

Form **990****Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 09/01, 2002, and ending 08/31/2003**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**GIANT STEPS ILLINOIS, INC.**

Number and street (or P O box if mail is not delivered to street address)

Room/suite

8320 S. MADISON ST.

City or town, state or country, and ZIP + 4

BURR RIDGE, IL 60527**D** Employer identification number**36-4111286****E** Telephone number**(630) 455-5730****F** Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site: **WWW.GIANTSTEPSILLINOIS.ORG****J** Organization type (check only one) ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,759,032.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 17 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received STMT 1		
	a Direct public support	1a	174,821.
	b Indirect public support	1b	
	c Government contributions (grants)	1c	196,706.
	d Total (add lines 1a through 1c) (cash \$ 174,821. noncash \$)	1d	371,527.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,300,576.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	4,844.
	5 Dividends and interest from securities	5	
	6 a Gross rents	6a	
	b Less rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe in Part VII)	7		
Expenses	8 a Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a	
	b Less cost or other basis and sales expenses	8b	
	c Gain or (loss) (attach schedule)	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	
	9 Special events and activities (attach schedule)		
	a Gross revenue (not including \$ of contributions reported on line 1a) STMT. 2	9a	82,085.
	b Less direct expenses other than fundraising expenses	9b	21,211.
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	60,874.
	10 a Gross sales of inventory, less returns and allowances	10a	
	b Less cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11 Other revenue (from Part VII, line 103)	11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,737,821.	
Net Assets	13 Program services (from line 44, column (B))	13	1,697,155.
	14 Management and general (from line 44, column (C))	14	50,026.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	1,747,181.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-9,360.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	521,117.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	511,757.	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

JSA
2E1010 1 000

FOG0U0 1523 02/05/2004 19:13:34 V02-8

222222

96 11

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25	77,250.	77,250.	
26 Other salaries and wages	26	1,071,314.	1,043,239.	28,075.
27 Pension plan contributions	27			
28 Other employee benefits	28	199,031.	194,539.	4,492.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31	5,038.		5,038.
32 Legal fees	32			
33 Supplies	33	76,514.	73,604.	2,910.
34 Telephone	34	4,584.	4,584.	
35 Postage and shipping	35	2,094.	1,751.	343.
36 Occupancy	36	168,523.	168,523.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	5,242.	5,242.	
40 Conferences, conventions, and meetings	40	4,530.	4,530.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	57,325.	54,126.	3,199.
43 Other expenses not covered above (itemize) STMT 6	43a	75,736.	69,767.	5,969.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,747,181.	1,697,155.	50,026.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)What is the organization's primary exempt purpose? **THERAPEUTIC DAY SCHOOL**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a STMT 7	
(Grants and allocations \$ _____)	
b STMT 7	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,697,155.

Part IV Balance Sheets (See page 24 of the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	502,007.	45	318,187.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a 28,768.		
	b Less allowance for doubtful accounts	47b	15,382.	47c 28,768.
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	STMT. 8. 5,319.	53	28,264.
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation (attach schedule)	55b		55c
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 285,062.			
b Less accumulated depreciation (attach schedule)	57b 100,363.	43,208.	57c 184,699.	
58 Other assets (describe ►)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	565,916.	59	559,918.	
Liabilities	60 Accounts payable and accrued expenses	44,799.	60	48,161.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities (add lines 60 through 65)	44,799.	66	48,161.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	333,163.	67	509,745.
	68 Temporarily restricted	187,954.	68	2,012.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	521,117.	73	511,757.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	565,916.	74	559,918.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 26 of the instructions)

[illegible]Form **990** (2002)

Part VI Other Information (See page 27 of the instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization: _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	X
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a List the states with which a copy of this return is filed ▶ _____		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	
91 The books are in care of ▶ <u>MARY MARGARET FARRELLY</u> Telephone no ▶ <u>630-455-5730</u> Located at ▶ <u>BURR RIDGE, IL</u> ZIP + 4 ▶ <u>60527</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a DAY SCHOOL					1,300,576.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					4,844.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					60,874.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					1,366,294.
105 Total (add line 104, columns (B), (D), and (E))					1,366,294.

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

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

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	TUITION AND FEES COLLECTED TO OPERATE THERAPEUTIC DAY SCHOOL

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

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

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

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

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

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

Please Sign Christine Wiener Date 2/10/04

Wiener, President

Date Feb 6 2004 Check if self ☐ Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002

Name of the organization

GIANT STEPS ILLINOIS, INC.

Employer identification number

36-4111286

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JANA DAVIES 222 LINCOLD OAK DRIVE WILLOWBROOK, IL 60527	SPEECH THERAPIST 37.5	56,650.		
Total number of other employees paid over \$50,000	NONE			

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

JSA
2E1210 1 000

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

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 or Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property? 2a X

b Lending of money or other extension of credit? 2b X

c Furnishing of goods, services, or facilities? 2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 2d X

e Transfer of any part of its income or assets? 2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below) 3 X

- 4 Do you have a section 403(b) annuity plan for your employees? 4 X

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

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

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

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6 ☒ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting** **NOT APPLICABLE****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

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

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29 X	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30 X	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	X
STMT 11		

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	X
b Admissions policies?	33b	X
c Employment of faculty or administrative staff?	33c	X
d Scholarships or other financial assistance?	33d	X
e Educational policies?	33e	X
f Use of facilities?	33f	X
g Athletic programs?	33g	X
h Other extracurricular activities?	33h	X
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a X	
b Has the organization's right to such aid ever been revoked or suspended?	34b	X
If you answered "Yes" to either 34a or b, please explain using an attached statement		

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35 X	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 11 of the instructions)

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

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

- a Volunteers
 b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .
 c Media advertisements
 d Mailings to members, legislators, or the public
 e Publications, or published or broadcast statements
 f Grants to other organizations for lobbying purposes
 g Direct contact with legislators, their staffs, government officials, or a legislative body
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
 i Total lobbying expenditures (Add lines c through h)

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

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FUNDRAISING	82,085.	21,211.	60,874.
TOTALS	82,085.	21,211.	60,874.

2002

36-4111286

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year * depreciation
THERAPY EQUIPMENT	07/01/1998	659.	100.000			659.	549.	659.	SL	MQ	5.000		5		110.
THERAPY EQUIPMENT	07/01/1998	1,674.	100.000			1,674.	1,395.	1,674.	SL	MQ	5.000		5		279
SOTHPAW - THERAPY	01/01/1999	645.	100.000			645.	452.	581.	SL	HY	5.000		5		129
VIDEO EQUIPMENT	01/01/2000	620.	100.000			620.	310.	434.	SL	HY	5.000		5		124.
COMPUTER	07/01/2000	1,500.	100.000			1,500.	1,250.	1,500.	SL	HY	3.000		3		250
COPIER	05/01/2000	1,800.	100.000			1,800.	900.	1,260.	SL	HY	5.000		5		360
EQUIPMENT	08/01/2000	678.	100.000			678.	339.	475.	SL	HY	5.000		5		136
PIANO	08/01/2000	3,280.	100.000			3,280.	1,640.	2,296.	SL	HY	5.000		5		656.
SQUEEZE MACHINE	02/01/2000	4,345.	100.000			4,345.	2,173.	3,042.	SL	HY	5.000		5		869.
OTHER EQUIPMENT	03/01/2000	3,461.	100.000			3,461.	1,731.	2,423.	SL	HY	5.000		5		692.
THERAPY EQUIPMENT	02/01/2001	2,684.	100.000			2,684.	805.	1,342.	SL	HY	5.000		5		537.
VAN	04/01/2001	22,337.	100.000			22,337.	6,700.	11,167.	SL	HY	5.000		5		4,467
THERAPY EQUIPMENT	02/01/2001	9,660	100.000			9,660.	2,897.	4,829.	SL	HY	5.000		5		1,932
COMPUTERS	03/01/2001	7,057.	100.000			7,057.	3,528.	5,880.	SL	HY	3.000		3		2,352
TABLES	09/01/2001	805.	100.000			805	81.	242.	SL	HY	5.000		5		161
TABLES	03/01/2002	778.	100.000			778.	78	234	SL	HY	5.000		5		156
PROJECTOR	01/01/2002	2,226.	100.000			2,226.	371.	1,113.	SL	HY	3.000		3		742
COMPUTER	02/01/2002	2,287.	100.000			2,287.	381.	1,143.	SL	HY	3.000		3		762
DISHWASHER	09/01/2002	508.	100.000			508.		102.	SL		5.000				102.
Less Retired Assets															
Subtotals															

Listed Property

Less Retired Assets															
Subtotals															
TOTALS															

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired
JSA
2X9024 2 000

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
CONSULTATION SERVICES	14,388.	14,388.	
INSURANCE	12,601.	12,101.	500.
DUES AND SUBSCRIPTIONS	93.	93.	
MISCELLANEOUS	33,717.	28,248.	5,469.
RECRUITMENT	14,937.	14,937.	
TOTALS	75,736.	69,767.	5,969.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

OPERATION OF A THERAPEUTIC DAY SCHOOL FOR 30 STUDENTS WITH AUTISM AND RELATED DEVELOPMENTAL DISABILITIES. TUITION INCOME FOR EDUCATION PROVIDED. SCHOOL YEAR CONSISTS OF TWO SEMESTERS AND A SUMMER PROGRAM.

1,667,478.

STEPPING STONES IS A PROGRAM DESIGNED FOR STUDENTS WITH AUTISM, NOT IN THE DAY SCHOOL. TEACHES BOTH THE STUDENT AND THE FAMILIES STRATEGIES TO FACILITATE ACADEMIC, SOCIAL, AND COPING SKILLS WITHIN THE FAMILY.

29,677.

TOTAL

1,697,155.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	28,264.

TOTALS	28,264.
	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DEBRA K. NAUMAN 8320 S. MADISON STREET BURR RIDGE, IL 60527	CHAIRMAN 5	NONE	NONE	NONE
CHRISTINE THORNTON WIENER, M.ED. 8320 S MADISON STREET BURR RIDGE, IL 60527	PRESIDENT 24	NONE	NONE	NONE
WILLIAM KLING, ESQ 8320 S MADISON STREET BURR RIDGE, IL 60527	EXECUTIVE VP 5	NONE	NONE	NONE
CRAIG H LACY 8320 S MADISON STREET BURR RIDGE, IL 60527	VP FINANCE 5	NONE	NONE	NONE
JEAN HOLLEY 8320 S MADISON STREET BURR RIDGE, IL 60527	VP - SECRETARY 5	NONE	NONE	NONE
SYLVIA CADENA SMITH 8320 S MADISON STREET BURR RIDGE, IL 60527	VP PROGRAMMING 5	NONE	NONE	NONE
GEORGE C WEIR 8320 S MADISON STREET BURR RIDGE, IL 60527	VP PLANNING 5	NONE	NONE	NONE
ANN CREVI 8320 S MADISON STREET BURR RIDGE, IL 60527	VP DEVELOPMENT 5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
COURTNEY STILLMAN 8320 S MADISON STREET BURR RIDGE, IL 60527	DIRECTOR 5	NONE	NONE	NONE
ANTONIO ROMANUCCI 8320 S MADISON STREET BURR RIDGE, IL 60527	DIRECTOR 5	NONE	NONE	NONE
PATTY LYNCH 8320 S MADISON STREET BURR RIDGE, IL 60527	DIRECTOR 5	NONE	NONE	NONE
MARY MARGARET FARRELLY 8320 SOUTH MADISON STREET BURR RIDGE, IL. 60527	PROGRAM DIRECTOR 50	77,250.		
GRAND TOTALS		77,250.	NONE	NONE

SCHEDULE A, PART V - EXPLANATION FOR LINE 31

=====

THE SCHOOL DOES NOT SOLICIT STUDENTS THROUGH MASS MEDIA. ENROLLMENT
CONSISTS ENTIRELY OF AUTISTIC STUDENTS REFERRED BY VARIOUS PUBLIC SCHOOL
DISTRICTS WHICH SUBSIDIZE ALL TUITION AND FEES. THUS, THE SCHOOL IS
CLASSIFIED AS PUBLIC.

DEPRECIATION

[illegible]

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
TOTALS:							

35

Description of Property

[illegible]

Listed Property

[illegible]

AMORTIZATION

AMORTIZATION		Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Asset description								
TOTAL \$								

*Assets Retired
JSA
2X9024 2 000

2002

Description of Property

DEPRECIATION															
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-thod	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
PIANO	09/01/2002	2,494.	100.000			2,494.		356.	SL		7.000				356
COMPUTER	09/01/2002	3,372.	100.000			3,372.		1,124.	SL		3.000				1,124
COMPUTER	09/01/2002	1,864.	100.000			1,864.		621	SL		3 000				621
LEASEHOLD IMPROVEM	09/01/2002	188,668.	100.000			188,668.		37,734	SL		5.000				37,734.
FURNITURE	09/01/2002	1,910.	100.000			1,910.		382.	SL		5 000				382
SOUTHPAW THERAPY	07/01/1998	699.	100 000			699.	583.	699.	SL	MQ	5 000	5			116
GENERAL OFFICE FUR	07/01/1998	1,300.	100.000			1,300.	1,083.	1,300.	SL	MQ	5 000	5			217
SPORTTIME THERAPY	07/01/1998	1,831.	100.000			1,831	1,526.	1,831.	SL	MQ	5.000	5			305.
Less Retired Assets															
Subtotals		285,062.				285,062.	43,038.	100,363.							57,325
Listed Property															
Less, Retired Assets															
Subtotals															
TOTALS		285,062.				285,062.	43,038.	100,363.							57,325.

AMORTIZATION		Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
Asset description								
TOTALS								

*Assets Retired
JSA
2X9024 2 000