and other receivables from current and former officers, direc	ors,		
	trustees, key employees, and highest compensated employees. Co	mplete		
	Part II of Schedule L		5	_
6	Loans and other receivables from other disqualified persons (as def	ined under		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	contributing		
	employers and sponsoring organizations of section 501(c)(9) volunt	ary		
	employees' beneficiary organizations (see instr). Complete Part II of	Sch L	6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,623.	9	97.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	-	12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
15	Other assets. See Part IV, line 11	4,500.	15	4,500.
16	Total assets. Add lines 1 through 15 (must equal line 34)	282,534.	16	227,449.
17	Accounts payable and accrued expenses	164,572.	17	104,617.
18	Grants payable	19,743.	18	158,587.
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule	n	21	
22	Loans and other payables to current and former officers, directors,			
	key employees, highest compensated employees, and disqualified			
	Complete Part II of Schedule L	56136113.	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 thi	rd	24	
23	parties, and other liabilities not included on lines 17-24). Complete F			
	Schedule D	art A Oi	25	
26	Total liabilities. Add lines 17 through 25	184,315.	26	263,204.
120		X and	-	
	complete lines 27 through 29, and lines 33 and 34.	<u> </u>		
27	Unrestricted net assets	25,179.	27	<127,819.
28	Temporarily restricted net assets	73,040.	28	92,064.
29	Permanently restricted net assets	10,0200	29	22,001.
-3	Organizations that do not follow SFAS 117 (ASC 958), check he	•		
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund		31	
31	Retained earnings, endowment, accumulated income, or other func	6	32	
32	Total net assets or fund balances	98,219.	33	<35,755.
I _		282,534.		227,449.
34	Total liabilities and net assets/fund balances	202/334.	J-4	Form 990 (2012)

Form	990 (2012) SACRAMENTO STEPS FORWARD	27-49	07397	Pa	ge 12
Pa	rt 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	2,61	5,7	<u>81.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,749		
3	Revenue less expenses. Subtract line 2 from line 1	3	<133		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91	3 <u>,2</u>	19.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	<3!	5,7	<u>55.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sche	dule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ewed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep	arate basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e Single Audit		.,	
	Act and OMB Circular A-133?		3a	<u> </u>	
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		3b	Х	

Form **990** (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

SACRAMENTO STEPS FORWARD

Employer identification number 27-4907397

Part I	Reason	or Public Cha	rity Status (All organiza	ations mus	st complet	e this part	.) See inst	ructions				
he organ	ization is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one b	ox)					
1 🔲	A church, cor	vention of church	es, or association of churc	ches descr	rbed in se	ction 170	(b)(1)(A)(i)					
2	A school desc	cribed in section 1	70(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🔲	A hospital or	a cooperative hosp	oital service organization o	described i	n section	170(b)(1)((A)(iii).					
4	A medical res	earch organization	operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hosp	otal's n	ame,
	city, and state	e:										
5	An organization	on operated for the	e benefit of a college or un	niversity ov	vned or op	erated by	a governr	mental uni	t describ	ed In		
	section 170	(b)(1)(A)(iv). (Comp	elete Part II.)									
6			ment or governmental unit	described	ın sectio	n 170(b)(1)(A)(v).					
7 X		-	ceives a substantial part of					r from the	general	public d	escribe	ed in
	-	b)(1)(A)(vi). (Compl				J			•	•		
8 🗀			section 170(b)(1)(A)(vi). (Complete	Part II.)							
9	_		ceives (1) more than 33 1			om contri	butions, m	nembershi	p fees. a	nd aross	receic	ts from
•			unctions · subject to certa									
			taxable income (less sect									
		509(a)(2). (Complet	•		,		•	, ,				
10			operated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	I).				
			operated exclusively for th						v out the	purpose	es of or	ne or
			zations described in section									
			g organization and comple				•	•				
	a Type i			pe III · Fur			d	I 🗀 Тур	e III - No	n-functio	nally in	tegrated
e \square	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			ritten determination from t									
•		ganization, check				,, ,,	, ,,					
9		-	organization accepted an	nv aift or co	ontribution	from any	of the folk	owing per	sons?			
9			directly controls, either al							.	Ye	s No
			supported organization?	• · · · · · · · · · · · · · · · · · · ·				•		119	a(i)	
	_	•	on described in (i) above?							119		
	• • •	·	a person described in (i) of		e?					11g		
h	• •	•	n about the supported org							L		
••	Trovide the it	onowing intomitation	ii about iiio oupportou org	g=///==///	(-)							
(a) Alaman	-6	/ii) FIN	(iii) Type of ergenization	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Am	ount of	monetary
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			organizáti (i) organiz	on in col		support	
UI g	ailization		above or IRC section	governing	document?	(I) of you	r support?	US	?			-
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
							ł					
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F. 41												

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and						_		
	membership fees received. (Do not			1					
	include any "unusual grants.")				554,405.	2615781.	3170186.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to	İ							
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge			1					
4	Total. Add lines 1 through 3				554,405.	2615781.	3170186.		
	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)						61,596.		
6	Public support. Subtract line 5 from line 4	. '.			1		3108590.		
	ction B. Total Support			•					
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
	Amounts from line 4				554,405.	2615781.	3170186.		
8	Gross income from interest,								
•	dividends, payments received on								
	securities loans, rents, royalties			1					
	and income from similar sources								
9	Net income from unrelated business								
_	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10			,			3170186.		
	Gross receipts from related activities,	etc (see instruction	ons)		<u></u>	12			
	First five years. If the Form 990 is for	•	•	rd, fourth, or fifth	tax year as a sectio				
	organization, check this box and stor				•	. , , ,			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2012 (line 6, column (f) d	vided by line 11,	column (f))		14	98.06 %		
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	93.72 %		
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or n	nore, check this bo			
	16a 33 1/3% support test - 2012. 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 ▶ X								
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	or more, check th	ns box		
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶ □		
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lir	ne 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	rt IV how the organ	ization		
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	ed organization		▶ □		
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or		
	more, and if the organization meets the								
	organization meets the "facts-and-circ						>		
18	Private foundation. If the organization						s ▶ 🔲		

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

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

Sec	tion A. Public Support		,	r.			
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons		<u> </u>			<u> </u>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
c	: Add lines 10a and 10b	·					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	's first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
	check this box and stop here						▶_□
Se	ction C. Computation of Publi	ic Support Pe	ercentage		1		
	Public support percentage for 2012 (I			column (f))		15	%
16	Public support percentage from 2011	Schedule A, Par	t III, line 15			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from			·		18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						▶ 🗀
ı	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che						
20							▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012 Open to Public Inspection

Name of the organization

SACRAMENTO STEPS FORWARD

Employer identification number 27-4907397

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin		
		(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 advis	sed 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 a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	storically important land area
	Protection of natural habitat	 1	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic sti	2c	
d	Number of conservation easements included in (c) acquired		ure
_	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
_	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements o	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	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 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic 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 tre	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Schedule D (Form 990) 2012

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipmente Other

Part VIII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		valuation. Cost or en	d-of-year market value
1) Financial derivatives			****	· · · · · · · · · · · · · · · · · · ·
2) Closely-held equity interests				<u></u>
3) Other				
(A)				
(B)				
(C)				•
(D)				
(E)	 			
(F)				
(G)				
(H)				
(1)			,	· · · · · · · · · · · · · · · · · · ·
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	· · · · · · · · · · · · · · · · · · ·			
Part VIII Investments - Program Related. Se	e Form 990 Part X I	ine 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation. Cost or en	d-of-year market value
(1)		1,7,7	····	<u></u>
(2)				
(3)				

(4)				
(5)				
(6)				
(7)				
(8)		-		<u> </u>
(9)		~		
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
(1)		***		<u>·</u> ···
(2)		· · · · · · · · · · · · · · · · · · ·	11.	
(3)				
(4)			- · · · · ·	
(5)				
(6)				
(7)	·			
(8)		1-1-1-1		
(9)				
(10)		• • • • • • • • • • • • • • • • • • • •		-
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)	· · · · · · · · · · · · · · · · · · ·	>	
Part X Other Liabilities. See Form 990, Part X, I				
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(o)				
(6)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)				
(7) (8)				

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 SACRAMENTO STEPS FORWARD	27-	<u>4907397</u>	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return		
1	Total revenue, gains, and other support per audited financial statements	1	2,618,	522.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	' "		
а				
b	Donated services and use of facilities 2, 741	<u>L.</u>		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	2,615,	741.
3	Subtract line 2e from line 1	3	2,615,	<u>,781.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b	4c		0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,615,	<u>,781.</u>
Рa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	<u>er Retu</u>	rn	
1	Total expenses and losses per audited financial statements	1	2,752,	<u>,496.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı	
а	Donated services and use of facilities 2, 74.3	<u>L - </u>	l	
b	Prior year adjustments 2b		l	
С	Other losses 2c		l	
	Other (Describe in Part XIII)		Į	
	Add lines 2a through 2d	2e	2,	,741.
3	Subtract line 2e from line 1	3	2,749,	,755.
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			
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	4c		0.
5		5	2,749	,755.
	rt XIII Supplemental Information			
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line	s 1b and	2b; Part V, line	4, Part
	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform			
	RT X, LINE 2: THE ORGANIZATION HAS IMPLEMENTED THE AMEND			
				-
AC	COUNTING PRINCIPLES RELATED TO THE ACCOUTNING FOR UNCERTA	AINTY	IN INC	OME
TA.	XES AND HAS DETERMINED THERE IS NO MATERIAL IMPACT ON TH	E FIN	ANCIAL	
ST.	ATEMENTS.			
-				
	_			
-				

Schedule D (Form 990) 2012

SCHEDULE 1 (Form 990) Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

2012

OMB No 1545-0047

Open to Public

Employer identification number 27-4907397 Inspection

φ (20) å (h) Purpose of grant or assistance X Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. ö ö Ö ö o. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 29,773. 368,188 159,307 341,980 109,089 175,299 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 68-0217383 501(C)(3) 501(C)(3) 501(c)(3) 501(C)(3) 501(C)(3) SACRAMENTO STEPS FORWARD Enter total number of other organizations listed in the line 1 table 68-0132934 68-0322086 94-1156588 94-2172933 94-1659687 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? SACRAMENTO AREA EMERGENCY HOUSING 1 (a) Name and address of organization SACRAMENTO SELF-HELP HOUSING, INC NORTHERN CA - 988 OAR GROVE ROAD SUITE 110 - SACRAMENTO, CA 95817 SACRAMENTO COTTAGE HOUSING, INC. CENTER - 2411 ALHAMBRA BLVD., LUTHERAN SOCIAL SERVICES OF SACRAMENTO CHILDREN'S HOME #369 or government 2750 SUTTERVILLE ROAD SACRAMENTO, CO 95820 SACRAMENTO, CA 95825 SACRAMENTO, CA 95818 2443 FAIR OAKS BLVD, SACRAMENTO, CA 95812 ST. JOHN'S SHELTER CONCORD, CA 94518 P.O. BOX 188445 P.O. BOX 2906 Part Part # N

232101 12-18-12

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

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Schedule I (Form 990) (2012)

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27-4907397 Page 1	(h) Purpose of grant or assistance								Schedule I (Form 990)
	rt II.) (g) Description of non-cash assistance								
	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)								
Schedule I (Form 990) SACRAMENTO STEPS FORWARD Set it Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	nited States (Sch (e) Amount of non-cash assistance	.0	0						
	(d) Amount of cash grant	185,688.	138,910.						
FORWARD	(c) IRC section	501(C)(3)	501(C)(3)						
O STEPS F	Assistance to Go (b) EIN	94-1167423	94-6001984						
Schedule I (Form 990) SACRAMENTO	Part # Continuation of Grants and Other (a) Name and address of organization or government	TRAVELER'S AID, INC. 2251 FLORIN ROAD SACRAMENTO, CA 95822	VOLUNTEER'S OF AMERICA, INC. 1900 POINT WEST WAY, #270 SACRAMENTO, CA 95818						

27-4907397

Page 2

Schedule I (Form 990) (2012) SACRAMENTO STEPS FORWARD

| 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.

Part III can be duplicated 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, Part III, column (b), and any other additional information.	ide the information	on required in Part I,	line 2, Part III, columi	n (b), and any other additional in	ormation.
SCHEDULE I, PART I, LINE 2: PERIODIC		CALLS, EM	PHONE CALLS, EMAILS, MAIL,	, AND ON-SITE	
VISITS.					

Schedule I (Form 990) (2012)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047
2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

Schedule L (Form 990 or 990-EZ) 2012

5	SACRAMEN'	TO STEPS	FOR	WAR	D			27	-49	073	97		
					section 501(c)(4) orga	anız	ations only)						
		•		· ·	art IV, line 25a or 25b			art V.	line 40)b			
1	(b)	Relationship bet			lified						(d)	Corre	cted?
(a) Name of disqualified p	person	person and organization		(0	(c) Description of transaction					es No			
	_												
											1		
											1		
											†		
													-
 											 		
2 Enter the amount of tax section 49583 Enter the amount of tax,	ıf any, on line 2	2, above, reimbur	sed by	the or		ring	the year under		► \$ ► \$				
Part II Loans to and	d/or From Ir	nterested Per	sons										
Complete if the	organization an	swered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	orn	n 990, Part IV, Im	ne 26;	or If th	e orga	ınızatı	on	
reported an amo		90, Part X, line 5,	6, or 2	2.						16.5.4		,	
(a) Name of	(b) Relationsh with	· (c) ruipose		from the princip	(o) Original	(f) Balance due				(h) Ap	ard or	1 (1) "	ritten
interested person	organization	of loan		zation?	principal amount			default?		delault, comm		nittee? agree	
			То	From				Yes	No	Yes	No	Yes	No
			ļ										
			<u> </u>	1									ļ
			1							L			
								ļ		<u> </u>			ļ
			ļ										
	1							ļ		<u>. </u>		ļ	
Total					▶ \$							<u> </u>	
Part III Grants or As	ssistance Bo	enefiting Inte	reste	d Pe	rsons.								
Complete if the	organization an	swered "Yes" on	Form !	990, Pa	art IV, line 27.								
(a) Name of interested	person	(b) Relationship interested per the organiz	son an		(c) Amount of assistance	(d) Type of assistance) Purp assista		f		
				_									

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

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No 56,692. THE ORGANIZ BOARD CHAIR CHET HEWITT Х Part V | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: CHET HEWITT (D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION RENTED PROPERTY FROM SIERRA HEALTH FOUNDATION, WHOSE CEO IS CHET HEWITT.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SACRAMENTO STEPS FORWARD

Employer identification number 27-4907397

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
EMPLOYMENT SUMMIT
SSF HOSTED THE FIRST REGIONAL EMPLOYMENT SUMMIT, CONGRESSWOMAN DORIS
MATSUI HOSTED THE FIRST ANNUAL REGIONAL EMPLOYMENT SUMMIT. CO-CHAIRS
OF THE EVENT INCLUDED MAYOR KEVIN JOHNSON, SUPERVISOR PHIL SERNA, CHET
HEWITT, CHIEF EXECUTIVE OFFICER (CEO) OF SIERRA HEALTH FOUNDATION AND
ROGER NIELLO, CEO SACRAMENTO METRO CHAMBER OF COMMERCE.
CONTINUED HEARTH TRAININGS AND IMPLEMENTED A HEARTH WEBSITE
SACHEARTH.ORG
BECAME HUD LEAD AGENCY AND GRANTEE; SECURED 15 MILLION DOLLARS THROUGH
THE HUD NOFA PROCESS TRANSFERRING ALL ELIGIBLE HUD GRANTS FROM (DHA)
COUNTY TO SSF
BEGAN PREPARATION TO CONDUCT THE POINT IN TIME COUNT, WHICH WAS HELD IN
JANUARY 2013
HIRED KEY MANAGEMENT STAFF FOR THE AGENCY AND MOVED INTO OUR PERMANENT
OFFICES
FORMED THE HUD REQUIRED CONTINUUM OF CARE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE REVIEWED PRIOR TO
FILING.

Name of the organization SACRAMENTO STEPS FORWARD	Employer identification number 27-4907397
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE	COVERED AND SIGN
A CONFLICT OF INTEREST STATEMENT ANNUALLY DISCLOSING ALL	RELATIONSHIPS THAT
MAY BENEFIT THEM. IF A CONFLICT IS DISCLOSED, THE BOARD	WILL VOTE TO ALLOW
THE CONFLICT WHILE THE CONFLICTED PARTY ABSTAINS FROM VOT	ing.
FORM 990, PART VI, SECTION B, LINE 15: ALL POSITIONS WERE	RESEARCHED BY
HUMAN RESOURCES CONSULTANT IN 2012.	
FORM 990, PART VI, SECTION C, LINE 19: THESE ARE AVAILABLE	E UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TEMPORARY HELP & OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	465,723.
MANAGEMENT AND GENERAL EXPENSES	159,804.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	625,527.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	625,527.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED IT'S OVERSIGHT PROCESS.	