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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:	
	Stephen Center, Inc. 2723 Q Street Omaha, NE 68107-3408
Prepared By:	
	BLAND & ASSOCIATES 450 Regency Parkway Omaha, NE 68114
Amount Due o	or Refund:
	Not applicable
Make Check P	ayable To:
	Not applicable
Mail Tax Retu	n and Check (if applicable) To:
	Not applicable
Return Must b	e Mailed On or Before:
	Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending ,	, 20

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer STEPHEN CENTER, 36-3363994 INC. CHRIS KNAUF Name and title of officer or person subject to tax CURRENT CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** 6,972,700. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on the payment of the federal tax financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize BLAND & ASSOCIATES 63994 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 47288298781 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/15/24 MIKE MULLER ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

Intern	nal Reve	nue Service	Go to www.irs.gov/F	orm990 for instructions and	i the latest ii	normation.	Inspection		
A F	or the	e 2023 calend	dar year, or tax year beginning	an	d ending				
B c	heck if pplicable	C Name o	of organization			D Employer identific	cation number		
	Addre chang Name	pe SIEI	PHEN CENTER, INC.			36-33639	0.4		
\vdash	_]chang □Initial		ousiness as						
	return _Final _return	2723	ber and street (or P.O. box if mail is not delivered to street address) Room/suite Room/suite E Telephone number 402-731-0238						
	termir ated	`	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	7,117,517.		
	Amen return	ded OMAI	IA, NE 68107-3408	H(a) Is this a group return					
	Application pendi	F Name a	and address of principal officer: MIC Q STREET, OMAHA, NI			for subordinates H(b) Are all subordinates in			
	ax-ex		X 501(c)(3) 501(c)()	(insert no.) 4947(a)(1) or 527	1	list. See instructions		
	Vebsi		STEPHENCENTER ORG	(110011101) 10 11 (4)(1	., 0 02.	H(c) Group exemptio			
				sociation Other	1				
				sociation Other	L Year	of formation: 1303 N	1 State of legal domicile: NE		
Pa	art I	Summary							
•	1	Briefly descri	be the organization's mission or most	significant activities: STE	PHEN CE	NTER PARTNEI	RS WITH		
ဦ		INDIVII	DUALS, FAMILIES AND	THE COMMUNITY	TO OVE	RCOME HOMELE	SSNESS,		
па	2	Check this bo	ox if the organization disco	ntinued its operations or disp	osed of more	than 25% of its net ass	sets.		
Æ	l		oting members of the governing body	·		3	14		
é	l		,	. , , , , , , , , , , , , , , , , , , ,			13		
<u>«</u>	4		dependent voting members of the gov						
es	5		of individuals employed in calendar y				141		
ξ	6		of volunteers (estimate if necessary)				500		
Activities & Governance	7 a	Total unrelate	ed business revenue from Part VIII, co	umn (C), line 12		7a	0.		
	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11		7b	0.		
						Prior Year	Current Year		
	8	Contributions	s and grants (Part VIII, line 1h)			3,043,774.	4,205,679.		
Ĕ	9				2,371,431.	2,519,883.			
ě		•				60,463.	224,175.		
Revenue	l		ncome (Part VIII, column (A), lines 3, 4,						
	11		e (Part VIII, column (A), lines 5, 6d, 8c			2,109.	22,963.		
	12	Total revenue	e - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		5,477,777.	6,972,700.		
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, othe	er compensation, employee benefits (F	Part IX, column (A), lines 5-10)	2,994,483.	3,350,069.		
Expenses	16a		fundraising fees (Part IX, column (A), I			0.	0.		
ě	h		sing expenses (Part IX, column (D), line	212	541.				
X	47		ses (Part IX, column (A), lines 11a-11d,			1,875,740.	2,046,631.		
	''					4,870,223.	5,396,700.		
	l	•	es. Add lines 13-17 (must equal Part I						
,	19	Revenue less	expenses. Subtract line 18 from line	12		607,554.	1,576,000.		
Net Assets or					В	ginning of Current Year	End of Year		
set	20	Total assets	(Part X, line 16)			15,210,348.	16,852,927.		
t As	21	Total liabilitie	s (Part X, line 26)			2,582,249.	2,223,672.		
<u>8</u> E	22	Net assets or	fund balances. Subtract line 21 from	line 20		12,628,099.	14,629,255.		
Pa	art II	Signatur	e Block						
Und	er pena	alties of perjury.	I declare that I have examined this return,	including accompanying schedu	les and statem	ents, and to the best of my	knowledge and belief, it is		
true.	correc	ct, and complete	e. Declaration of preparer (other than office	r) is based on all information of	which preparer	has any knowledge.			
				.,					
C:	_	Signature of o	officer			Date			
Sign		_				Duto			
Her	е		NAUF, CURRENT CEO						
		Type or print	name and title		1	Data I =	DTIN		
		Print/Type pre	•	Preparer's signature		Date Check	PTIN		
Paid		MIKE MU	JLLER	MIKE MULLER	1	.1/15/24 self-employ	ed P01798781		
Prep	arer	Firm's name	BLAND & ASSOCIATE	5		Firm's EIN 4	7-0698853		
	Only	Firm's addres							
	,	5 444103	OMAHA, NE 68114			Phone no 40	2.397.8822		
Max	the !!	RS discuss th	is return with the preparer shown abo	ve? See instructions		I HOHE HU. 40	X Yes No		
iviay	וויטווו	[1]	is recurr with the property showing abo				103 140		

) (Revenue \$

including grants of \$

4,496,913.

Total program service expenses

Form 990 (2023) STEPHEN CENTER, INC.
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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		3,7
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			, v
_	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,	_		, v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			, v
_	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?		37	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Α.
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.	х	
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c	21	
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		116	25	
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	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza	,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		12b	Х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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 other assistance to or for any	- 1.2		
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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. See instructions	17		x
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	18	х	
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	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2023) STEPHEN CENTER, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	Х	25
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 21	
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
52	, ,	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> 52</u>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X 000	

Form 990 (2023) STEPHEN CENTER, INC.

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

			Yes	No
2 a	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		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
D	If "Yes," enter the name of the foreign country Casing the string for filling was visited and for Fig. CFN Form 114. Beauty of Favriers Book and Fig. 2014 Assessment (FBAR)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
oa		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
	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	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	• • • • • • • • • • • • • • • • • • • •			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2023) STEPHEN CENTER, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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 on Schedule O.			
b	Enter the number of voting members included on 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
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		X
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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
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		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	v
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		X
р	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	401		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		

17	List the states with which a copy of this Form 990 is required to be filed NONE	I- A		-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	avallat	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ciai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTOPHER FROHARDT - 402-715-5441			
	2723 O STREET OMAHA NE 68107-3408			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	IIIZU	((ірсі	iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per		, unles					compensation	compensation	amount of
	week (list any						ĺ	from the	from related organizations	other compensation
	hours for	direc				- - -		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensati		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MICHAEL WEHLING	40.00	=	Ë	, 0	-S	± €	요			
CEO	40.00	1		х				135,217.	0.	10,578.
(2) JEREMY DAVERN	40.00							133/21/1	•	10/3/01
CFO THRU 12/2023		1		x				112,187.	0.	6,758.
(3) MICHAEL KEAYS	40.00							,	-	
CFO AS OF 12/2023				х				9,285.	0.	0.
(4) JENNIFER WOODWARD	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) BILL BIRKEL	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) MADELINE MOYER	2.00									
PAST PRESIDENT		Х		Х				0.	0.	0.
(7) GRANT EMPSON	2.00									
TREASURER		Х		Х				0.	0.	0.
(8) JUDE KNIPPER	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(9) KRYSTAL VUONG-WEGNER	1.00	l								
MEMBER AT LARGE		Х		Х				0.	0.	0.
(10) JAMES AMBROSE	1.00	l								
MEMBER	1 00	Х						0.	0.	0.
(11) DAVID AMBURN	1.00	ļ								
MEMBER	1 00	Х						0.	0.	0.
(12) STEVE EULIE	1.00								•	•
MEMBER	1 00	Х				_		0.	0.	0.
(13) DONNA FABER, MD	1.00	.,								0
MEMBER	1 00	Х						0.	0.	0.
(14) ANGELA LANGENFELD	1.00	.,							_	•
MEMBER	1 00	Х						0.	0.	0.
(15) SHANNON MCNEIL	1.00	Х						0.	0	0
MEMBER (16) CANTROC LOUIS OF THERA	1.00	Λ						0.	0.	0.
(16) SANTOS LOUIS OLIVERA MEMBER	1.00	Х						0.	0.	0.
(17) HALLIE TALLEY	1.00	Δ				\vdash		0.	0.	
MEMBER	1.00	Х						0.	0.	0.
222007 12 21 22	<u> </u>	21						0.	0.	Form 990 (2023)

Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	anc	ı Hıç	gnes	t C	ompensated Employee	s (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average hours per		Position (do not check more than one box, unless person is both an			than c		Reportable	Reportable			timate	
	week					s both or/trust		compensation from	compensation from related			ount o)1
	(list any	ector						the	organization			oensat	ion
	hours for	Individual trustee or director	e e			ted		organization	(W-2/1099-MIS		fre	om the	;
	related organizations	stee	truste		au	beusa		(W-2/1099-MISC/	1099-NEC)			anizati	
	below	lual tru	tional		ploye	st com yee	_	1099-NEC)				l relate nizatio	
	line)	Indivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inzacio	110
		-											
								256 690			1 -	7 2 2	
1b Subtotal	/// Cootion A							256,689.		0.		7,33	0.
c Total from continuation sheets to Part \								256,689.		0.	1'	7,33	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but									000 of reportable			, , , ,	•
compensation from the organization						,							2
										ſ		Yes	No
3 Did the organization list any former office	,	,	,	•	,	,	•		,				
line 1a? If "Yes," complete Schedule J for											3		<u> </u>
4 For any individual listed on line 1a, is the	•		•					·	•		4		Х
and related organizations greater than \$1Did any person listed on line 1a receive or			•								4		
rendered to the organization? If "Yes." co											5		Х
Section B. Independent Contractors	mpiete ochedar	007	01 30	<i>ici</i> ,	<i>JC13</i>	<i>OII</i> .						'	
1 Complete this table for your five highest of										oensat	tion fro	m	
the organization. Report compensation fo	r the calendar y	ear e	endin	ng w	ith c	or wit	thin T		ear.		10	٠,	
(A) Name and busines	s address	NO	ONE	3				(B) Description of s	ervices	С	(C omper) nsation	1
							\dashv						
										1			
										1			
							\dashv						
	, , , , , , , , , , , , , , , , , , ,												
Total number of independent contractors\$100,000 of compensation from the organ		ot III	nitec	1 to 1	thos C		ted	above) who received mo	ore tnan				

36-3363994

Form 990 (2023) STEPHEN CENTER, INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Oncome Consumo di response		(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
တ္ တ	1:	a Federated campaigns 1a	79,980.				
Contributions, Gifts, Grants and Other Similar Amounts		o Membership dues 1b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ទីឱ		Fundraising events 1c					
fts,							
ية			446,552.				
Sir		ÿ ', , , , , , , , , , , , , , , , , , ,	110 ,332•				
utic er	1	All other contributions, gifts, grants, and	679,147.				
έĐ			559,099.				
o d				1 205 670			
O g		1 Total. Add lines 1a-1f		4,205,679.			
		GUDGEANGE ADUGE AND ME	Business Code	2 144 004	2 144 004		
<u>.c</u>	2 :			2,144,984.			
Program Service Revenue		PERMANENT SUPPORTIVE H	624200	374,899.	374,899.		
n S	•	·					
ran 3ev	(d					
5	(·					
Δ.	1	All other program service revenue		0 510 000			
		Total. Add lines 2a-2f		2,519,883.			
	3	Investment income (including dividends, interest		004 155			004 455
		other similar amounts)		224,175.			224,175.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6						
	١	Less: rental expenses 6b 0.					
	•	Rental income or (loss) 6c 22,500.					
	(d Net rental income or (loss)		22,500.	22,500.		
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	- 1	Less: cost or other basis					
ne		and sales expenses 7b					
l en	,	Gain or (loss)7c					
Be		d Net gain or (loss)					
her Revenue	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
			121,152.				
	- 1	Less: direct expenses8b	144,817.				
		Net income or (loss) from fundraising events		-23,665.			-23,665.
	9 :	Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 :	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 :	a BALING	900099	19,613.	19,613.		
nec		MISCELLANEOUS INCOME	900099	4,515.	4,515.		
Miscellaneous Revenue							
SS R		d All other revenue					
Σ		e Total. Add lines 11a-11d		24,128.			
	12	Total revenue See instructions		6.972.700.	2 566 511.	0.	200 510.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	054 005	000 054	24 422	15 620
	trustees, and key employees	274,025.	223,954.	34,433.	15,638.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2 502 527	2 046 000	214 500	140 060
7	Other salaries and wages	2,503,537.	2,046,089.	314,580.	142,868.
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	360,635.	289,179.	42,502.	20 05/
9	Other employee benefits	211,872.	172,601.	27,442.	28,954. 11,829.
10	Payroll taxes	411,014.	1/4,001.	41,444.	11,049.
11	Fees for services (nonemployees):				
a	Management	9,652.		9,652.	
	Legal	26,868.		26,868.	
d	Accounting Lobbying	20,000.		20,000.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	195,114.	166,232.	23,449.	5,433.
12	Advertising and promotion	56,801.	33.	581.	5,433. 56,187.
13	Office expenses	172,308.	132,849.	28,082.	11,377.
14	Information technology	21,647.	18,590.	2,383.	674.
15	Royalties				
16	Occupancy	205,717.	194,874.	9,867.	976.
17	Travel	6,898.	6,898.		
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	05.050	00.000		
22	Depreciation, depletion, and amortization	95,070.	89,092.	5,794.	184.
23	Insurance	34,075.	26,307.	7,214.	554.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD	646,597.	646,597.		
b	MAINTENANCE AND EQUIPME	222,955.	211,027.	11,189.	739.
С	UTILITIES	181,805.	172,364.	8,770.	671.
d	DIRECT CLIENT ASSISTANC	77,848.	77,848.		
е	All other expenses	93,276.	22,379.	28,340.	42,557.
25	Total functional expenses. Add lines 1 through 24e	5,396,700.	4,496,913.	581,146.	318,641.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		399,569.	1	219,362.	
	2	Savings and temporary cash investments			7,324,637.	2	7,207,187.
	3	Pledges and grants receivable, net			96,825.	3	
	4	Accounts receivable, net			200,005.	4	439,089.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se persor	าร		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
Ś	7	Notes and loans receivable, net	1,415,614.	7	1,415,614.		
Assets	8	Inventories for sale or use			19,219.	8	30,868.
Ä	9	B			15,428.	9	16,979.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,142,705.			
	b	Less: accumulated depreciation	10b	844,752.	934,006.	10c	1,297,953. 3,809,193.
	11	Investments - publicly traded securities			2,190,126.	11	3,809,193.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11		1,390,365.	13	1,390,333.
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			1,224,554.	15	1,026,349.
	16	Total assets. Add lines 1 through 15 (must equ			15,210,348.	16	16,852,927.
	17	Accounts payable and accrued expenses		318,461.	17	359,939.	
	18	Grants payable			224 542	18	4.540
	19	Deferred revenue			224,649.	19	1,742.
	20	Tax-exempt bond liabilities			05 545	20	16 202
	21	Escrow or custodial account liability. Complete			27,717.	21	16,300.
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs		T I			
ja b		controlled entity or family member of any of the			F00 000	22	F00 000
_	23	Secured mortgages and notes payable to unrel			590,000.	23	590,000.
	24	Unsecured notes and loans payable to unrelate	•			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-	•	1,421,422.		1 255 601
		of Schedule D			2,582,249.		1,255,691. 2,223,672.
	26			X	2,302,243.	26	2,223,072.
S		Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33.	eck nere				
nce	27	Net assets without donor restrictions			10,111,311.	27	12,322,137.
sala	28	Net assets with donor restrictions	2,516,788.	28	2,307,118.		
E E	20	Organizations that do not follow FASB ASC 9	2,310,700.	20	2,307,110.		
필		and complete lines 29 through 33.	oo, chec	, K Here			
<u></u>	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e			30		
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			12,628,099.	32	14,629,255.
Z	33	Total liabilities and net assets/fund balances			15,210,348.	33	16,852,927.
		rotal nabilities and net assets/fully baldifees				55	

Form **990** (2023)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

Form 990 (2023)

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Employer identification number 36 – 3363994

OMB No. 1545-0047

		STEP:	HEN CENTER	, INC.				3	6-3363994	
Pa	rt I	Reason for Public (omplete th	nis part.) S	ee instructions			
he o	organi	ization is not a private found								
1	Ŏ.	•	•	•		•)(A)(i).			
2	一	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	Ħ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	\Box	A medical research organiza					-	iii). Enter	the hospital's name.	
		city, and state:		,			(-)(-)(-)		,	
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental un	it describe	ed in	
Ŭ		section 170(b)(1)(A)(iv). (C		iogo or armorony orinio	o. opo.a.		· · · · · · · · · · · · · · · · · · ·			
6		A federal, state, or local gov		ental unit described in	section 17	70(6)(4)(4)	(v)			
	X	An organization that normal	ū				• •	a general i	oublic described in	
'		section 170(b)(1)(A)(vi). (Co	•	itiai part of its support if	om a gove	minentart		generar	public described in	
8				1VAVvi) (Complete Ban	+ II \					
		A community trust describe			•	nd in coniu	notion with a l	and arant	collogo	
9		An agricultural research org				-		-	•	
		or university or a non-land-g	rant college of agrict	ulture (see instructions).	Enter the i	name, city,	, and state of t	ne college	e Of	
40		university:		No 00 1 /00/ of its according						
10		An organization that normal	•				•		•	
		activities related to its exem	•	•					•	
		income and unrelated busin		(less section 511 tax) irc	m busines	sses acquir	red by the orga	ariizatiori a	arter June 30, 1975.	
4.4		See section 509(a)(2). (Cor	. ,	valv ta taat far public aa	iotu Coo	aastian EC	00(=)(4)			
11 12		An organization organized a	· ·		•			ar out the	nurnasas of one or	
12		An organization organized a	•	•	-			•	•	
		more publicly supported org	-						SHECK THE DOX OH	
_		lines 12a through 12d that o	* *					-	aivina	
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	_				
		the supported organization	· · · · · ·		пајопцу с	i trie direc	tors or trustees	s or the st	аррогинд	
h		organization. You must o			ion with it	aunnarta	d organization	(a) by bay	ina	
D		Type II. A supporting orga					-		-	
		control or management of			arrie perso	iis iiiai coi	itroi or managi	e trie supp	Jortea	
_		organization(s). You mus Type III functionally inte			in connoct	ion with a	and functionally	, intograto	od with	
·		its supported organization					•	, integrate	ou with,	
d		Type III non-functionally		•	•	•	•	ed organi	zation(s)	
u		that is not functionally into	•				• •	•	* *	
		requirement (see instructi		• ,	•		-	an attenti	Veness	
е		Check this box if the orga	•	•	•			Type III		
·		functionally integrated, or					Type I, Type II	, Type III		
f	Ente	er the number of supported o	ragnizations		ig organiz	ation.				
a		ride the following information	•	d organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)	
				above (occ motractions)						

332021 12-21-23

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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1974096.	2790366.	4291598.	3043774.	4229807.	16329641.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	1974096.	2790366.	4291598.	3043774.	4229807.	16329641.	
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)						1749612.	
6	Public support. Subtract line 5 from line 4.						14580029.	
	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 4	1974096.	2790366.	4291598.	3043774.		16329641.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	96,479.	63,364.	34,103.	60,463.	246,675.	501,084.	
9	Net income from unrelated business		-	-	-	-	-	
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						16830725.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12 11	,322,646.	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
Sec	tion C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	86.63 %	
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	89.51 %	
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition				
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2023 STEPHEN CENTER, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
3b		
30		
3с		
4a		
4b		
713		
4c		
_		
5a		
5b		
5c		
•		
6		
7		
8		
9a		
Ja		
0:		
9b		
9с		
10a		
.Ju		
401-		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s). D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2 b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	ınization (see

Schedule A (Form 990) 2023

instructions).

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
RICK PETTIGREW ESTATE	1,000,000.	663,385.
CHARLES E LAKIN FOUNDATION	536,296.	199,681.
LOZIER FOUNDATION	479,000.	142,385.
LAURA J. MONEN	1,080,776.	744,161.
Total Excess Contributions to Schedule A, Part II, Line 5		1,749,612.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

36-3363994 STEPHEN CENTER INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization Employer identification number

STEPHEN CENTER, INC.

36-3363994

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,080,776</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>152,679.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

STEPHEN CENTER, INC.

36-3363994

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Employer identification number Name of organization STEPHEN CENTER, INC. 36-3363994 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

STEPHEN CENTER, INC.

Employer identification number 36-3363994

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	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	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Dono and an impact of the color		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

a Uniting the organization's acquisition, accession, and other records, check any of the following that makes significant use of its collection times (check all that apply). a Public exhibition b Scholarly research c Preservation for future generations d Public exhibition b Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization social 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? Part IV Excrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included an Form 990, Part X. line 21. Beginning balance Beginning balance Beginning balance Beginning balance Beginning the year Beginning the year Beginning of year balance Beginning of year	Pai	rt III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	er Similaı	Assets	(conti	nued)
a Public exhibition d	3	Using the organization's acquisition, accessio	n, and other records	s, check any of the f	ollowing that make	significant ι	use of its		
b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to raise funds attent frant to be maritaned as part of the organization collection? Ves No		collection items (check all that apply).							
b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or receive donations of air, historical treasures, or other similar assets to be seed to raise funds attent fram to be maritaned as part of the organization collection? Ves No	а	Public exhibition d Loan or exchange program							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical breasures, or other similar assets to be sold to raise funds either than to be maintained as part of the organization's collection? Part VI Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c Amount 1c Amount 1c Amount 1c Amount 1c Is Amount	b	Scholarly research	е	Other					
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? Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9 or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10 to 10 the organization include an amount on Form 990, Part IV, line 21, for escrow or custodial account liability? 2a Did the organization include an amount on Form 990, Part IV, line 10, to 10 the organization include an amount on Form 990, Part IV, line 10, to 10 the organization include an amount on Form 990, Part IV, line 10, to 10 the organization include an amount on Form 990, Part IV, line 10, to 10 the organization answered "Yes" on Form 990, Part IV, line 10, to 10 the organization answered "Yes" on Form 990, Part IV, line 10, to 10 the organization include an amount on Form 990, Part IV, line 10, to 10 the organization include an amount on Form 990, Part IV, line 10, part IV, line 11, part IV, line 10, part IV, line 1	С	Preservation for future generations							
The part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	empt purpos	se in Part	XIII.	
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X Image: Septial the arrangement in Part XIII and complete the following table: Complete Image: Septial the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	ar assets			
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes X No If "Yes = Explain the arrangement in Part XIII and complete the following table: Amount 1d		to be sold to raise funds rather than to be mai	ntained as part of th	ne organization's col	lection?			Yes	☐ No
Teported an amount on Form 990, Part X, line 21. Yes	Pai							ne 9, or	
on Form 990, Part X? Yes x No		reported an amount on Form 990, Part	X, line 21.						
Seginning balance	1a	Is the organization an agent, trustee, custodia	n, or other intermed	iary for contribution	s or other assets no	t included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses 489,746. 1c Net investment earnings, gains, and losses and programs 1d Additions of the explanation include an amount on Form 990, Part X, line 10. 1c Net investment earnings, gains, and losses 14,947,351, 655,422, 1,893,058. 1c Other expenditures for facilities and programs 1d Additions of the explanation and the program and programs 1d Additions of the explanation and the program and programs 1d Additions of the explanation and the program and programs 1d Additions during the year 1d Additions during the year 1d (a) Current year feel the explanation has been provided in Part XIII. 1d Investment earnings of the current year explanation and the programs and programs 1d Additions of the explanation and the program and programs 1d Additions of the explanation and the program and programs 1d Additions of the explanation and the program and programs 1d Organization by: 1d Part Ves on line 38(0), are the related organizations listed as required on Schedule R1 2d Describe in Part XIII the intended uses of the organization sendowment funds. 2d Describe in Part XIII the intended dues of the organization sendowment funds. 2d Describe in Part XIII the program and program and programs and program and p		on Form 990, Part X?						Yes	X No
C Beginning balance 1 C	b								
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Var Endowment Funds Var Ves Ves								Amoun	t
d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Var Endowment Funds Var Ves Ves	С	Beginning balance				1c			
Ending balance									
f Ending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X vs. No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. S vs. Part XIII. Check here if the explanation has been provided in Part XIII. S vs. Vs. S	_								
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a						X	Yes	☐ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years (d) Three yea	b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided in Part XIII				X
1a Beginning of year balance	Pai	rt V Endowment Funds Complete if t	he organization ans	wered "Yes" on For	m 990, Part IV, line	10.			
Description of property 1,947,351, 655,422, 1,893,058,			(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Fou	r years back
b Contributions	1a	Beginning of year balance	2,595,908.	2,002,936.	109,532.	1	09,532.		
C Net investment earnings, gains, and losses 489,746, -57,210, 346,			1,947,351.	655,422.	1,893,058.				
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 5,013,644. 2,595,908. 2,002,936. 109,532. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 319,949. 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other Other			489,746.	-57,210.	346.				
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 5,013,644. 2,595,908. 2,002,936. 109,532. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (ii) Related organizations? (iii) Related organizations? 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 1a Land 319,949. 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other Other	d	Grants or scholarships							
## Administrative expenses									
19,361, 5,240,		and programs							
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f		19,361.	5,240.					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 100 % b Permanent endowment			5,013,644.	2,595,908.	2,002,936.	1	09,532.		
a Board designated or quasi-endowment	2		ent year end balance	(line 1g, column (a)) held as:				
b Permanent endowment	а		1 0 0		•				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1a Land 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 4 Equipment 674,339. 300,527. 373,812. e Other 0ther	b			_					
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" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) basis (other) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other Other	С	Term endowment 9	 6						
Yes No		The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
Yes No	За	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	nd administered for t	:he			
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 319,949. 5 Buildings 941,386. 396,628. 544,758. c Leasehold improvements 4 Equipment 674,339. 300,527. 373,812. e Other 34 Describe in Part XIII the intended uses of the organizations listed as required on Schedule R? 3b X 3a(ii) X 3b 4 Description of property (d) Book value (d) Bo									Yes No
(iii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 319,949. 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.		(i) Unrelated organizations?						3a(i)	Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.		··· - · · · · · · · · ·						3a(ii)	Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 319,949. 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.	Pai	rt VI Land, Buildings, and Equipme	ent						
basis (investment) basis (other) depreciation 1a Land 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.			
1a Land 319,949. 319,949. b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.		Description of property	1 ' '				ed	(d) Boo	k value
b Buildings 941,386. 396,628. 544,758. c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.	10	Land	,	· ·	` '	,		31	9.949.
c Leasehold improvements 172,909. 147,597. 25,312. d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.						396 6	28.		
d Equipment 674,339. 300,527. 373,812. e Other 34,122. 34,122.									
e Other 34,122. 34,122.									
						300,00			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1, 297, 953.	-								

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 STEPHEN CEN	TER, INC.	36-3	363994 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-y	ear market value
(1) INVESTMENT IN 2723 Q			
(2) STREET	1,390,333.	COST	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	1,390,333.		
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1) RIGHT OF USE ASSETS			1,026,349.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		1,026,349.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			4 055 551
(2) LEASE LIABILITIES			1,255,691.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(9)

Sched	lule D (Form 990) 2023 STEPHEN CENT	PER, INC.	36-	-3363994 Page
Part			th Revenue per Return	J
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited fil	nancial statements	<u>1</u>	
2	Amounts included on line 1 but not on Form 990, Part	t VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
3	Subtract line 2e from line 1		3	
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.)	4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Fo	orm 990. Part I. line 12.)	5	
Pan	Reconciliation of Expenses per Auc		ntn Expenses per Retu	rn
	Complete if the organization answered "Yes" of			1
	Total expenses and losses per audited financial stater		<u>1</u>	
	Amounts included on line 1 but not on Form 990, Part	· 1		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but n	ı		
	Investment expenses not included on Form 990, Part			
	Other (Describe in Part XIII.)		40	
5 Parl	Total expenses. Add lines 3 and 4c. (This must equal to XIII Supplemental Information	Form 990, Part I, line 18.)	5	
). Dort III. lines 1s and 4. Dort IV. lines	1h and 0h; Dort V, line 4; Dord	V line 0: Dort VI
	le the descriptions required for Part II, lines 3, 5, and 9 ad and 4b; and Part XII, lines 2d and 4b. Also complete			. A, IIIIe 2, Part AI,
III IES Z	u and 4b, and Part XII, lines 2d and 4b. Also complete	striis part to provide arry additional in	normation.	
PAR	T IV, LINE 2B:			
	,			
STE	PHEN CENTER HOLDS SECURITY	DEPOSITS FROM CLIEN	TS RESIDING IN	PERMANENT
SUP	PORTIVE HOUSING UNITS.			
PAR	T V, LINE 4:			
	·			
STE	PHEN CENTER'S BOARD OF DIRE	CTORS HAS ESTABLISE	HED A BOARD-DESI	GNATED
<u>EN</u> D	OWMENT TO PROVIDE A SOURCE	OF STEADY FUNDING F	OR PROGRAMS WHI	LE HEDGING
ΔGΔ	TNST ECONOMIC AND PUBLIC SU	PPORT DOWNTHIRMS		

PART X, LINE 2:

STEPHEN CENTER HAS BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER

SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number 36-3363994 STEPHEN CENTER, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

36-3363994 Page 2 STEPHEN CENTER, INC. Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DINNER AND NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 121,152. 121,152. 1 Gross receipts 2 Less: Contributions 121,152. 3 Gross income (line 1 minus line 2) 121,152. 3,060. 3,060. 4 Cash prizes 5 Noncash prizes 5,578. 5,578. Direct Expenses 75,221. 75,221. 6 Rent/facility costs 5,164. 5,164. **7** Food and beverages 15,965. 15,965. 8 Entertainment 39,829. 39,829. 9 Other direct expenses 144,817. 10 Direct expense summary. Add lines 4 through 9 in column (d) -23,665. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo **1** Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

b If "No," explain: _

b If "Yes," explain:

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Sch	nedule G (Form 990) 2023 STEPHEN CENTER, INC. 36-	-3363	994	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	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?	. \square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
ŀ	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	STEPHEN CENTER,	INC.	36-3363994	Page 4
Part IV	Supplemental Info	STEPHEN CENTER, rmation (continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

STEPHEN CENTER, INC. Employer identification number 36-3363994

Pai	TI Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d)	ormin	ina	
		applicable	contributions or	amounts reported on	Method of det noncash contribut		_	S
	<u>_</u>		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications			400 005				
5	Clothing and household goods	X		108,305.	FAIR MARKET	VAI	JUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	234,789	450,794.	FAIR MARKET	VAI	JUE	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	-	•					
	for which the organization completed Form 828	3, Part V, D	onee Acknowledge	ement 29				
					1		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a	\longrightarrow	Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance po				ions?	31	_X	
32a	Does the organization hire or use third parties o	r related or	ganizations to solic	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

Name of the organization

STEPHEN CENTER, INC.

Employer identification number 36-3363994

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUBSTANCE ABUSE, AND MENTAL HEALTH CONCERNS. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT COPY OF THE 990 IS PRESENTED TO THE OFFICERS AND BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL. ONCE APPROVED, THE FORM 990 IS FINALIZED AND SUBMITTED. FORM 990, PART VI, SECTION B, LINE 12C: NEW BOARD MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY AND TO SIGN A STATEMENT AGREEING TO COMPLY WITH THE POLICY. THE CONFLICT OF INTEREST POLICY IS ALSO RE-DISTRIBUTED TO ALL BOARD MEMBER ANNUALLY WHO ARE THEN ASKED TO REVIEW THE POLICY AND REPORT ANY POTENTIAL CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS CONDUCT AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR. THE BOARD DETERMINES ANY PAY ADJUSTMENTS AT THAT TIME BASED ON THE RESULTS OF THE REVIEW AND COMPARABILITY DATA. FORM 990, PART VI, SECTION C, LINE 19: STEPHEN CENTER MAKES ITS ORGANIZATIONAL DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

2.

ROUNDING

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-3363994

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	" on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	r assets Direct	(f) Direct controllin entity	
5217 SOUTH 28TH STREET LLC - 20-3145069							
2723 Q STREET	SHORT TERM RESIDENTIAL						
OMAHA, NE 68107	HOUSING FOR SUBSTANCE	NEBRASKA		0. 19	2,776.N/A		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	ecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
		,,		501(c)(3))		Yes	No

STEPHEN CENTER, INC.

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(b)		(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
	(state or	entity	(related, unrelated,	income		alloca	tions?	amount in box	manag	ownership
	foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	0
			,					,	1	
LOW INCOME										
RENTAL	NE		RELATED	-22.	1,390,333.		X	N/A	X	.01%
]										
]										
1										
	LOW INCOME	Primary activity Legal domicile (state or foreign country) LOW INCOME	Primary activity Legal domicile (state or foreign country) LOW INCOME Low Income	Primary activity Legal domicile (state or foreign country) LOW INCOME Legal domicile (state or foreign country) Direct controlling entity excluded from tax under sections 512-514)	Primary activity Legal domicile (state or foreign country) LOW INCOME Legal domicile (state or foreign country) Direct controlling entity	Primary activity Legal domicile (state or foreign country) Direct controlling entity entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets	Primary activity Legal domicile (state or foreign country) LOW INCOME Low Income Legal domicile (state or foreign country) Direct controlling entity entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Pisprop alloca Yes	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Yes No LOW INCOME	Primary activity Legal domicile (state or foreign country) LOW INCOME Low Income Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Pisproportionate allocations? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Primary activity Legal domicile (state or foreign country) Low Income Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income end-of-year assets Pisproportionate allocations? Yes No Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Foreign amount in pox 20 of Schedule K-1 (Form 1065)

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
	1								
]								
]								
]								
	1								
]								
	1								
	1								

1a

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		X
				1d	Х	
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
I Performance of services or membership or fundraising solicitations for related organization(11		X
m Performance of services or membership or fundraising solicitations by related organization(1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1 p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must	t complete thi	s line, including covered re	elationships and transaction thresholds.			
	(b) nsaction pe (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) 2723 Q STREET LLC	K	192,020.	LEASE PAYMENTS RECOGNIZE	D		
2)						
2)						
3)						
J						
4)						
7						
5)						
-,						
6)						
32163 09-28-23			Schedule	R (Forn	n 990	2023

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000