Ferm 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 may have to use a copy of this return to salisfy state reporting requirements

2003

Department of the Treasury

Open to Public

OMB No 1545-0047

Inte		enue Service I ne organization may have to use a copy of this return to satisfy state reporting requirements		1 mishechou
Α	For the	e 2003 calendar year, or tax year beginning 9/01/03, and ending 8/31/04		
В	Check if	applicable Please C Name of organization	D	Employer ID number
Γ	7	use IRS		36-4111286
	7	change   label or		Telephone number
<u> </u>	Initial			630-455-5730
<u> </u>	Final	See Carried States of the Stat		Accounting method: Cash
H	7	0181.	Ē	ست رستم
-	⊣	msuuc-		Accrual Other (specify)
L	] Applic	· · · · · · · · · · · · · · · · · · ·		
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applicable to sec		· · · · ·
		trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for a		. – –
<u>G</u> _		te: ► N/A H(b) If "Yes," enter number of a	affiliat	es ▶ ┌┐、┌┐ .
J		ization type H(c) Are all affiliates included?	•	∐ Yes ∐ No
		only one) ► X 501(c) ( 3 ) < (insert no.)   4947(a)(1) or   527   (If "No," att a list See ins		
K		here 🕨 🔲 if the organization's gross receipts are normally not more than \$25,000. H(d) Is this a separate return fi	led by	an — —
		ganization need not file a return with the IRS; but if the organization received a organization covered by a	grou	pruling? Yes No
	Form 9	90 Package in the mail, it should file a return without financial data. Some states   I Group Exemption Nur	nber	<u> </u>
	require		orgai	nization is <b>not</b> required
<u>L</u>	Gross I	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1, 907, 678 to attach Sch. B (Form	1 990	, 990-EZ, or 990-PF)
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 c	of th	e instructions.)
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support 1a 100,991	ļ	1
	Ь	Indirect public support 1b	]	
	c	Government contributions (grants)  1c 87,353	1	1
	ď	Government contributions (grants)  Total (add lines 1a through 1c) (cash \$	1d	188,344
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,635,988
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	3,374
	5	Dividends and interest from securities	5	
	6a		<del>-</del> -	<del> </del>
	ь	Gross rents 6a Less: rental expenses 6b	1	İ
	6	Net rental income or (loss) (subtract line 6b from line 6a)	6.	1
D	1 _	Other investment income (describe	6c 7	<del></del>
R	7		<del></del>	<del> </del>
v e	8a		ļ	
n	1 .	· · · · · · · · · · · · · · · · · · ·		
6 U	D	Less: cost or other-pasis and sales expenses ?		
	C	Gain or (loss) lattech schedule) § 2003 (6)  Net gain or (loss) accombine line 8c, columns (A) and (B))	١.,	
	d	Net gain or (lossingontaine line 8c, columns (A) and (B))	<u>8d</u>	<del></del>
	9	Special events and activities (attachischedule). If any amount is from gaming, check here Gross revenue (not included)	١.	
_	a	Gross revenue (not including a of		1
	ļ .	contributions reported on line 1a) 9a 79,972	-	
	Ь	Less: direct expenses other than fundraising expenses 9b 15,929	l	64 040
0	С	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	64,043
>	10a	Gross sales of inventory, less returns and allowances 10a		
A X	b	Less: cost of goods sold		
¥	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	<del></del>
)	11	Other revenue (from Part VII, line 103)	_11	
J Expe	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	<del></del>
ξĒ	13	Program services (from line 44, column (B))	13	
ξŘ	14	Management and general (from line 44, column (C))	14	<del></del>
) e	15	Fundraising (from line 44, column (D))	15	<del></del>
) s e	16	Payments to affiliates (attach schedule)	16	
Š	17	Total expenses (add lines 16 and 44, column (A))	17	<del></del>
Α	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<del></del>
N S	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	511,757
e e t t	20	Other changes in net assets or fund balances (attach explanation)	20	
s	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	634,175

c  d  Other program services (attach schedule)  Total of Program Service Expenses (should equal line 4		(Grants and all	ocations \$ ocations \$ ocations \$	)	1,659,849
d		(Grants and all	ocations \$	)	31,73.
		(Grants and all	ocations \$	)	31,73.
				)	31,73.
				)	31,73
c					31,73
c		(Grants and all	ocations \$		31,79
c		Grants and all	ocanons \$		31,793
c		Grants and all	ocadons \$		
····		(Grants and all	ocadons \$		31,19
		(Coope and all	postions C		31,795
b See Statement					
	·· ····	(Grants and all	ocations \$	)	1,628,054
				••••••	
* ,				• •• • • • • • • •	
a See Statement	ist dist (	emer the amount of gra	and and anocations to	Jule13 /	others)
All organizations must describe their exempt purpose achieve of clients served, publications issued, etc. Discuss achievement organizations and 4947(a)(1) nonexempt charitable trusts mu	ents that	t are not measurable. (	Section 501(c)(3) and (	(4)	trusts, but optional for
► Therapuetic Day School	ments i	n a clear and concise r	manner. State the numi	ber	(Required for 501(c)(3) (4) orgs., & 4947(a)(1)
What is the organization's primary exempt purpose?				l	Program Service Expenses
	compl	isnments (See pa	age 25 of the instr	uctions.)	Program Sanda
iii) the amount allocated to Management and generals  Part III Statement of Program Service Ac	<u> </u>	; and (Iv) the amou	int allocated to Fundraising	3 <b>\$</b>	·· - · · ·
f "Yes," enter (i) the aggregate amount of these joint costs\$					;
Are any joint costs from a combined educational campaign ar		-	-		▶ ☐ Yes X No
loint Costs. Check ▶ ☐ if you are following SOP 98-2.					
completing columns (B)-(D), carry these totals to lines 13-1	5 44	1,769,331	1,659,849	109,482	(
14 Total functional expenses (add lines 22 - 43) Organizations					
e	43e				 
d	43d				
c					<del>  </del>
b See Statement	43b	43,555	43,453	102	<del></del>
3 Other expenses not covered above (itemize).a	42 43a	33,040	30,345	3,095	<del></del>
Interest	41	53,640	50,545	3,095	
10 Conferences, conventions, and meetings		5,702	5,/02		· · · · · · · · · · · · · · · · · · ·
39 Travel	39	8,518 5,702	8,518 5,702		<del></del>
88 Printing and publications	38	0 510	0 510	<del></del>	<del></del>
37 Equipment rental and maintenance	37				
36 Occupancy	36	208,522	208,522		<del></del>
35 Postage and shipping	35	1,946		122	
34 Telephone	34	4,600			
33 Supplies	33	25,321		1,124	
32 Legal fees	32	13,792			
31 Accounting fees	31	5,662		5,662	
30 Professional fundraising fees	30			<del></del>	
29 Payroli taxes	29	150,150		10/103	<u> </u>
Pension plan contributions Other employee benefits	27	159,456	143,993	15,463	
26 Other salaries and wages		T, 103, 01/	1,079,703	83,914	
Compensation of officers, directors, etc.	25	75,000			
24 Benefits paid to or for members	24	75 000	75 000		
23 Specific assistance to individuals	23		<u> </u>		
(cash\$s	) 22				
22 Grants and allocations (attach schedule)	<u> </u>	<u> </u>	3GI VICES	and yellerar	
6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
			ŀ		i
Functional Expenses and section 494  Do not include amounts reported on line	/(a)(1) no	nexempt charitable trusts	but optional for others (Se	e page 22 of the instruction	ons }

## Part IV Balance Sheets (See page 25 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
45	Cash-non-interest-bearing	318,187	45	479,94
46	Savings and temporary cash investments	020/20/	46	
	Sample and temperary same more more more more more more more mo		1	
47a	Accounts receivable 47a 324,612		[ [	
	Less. allowance for doubtful accounts 47b	28,768	47c	324,61
1			1	
48a	Pledges receivable		1	
Ь	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			
İ	schedule) 51a		1 1	
b	Less: allowance for doubtful accounts 51b		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	28,264	53	45,984
54	Investments-securities Cost FMV		54	
55a	Investments-land, buildings, and		1 1	
İ	equipment: basis		1	
b	Less: accumulated depreciation (attach		1 1	
į.	schedule)	184,699	55c	
	Investments-other (attach schedule)		56	
	Land, buildings, and equipment basis 57a 286,519		1	
ı	Less: accumulated depreciation (attach		į į	
	schedule) 57b 154,003		57c	132,51
58	Other assets (describe)		58	<del></del>
1		750 010		
	Total assets (add lines 45 through 58) (must equal line 74)	559,918		983,057
	Accounts payable and accrued expenses	48,161		93,47
61	Grants payable Deferred revenue See Stmt		61	255 40
62	Deferred revenue See Stillt	<del></del> _	62	255,404
1	Loans from officers, directors, trustees, and key employees (attach		62	
1	schedule)		63 64a	
	Tax-exempt bond liabilities (attach schedule)	<del></del>		
	Mortgages and other notes payable (attach schedule)		64b	<del></del>
65	Other liabilities (describe		65	
66	Total liabilities (add lines 60 through 65)	48,161	66	348,882
Organ	nizations that follow SFAS 117, check here ► X and complete lines			
1	67 through 69 and lines 73 and 74.			
1	Unrestricted	509,745	67	634,175
	Temporarily restricted	2,012		
'l en			69	<del> </del>
	Permanently restricted			<del> </del>
1	complete lines 70 through 74.			
i	Capital stock, trust principal, or current funds	ļ	70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
1 )	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;			
2 1	column (A) must equal line 19, column (B) must equal line 21)	511,757	73	634,175
	Total liabilities and net assets / fund balances (add lines 66 and 73)	559,918		983,057

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

Porm 990 (2003) Giant Steps Illinois, Inc.  Part IV-A Reconciliation of Revenue per Audited				Ţ.'';		111286	f Eve		Page 4		
E. ¢	Financial Statements				Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per						
	Return (See page 27		•		ĺ		Return	ients	WILLI EX	penses per	
	Total revenue, gains, and other support	T,	ine instructions./		a						
a	per audited financial statements	a	1,891,7	49	1 -	audited financia	•		a	1,769,331	
b	Amounts included on line a but not on		1,001,1		۱,		ed on line a but not			1,100,001	
U	line 12, Form 990					on line 17, Forn					
(1)	Net unrealized gains on				l,	(1) Donated service					
(')	investments \$				1	of facilities \$					
(2)	Donated services and use	1	,		L	(2) Prior year adjus			1		
(-)	of facilities \$	l			'	reported on line					
(3)	Recoveries of prior	1				Form 990 <b>\$</b>	,				
(-,	year grants \$	1			L	(3) Losses reported	d on line 20.		1 [		
(4)	Other (specify):	1	`		'	Form 990 \$					
( - ,			, ,		1	(4) Other (specify)			1		
	\$	1			Ι.	(1) 0 11101 (0   1011)			1 1		
	Add amounts on lines (1) through (4)	ь			1	s					
	7.00 amound on midd (1, amough (1,	一	<del></del>		1	Add amounts or	n lines (1) through (4	1 🕨			
С	Line a minus line b	c	1,891,7	49	c	Line a minus lin		, <b>•</b>	c	1,769,331	
ď	Amounts included on line 12,	Ť			ď	Amounts include		•		<u> </u>	
_	Form 990 but not on line a:	ļ	•			Form 990 but no	•				
(1)	Investment expenses	j	,		۱,	1) Investment expe					
( • ,	not included on line	١.			`	not included on					
	6b, Form 990 \$	]			]	6b, Form 990 \$					
(2)					] ,	2) Other (specify):			1 1		
(-,	C (open.,),		,		┨`	_, _ ,					
	<b>s</b>										
	Add amounts on lines (1) and (2)	d	-			Add amounts or	lines (1) and (2)		d		
е	Total revenue per line 12, Form 990				e		per line 17, Form 99	in			
-	(line c plus line d)	e	1,891,7	49	ı	(line c plus line	•	•	<sub>e</sub>	1,769,331	
Pa	urt V List of Officers, Director	s, 1						npens			
	the instructions.)		·					•	•		
	(A) Name and address			ha	(B) ours	Title and average per week devoted to position	(C) Compensation (if not paid, enter	(D) emple plans	Contrib to oyee benefit s & deferred npensation	(E) Expense account and other	
				_		position	-0)	CO	mpensation	allowances	
S	ee Statement 4						!				
				_						<del> </del>	
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							٠				
75	Did any officer, director, trustee, or key em							ır		Yes X No	
	organization and all related organizations,			W U	as	provided by the rela	aleu organizations?			∐ tes LA No	
	If "Yes," attach schedule-see page 28 of the	ic ill	วน ขบแบทธ.								
			<del> </del>		_	- <del></del>	<del></del>			Form <b>990</b> (2003)	

GIAN	ITSTEPS 03/08/2005 5·46 PM			
	1990 (2003) Giant Steps Illinois, Inc. 36-4111286  Int VI Other Information (See page 28 of the instructions.)		Yes	Page 5
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of	Τ	163	NO
. •	each activity	76		х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.		***************************************	
78a	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		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a	İ		
	statement	79		X
80a	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 exempt or nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions 81a	4		
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	ļ.,		
	or at substantially less than fair rental value?	82a		X
þ	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.)			İ
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<del></del>
þ	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		77
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<del></del>	X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions			ĺ
	or gifts were not tax deductible?  N/A	84b		<del></del>
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?  N/A  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A	85a 85b		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  N/A  If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	650		
				ĺ
_	received a waiver for proxy tax owed for the prior year.  Dues, assessments, and similar amounts from members  85c			ĺ
C	Could a 400(a) labelying and political averagings			
ď				į
9	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  Taxable amount of lobbying and political expenditures (line 85d less 85e)  85e			1
f	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  N/A	85g		
y h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	009		
••	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax		į	
	N/A	85h	l	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		*******	
ь	Gross receipts, included on line 12, for public use of club facilities  86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders  87a			
b.	Gross income from other sources (Do not net amounts due or paid to other			į
-	sources against amounts due or received from them )			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1		ı
	partnership, or an entity disregarded as separate from the organization under Regulations sections			ı
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			ĺ
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	89ь		<u>X</u>
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed			
ь	Number of employees employed in the pay period that includes March 12, 2003 (See instructions )			49
91	The books are in care of ▶ Janet Miller Telephone no. ▶ 630-	455	- 57	30
	Located at ▶ Burr Ridge, IL ZIP+4 ▶ 60527			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year 92			
		Form	990	(2003)

Note: Enter gross amounts unless otherwise indicated.  10 Department control from program service revenue:  11 Program service Revenue:  12 Program service Revenue:  13 Program service Revenue:  14 Midicare/Medicaid payments 15 Feet and contracts from government agencies 16 Medicare/Medicaid payments 17 Medicare/Medicaid payments 18 Feet and contracts from government agencies 19 Feet and contracts from government agencies 19 Membership dues and assessments 19 Interest on savings and temporary cash investments 10 Dividenda and interest from securities 10 Dividenda and interest from securities 10 Dividenda and interest from securities 10 Dividenda and interest from securities 10 Cash or (loss) from real estate: 10 Cash or (loss) from securities 10 Cash or (loss) from securities 10 Cash or (loss) from seles of assets other than inventory 10 Cash or (loss) from seles of assets other than inventory 10 Other revenue: 10 Dividenda columns (8), (D), and (E)) 10 Other revenue: 10 Dividenda columns (8), (D), and (E)) 10 Dividenda columns (8), (D), and (E)) 11 Part VIII Relationship of the company of	Inclicated.  93 Program Service Revenue  9 Program Service Revenue  9 Program Service Revenue  9 Program Service Revenue  9 Included a service Revenue  9 Program Service Revenue  1 1,635  9 Fees and contracts from government agencies 9 Membership dues and assessments 9 Fees and contracts from government agencies 9 Membership dues and assessments 9 Fees and contracts from government agencies 9 Membership dues and sassessments 9 Net rental income or (loss) from real estatus: 9 debt-financed property 9 bind retail income or (loss) from real estatus: 9 debt-financed property 9 of their investment income 10 Gan or (lose) from seles of assets other than inventory 10 Net ricome or (lose) from seles of inventory 10 Net ricome or (lose) from seles of inventory 10 A subtotal (add columns (8), (D), and (E)) 10 Contracts (See page 34 of the instruction of the organization's exempt purposes (other than by providing funds for such purposes) 10 Total (add fine 104, columns (8), (D), and (E)) 10 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instruction of the organization's exempt purposes (other than by providing funds for such purposes) 10 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instruction of the organization's exempt purposes (other than by providing funds for such purposes) 10 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instruction of the organization's exempt purposes (other than by providing funds for such purposes) 10 Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instruction of the organization's exempt purposes (other than by providing funds for such purposes) 10 Did the organization, during the year, approxe any funds, directly to pay premiums on a personal benefit contract? 10 Did the organization, during the year, approxe any funds, directly to pay premiums on a personal benefit contract? 10 Did the org	Part VII	003) Giant Steps I.  Analysis of Income-Pr				-4111: e instruc		)	Page 6		
### Program service revenue:  ### Program service revenue:  ### Program service Revenue  ### Indicare/Medicard payments  ### Frequency	Program Service revenue:  a Program Service Revenue  b	Note: Enter	r gross amounts unless otherwise		Unrelate	d business inco	me Ex	cluded b	y sec 512, 513, or 514	(E)		
Program Service Revenue    1,635,988	a Program Service Revenue  It Medicare/Medicard payments Ges and contracts from government agencies  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and assessments  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary designers  Membership dues and lemporary due due due due due due due due due due		m service revenue:		(A) Business code	(B) Amount	t Exc	C) lusion	(D) Amount	exempt function		
b   Medicare/Medicaid payments   Ges and contracts from government agencies   Ges and contracts from government agencies   Ges and contracts from government agencies   Ges and contracts from government agencies   Ges and fluences from savings and temporary cash investments   Ges and fluences from socialise   Ges and fluences from socialise   Ges and fluences from socialise   Ges and fluences from socialise   Ges and fluences from socialise   Ges and fluences from government fluences   Ges and fluences from ges and fluences from ges and fluences from ges and fluences from seles of inventory   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of from declaration   Ges and or (foss) from seles of fr	b   d   d   d   d   d   d   d   d   d			enne				008				
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Signature of officer  Dale	Signature of officer  Dale	Diagon								-		
L V Signature of officer Date	TV Signature of officer Date		\ Chusting 7/	EZnh /	(hun							
e ner SARICIT 20005	o non : ANN all to a m	oigii	Signature of officer						Date			
	UHICKII IC				e ner	<u></u>			ADAH	W/T 20005		

SCHEDULE A (Form 990 or 990-EZ) 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

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ 2003

OMB No. 1545-0047

Name of the organization			Employer identific	cation number
Giant Steps Illinois, Inc.			36-411128	6
Part I Compensation of the Five Highest Pai	d Employees Other T	han Officers, Di		
(See page 1 of the instructions. List ea	ch one. If there are no	ne, enter "None	e.")	
(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 ben. plans & deferred compensation	(e) Expense account and other allowances
Jana Davies 222 Lincold Oak Dr	Speech Thera 37	58,916	0	0
Lynn Thielsen 2308 Flambeau Dr	Speech Thera 37	57,200	0	0
Mary Kay Longwell 8320 Madison Street	Social Worke 37	55,000	0	0
Total number of other employees paid over \$50,000	0			
Part II Compensation of the Five Highest Paid (See page 2 of the instructions. List each				enter "None.")
(a) Name and address of each independent contractor paid	d more than \$ 50,000	(b) Type	of service	(c) Compensation
NONE				
·				
Total number of others receiving over \$50,000 for professional services			······································	

1	rart III Statements About Activities (See page 2 of the instructions.)		,	Yes	No
ı			-		<u> </u>
	During the year, has the organization attempted to influence national, state, or local legislation, including attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expense	-			l
	or incurred in connection with the lobbying activities \$ (Must equal amou				
			.		₂
	Part VI-A, or line I of Part VI-B.)  Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. C	ther	-	*******	
	organizations that made an election under section 50 f(n) by ming 1 orm 57 to missi complete 1 art 41-A. C	į			
	the lobbying activities.	511 61			ĺ
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with	2 204			
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families	- [			
	with any taxable organization with which any such person is affiliated as an officer, director, trustee, major	E			ĺ
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explain				ĺ
	transactions.)	ing the		1	
					_
1	Sale, exchange, or leasing of property?	2	a		2
ı	Lending of money or other extension of credit?		b		2
	Furnishing of goods, services, or facilities?	2	c		_3
1	Payment of compensation (or payment or reimbursement of expiration if more than \$1,000)?	2	d	X	<u> </u>
		See Stmt 5	-		i _
	Transfer of any part of its income or assets?	<u>2</u>	е		2
	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of h	J			
	you determine that recipients qualify to receive payments.)	<u>3</u>	$\overline{}$		_2
)	* * * * * * * * * * * * * * * * * * * *	<u>3</u>	b		2
	Did you maintain any separate account for participating donors where donors have the right to provide ad-		Ì		٦.
_	on the use or distribution of funds?	<u> </u>			}
	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).  X A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enternmental enternmenta				
3		m the general public.			
	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)				
b					
	An organization that normally receives (1) more than 33 1/3% of its support from contributions, members	· · · · · · · · · · · · · · · · · · ·			
	receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no				
	receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no its support from gross investment income and unrelated business taxable income (less section 511 tax	x) from businesses acquired			
	receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no its support from gross investment income and unrelated business taxable income (less section 511 tax by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule	x) from businesses acquired in Part IV-A.)			
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	art IV-A Support Schedule (Comp					ng.
	: You may use the worksheet in the instruction	ons for converting fr	om the accrual to the	cash method of accoun	nting	<del></del>
Cale	ndar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions			İ		
	received. (Do not include unusual			1		Ì
	grants. See line 28.)					-
16_	Membership fees received ,		<del></del>			
17	Gross receipts from admissions, merchandise					-
	sold or services performed, or furnishing of				1	
	facilities in any activity that is related to the			į		
	organization's charitable, etc., purpose					<del>.  </del>
18	Gross income from interest, dividends,			!		
	amounts received from payment 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		i			]
	benefits and either paid to it or expended on				i	<b>]</b>
	its behalf		<del></del>			<del></del>
21	The value of services or facilities furnished to					
	the organization by a governmental unit without charge. Do not include the value of					<b>\</b>
	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		·		<del></del>	<del></del>
23_	Total of lines 15 through 22		<del></del>			<u> </u>
24	Line 23 minus line 17	·				
<u>25</u>	Enter 1% of line 23				_ <del></del>	
26	Organizations described on lines 10 or 1				▶ _26;	a
þ	Prepare a list for your records to show the r		•		<b>}</b>	1
	governmental unit or publicly supported org		-	-		1
	amount shown in line 26a. Do not file this					
С	Total support for section 509(a)(1) test: Ent				▶ 260	
đ	,,	8	19	<del></del>		
			26b	<del></del>		<del></del>
е	Public support (line 26c minus line 26d total					
f	Public support percentage (line 26e (num				▶   261	
27	Organizations described on line 12: a				•	
	person," prepare a list for your records to sh			red in each year from,	each "disqualified pe	
	Do not file this list with your return. Enter				44.000	N/A
_	(2002)				(1999)	
b	For any amount included in line 17 that was		•			
	show the name of, and amount received for		=	- •	· · · · · · · · · · · · · · · · · · ·	• • •
	(Include in the list organizations described i	_		•	-	• -
	the difference between the amount received	and the larger amo	ount described in (1) of	r (2), enter the sum of t	inese diπerences (th	e excess N/A
	amounts) for each year:	()	(2000)		(1000)	•
_	(2002) (2007)			' <i>.</i>	(1999)	
С	Add: Amounts from column (e) for lines:	15			<b>▶</b> 270	. 1
	17Add: Line 27a total			<del></del> .		
d	Public support (line 27c total minus line 27d	_ and line 27			· · · · · —	<del></del>
e f	Total support for section 509(a)(2) test: Enter					<u> </u>
-	Public support percentage (line 27e (num				▶ 279	, %
9 h	Investment income percentage (line 18, c				271	
<u>h</u> 28	Unusual Grants: For an organization descr					
20	prepare a list for your records to show, for e				· ·	1
	description of the nature of the grant. Do no	-				
	accompliant of the indiane of the grain. Do no	with	Jan Totalin Do Hot Inc	granto in in	· <del>····</del>	

Page 4

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	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		١,	
	that makes the policy known to all parts of the general community it serves?	31		X
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement.)			
	See Statement 6		-	
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b	X	ļ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		<b></b>	
	with student admissions, programs, and scholarships?	32c	X	
а	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:			
а	Students' rights or privileges?	33a		X
b	Admissions policies?	33b		X
		<u> </u>		
С	Employment of faculty or administrative staff?	33c		<u> </u>
		ĺ		
d	Scholarships or other financial assistance?	33d		X
		.		7
е	Educational policies?	33e		X
£	Lion of facilities?	33f		X
•	Use of facilities?	331	-	
g	Athletic programs?	33g		x
9	Athletic programs?	509		
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	
-		ا ا	}	v
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.		. ]	
5	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		ĺ	:
9	of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	x	: !
	or 1764. From 10-50, 1315-2 C B. 501, Covering racial nonocontinuation: in 176, attach an explanation			

attempt to influence public opinion on a legislative matter or referendum, through the use of: ...... .... Paid staff or management (Include compensation in expenses reported on lines c through h.) Mailings to members, legislators, or the public Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means 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.

ochedule	: A (Louin	990 01 990-EZ) 2003	Grane	DCCDD TTTTTOTD/	<u> </u>			age
Part \			_		ons and Relationships With Noncharit	able		
F4 D:-				ee page 12 of the instruction	with any other organization described in section			
		• •	-		, relating to political organizations?			
				noncharitable exempt organization			Yes	No
(i)						51a(i)		X
(ii)						a(ii)		X
b Oth	ner transa							
(1)	Sales	or exchanges of asset	ts with a nor	ncharitable exempt organization		b(i)		X
(ii)	Purch	ases of assets from a	noncharitab	le exempt organization		b(ii)	<u> </u>	X
(iii)	Renta	l of facilities, equipme	nt, or other a	assets		b(iii)	<u> </u>	X
(iv)			nts			b(iv)	ļ	X
(v)		or loan guarantees				b(v)	<del></del>	X
(vi)	Perfor	mance of services or I	membership	or fundraising solicitations		b(vi)	<del>                                     </del>	X
						<u> </u>		X
		•			mn (b) should always show the fair market value o	i tne		
-			-		zation received less than fair market value in any			
			it, snow in c	olumn (d) the value of the goods, o				
(a		(b)	Namaa	(c) If noncharitable exempt organization	(d)  Description of transfers, transactions, and sharir	a arrange	mante	
Line	no.	Amount involved	Name u	i nonchantable exempt organization	Description of transfers, transactions, and share	y arranger	110110	
N/A						<del></del>		
11/1		<del>,</del>					-	
			<u> </u>					
							-	
<b>52a</b> Is ti	he organi	ization directly or indire	ectly affiliate	d with, or related to, one or more to	ax-exempt organizations			
				than section 501(c)(3)) or in section		۰ 🗌 ۲۰	es 🛚 X	No.
b If "\	Yes," com	plete the following sch	nedule:					
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
N/2	A							
		· · · · · · · · · · · · · · · · · · ·						
						<u> </u>		
		····	<del></del>					
		····						
						-		

			· S	pecial Even	ts Schedule	)			0000
Form 99	90	For calendar year	2003, or tax year l	beginning	9/01/03	. and ending	8/31	./04	2003
lame		Tor darendar your	2000, or lax your			, and onling			ntification Number
Giant :	Steps	Illinois,	Inc.				36	-4111	.286
			(A)	(B)	(C)		Others		Total
Gross receipt Less contril Gross revenu Less direct Net income (I	butions ie expenses		79,972 0 79,972 15,929 64,043		0 0 0 0 0 0	0 0 0 0 0		0 0 0 0 0	79,972 0 79,972 15,929 64,043
Description:	(A)	Fund Ra	ising						
	(B) ,				<u>-</u>				
	(C)				<del></del>				
	Others			·	<del></del>				
					<del></del>				
			······································						
					<del></del>				
					<del></del>				

36-4111286

**Federal Statements** 

FYE: 8/31/2004

## Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	 Total Expenses		Program Service	_	Mgt & General	Fund- Raising
	\$	\$		\$		\$
Expenses						
Other Consultation Services	11,838		11,838			
Insurance	19,578		19,578			
Employee Recruitment	6,009		6,009			
Subscriptions	20		15		5	
Payroll Processing	410		410			
Miscellaneous	 5,700		5,603		97	
Total	\$ 43,555	\$_	43,453	\$_	102	\$0

## Statement 2 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

Operation of a theraopeutic day school for students with autism and related developmental disabilities. Tuition income for education provided to students. The school year consists of two semesters and a summer program.

## Statement 3 - Form 990, Part III, Line b - Statement of Program Service Accomplishments

Stepping Stones is a program designed fro students with autism that are not in the day school. The program instructs both the student and the families in strategies which facilitate adademic, social and coping skills within the family.

## GIANTSTEPS Giant Steps Illinois, Inc.

36-4111286 FYE: 8/31/2004

## Federal Statements

# Statement 4 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

	City, State, Zip		Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527	•	Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527		Burr Ridge IL 60527
Average Title Hrs	Expenses Address	Chairman 5	0 8320 S. Madison Street	President 24	0 8320 S. Madison Street	Exec Vice Pr 5	0 8320 S. Madison Street	Vice Preside 5	0 8320 S. Madison Street	Vice Preside 5	0 8320 S. Madison Street	Vice Preside 5	0 8320 S. Madison Street	Corporate Se 5	0 8320 S. Madison Street	Director 5	0 8320 S. Madison Street	Director 5	0 8320 S. Madison Street	Director 5	0 8320 S. Madison Street	Director 50	0 8320 S. Madison Street
Name	Comp Benefits E	Debra Nauman	0 0	Christine Thornton Weiner	0 0	William King	0	Craig Lacy	0	Sylvia R. Smith	0 0	George C. Weir	0	Anne Crevi	0 0	Courtney Stillman	0 0	Patty Lynch	0 0	Bill Murphy	0 0	Nicole Allgood	75,000 0

GIANTSTEPS Giant Steps Illinois, Inc.

36-4111286 FYE: 8/31/2004 **Federal Statements** 

## Statement 5 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of

Nicole Allgood was paid \$75,000 as school director.

5

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GIANTSTEPS Giant Steps Illinois, Inc.

36-4111286

**Federal Statements** 

FYE: 8/31/2004

Statement 6 - Schedule A, Part V, Line 31 - Publication of Nondiscriminatory Policy

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. As a result the shool is considered a public institution.

3/8/2005 5:46 PM

Form 4562

## Depreciation and Amortization

## (Including Information on Listed Property)

► See separate instructions.

Identifying number

OMB No 1545-0172

2003

Department of the Treasury Internal Revenue Service Name(s) shown on return

Giant Steps Illinois, Inc.

Attach to your tax return.

Attachment Sequence No

36-4111286 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 100,000 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see page 2 of the instructions) 2 2 400,000 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If marned filing separately, see page 2 of the instructions (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the smaller of line 5 or line 8 ...... 9 9 Carryover of disallowed deduction from line 13 of your 2002 Form 4562 ...... 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11... Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property. 14 Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.) Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 15 16 53,640 Other depreciation (including ACRS) (see page 4 of the instructions) 16 MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.) Section A 0 17 MACRS deductions for assets placed in service in tax years beginning before 2003 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property (business/investment use period only-see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property 15-year property f 20-year property S/L 25 vrs. 25-year property S/L h Residential rental 27.5 yrs MM 27.5 yrs. MM S/L property MM S/L Nonresidential real 39 yrs. MM S/L property Section C-Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12 yrs. b 12-year S/L 40-year Summary (see page 6 of the instructions) Part IV Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 53,640 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. For assets shown above and placed in service during the current year, 23

enter the portion of the basis attributable to section 263A costs

Form 4562 (2003)

Page 2

P	art V	Note: For any veh	erty (Include ed for enterta icle for which you a (a) through (c) of S	inment, r ire using the s	ecreat	ion, or nleage ra	amus	ement	.) se expens		=		ertain o	compu	ters, a	nd
Sect	ion A-Dep	reciation and Ot								r passe	nger at	itomobile	s.)			
24a	Do you ha	ve evidence to supp	ort the business/inv	vestment use	claimed?		Yes	No	24b	If "Yes,	" is the	evidence	written'	?	Yes	No
Тур	(a) be of prop t vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d Cost of bas	l) rother		(e) s for depi siness/inv use or	estment	(f) Recover period	· 1	(g) lethod/ onvention		(h) Deprecia deducti		Ele secti	(i) ected on 179 ost
25	Special of	depreciation allow	ance for qualifie	d listed prop	erty pla	ced in s	ervice dı	uring the	tax							
		used more than										25				
26	Property	used more than 5	50% in a qualifie	d business	use (see	page 6	of the in	struction	ns):				·			
			%					-				_			-	
			<u> </u>		<u> </u>	0 -64	. — L = != =4=		<u> </u>						<u> </u>	
27	Property	used 50% or less	s in a qualified bu I	usiness use I	(see pa	ge 6 of t	ne instru	uctions).							Τ	
						1				S/						
	-		<u> </u>			-				3/					1	
										S/I	۱-					
28	Add amo	ounts in column (h	l lines 25 through	nh 27 Enter	here ar	d on line	e 21. na	ge 1	L			28			1	
29		ounts in column (i)					, pu	90			۰. ــ			29		
		(1)					tion on	Use of V	/ehicles	•			<del></del>	•		
Com	plete this	section for vehicle	es used by a sole	proprietor,	partner,	or othe	r "more i	than 5%	owner,"	or relate	ed pers	on.				
	-	ehicles to your emplo											nose vehi	cles		
30	Total bus	siness/investment	miles driven du	ring	(	a)	(	b)	(	c)		(d)	(	(e)		(f)
	the year	(do not include co	ommuting miles-		Veh	icle 1	Veh	icle 2	Veh	cle 3	Ve	hicle 4	Veh	nicle 5	Veh	ıcle 6
		2 of the instruction						-								
31	Total cor	nmuting miles driv	ven during the ye	ear							ļ		ļ		ļ	
32	Total oth	er personal (nonc	commuting) mile:	s driven <sub>.</sub>			<u> </u>				ļ		<u> </u>		ļ	
33		es driven during t	-						<u> </u>							
		30 through 32					<del> </del>	1-:	<u> </u>	<del></del>	<u> </u>	1	<u> </u>	T	ļ	
34		vehicle available	•		Yes	No_	Yes	No_	Yes	No	Yes	No	Yes	No_	Yes	No
		ng off-duty hours?						<del> </del> -					<del> </del>	<del> </del>	<u> </u>	<del> </del>
35		vehicle used prim						1				į				
20		n 5% owner or re						<del> </del>					1	<u> </u>	<del> </del>	<del> </del>
<u>36</u>	is anothe	er vehicle available				\A/b	Descripto	. Vabiala	<u> </u>	- 1 71-					<u> </u>	<u>.                                    </u>
Anes	var thaca	questions to deter	Section C-Ques													
		han 5% owners o	-					1 D 101 VG	illicies u	sed by t	cinploy	cs will				
<u> </u>	ilot more u	ian 676 GWINEIS OF	Telated persons	(ooo page	0 01 1110		01107.								Yes	No
37	Do vou n	naıntain a written	policy statement	that prohibi	ts all pe	rsonal u	se of ve	hicles. in	cludina	commut	tına. bv	vour emi	olovees	?		1
38	-	naintain a written	•													1
	-	e 8 of the instructi		-						_		. ,				
39	Do you ti	reat all use of veh	icles by employe	es as perso	nal use	?					•					
40	Do you p	rovide more than	five vehicles to	your employ	ees, ob	ain info	mation				out		·			
	the use o	of the vehicles, an	d retain the infor	mation rece	eived?											
41	Do you n	neet the requirem	ents concerning	qualified au	tomobile	demon	stration	use? (Se	ee page	9 of the	Instruc	tions.)				ļ
	***********	our answer to 37		1 is "Yes," o	do not co	mplete	Section	B for the	covered	i vehicle	es.				<u> </u>	
P	art VI	<u>Amortization</u>	n													
				(b	١			(c)		(c	ı,	(e)			(f)	
		(a)		Date amo	rtization			ortizable		Co	de	Amortiza period			ortization	for
		Description of costs		begi				mount		sect	tion	percent	tage		this year	
<u>42</u>	Amortiza	tion of costs that	begins during yo	ur 2003 tax	year (se	e page	y of the	ınstructio	ons):		Т		<u>-</u>			
											ł					
42	A ====================================	tion oft- 11- : 1 '	bogon beferr	UP 2002 4=	V005			<del>-</del>					1/2			0
43 44		tion of costs that l	-								•		43			
44	i viai. Al	a amounts in coll	uning of See pag	C J OI LIIO II	on action	10 101 111	1010 10 1	Sport					, 🕶		454	

FYE: 8/31/2004

GIANTSTEPS Giant Steps Illinois, Inc. Federal Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Cost_	Bus <u>%</u>	Sec Sec 179168(k)	Basis for Depr	PerConv Meth	<u>Prior</u>	Current
<u>Other</u>	Depreciation:								_
1	Television	7/01/98	500			500	3 MO S/L	500	0
2	VCR	7/01/98	250			250	3 MO S/L	250	0
3	Computer	7/01/98	900			900	3 MO S/L	900	0
4	Computer Lab	7/01/98	900 900			900 900	3 MO S/L 3 MO S/L	900	0
5	Computer - Lab Printer - Office	7/01/98 7/01/98	350			350	3 MO S/L 3 MO S/L	900	0 0
6	Printer - Office	7/01/98	350			350	3 MO S/L 3 MO S/L	350 350	0
8	Printer - Lab	7/01/98	350			350	3 MO S/L 3 MO S/L	350	0
ğ	Fax Machine	7/01/98	500			500	3 MO S/L	500	ŏ
10	Copier	7/01/98	750			750	3 MO S/L	750	ŏ
ii	Piano & Instrument	7/01/98	1,000			1,000	5 MO S/L	1,000	ŏ
12	Refrigerator	7/01/98	750			750	5 MO S/L	750	ŏ
13	Microwave	7/01/98	250			250	3 MO S/L	250	ŏ
14	Sporttime	7/01/98	950			950	5 MO S/L	950	Ō
15	Southpaw - Therapy	7/01/98	2,020			2,020	5 MO S/L	2,020	0
16	West Music - Therapy	7/01/98	1,990			1,990	5 MO S/L	1,990	0
17	Flaghouse	7/01/98	520			520	5 MO S/L	520	0
18	Slosson Therapy	7/01/98	789			789	5 MO S/L	789	0
19	Therapy Equipment	7/01/98	1,901			1,901	5 MO S/L	1,901	0
20	Therapy Equipment	7/01/98	659			659	5 MO S/L	659	0
21	Therapy Equipment	7/01/98	1,674			1,674	5 MO S/L	1,674	0
22	Southpaw - Therapy	1/01/99	645			645	5 MO S/L	581	64
23	Video Equipment	1/01/00	620			620	5 MO S/L	434	124
24	Computer	7/01/00	1,500			1,500	3 MO S/L	1,500	0
25	Copier	5/01/00	1,800			1,800	5 MO S/L	1,260	360
26	Equipment	8/01/00	678			678	5 MO S/L	475	136
27	Piano	8/01/00	3,280			3,280	5 MO S/L	2,296	656
28	Squeeze Machine	2/01/00	4,345			4,345	5 MO S/L 5 MO S/L	3,042	869
29 30	Other Equipment	3/01/00 2/01/01	3,461 2,684			3,461 2,684	5 MO S/L 5 MO S/L	2,423 1,342	692 537
31	Therapy Equipment Van	4/01/01	22,337			22,337	5 MO S/L 5 MO S/L	1,342	4,467
32	Therapy Equipment	2/01/01	9,660			9,660	5 MO S/L	4,829	1,932
33	Computers	3/01/01	7,057			7,057	3 MO S/L	5,880	1,177
34	Tables	9/01/01	805			805	5 MO S/L	242	161
35	Tables	3/01/02	778			778	5 MO S/L	234	156
36	Projector	1/01/02	2,226			2,226	3 MO S/L	1,113	742
37	Computer	2/01/02	2,287			2,287	3 MO S/L	1,143	762
38	Dishwasher	9/01/02	508			508	5 MO S/L	102	102
39	Piano	9/01/02	2,494			2,494	7 MO S/L	356	356
40	Computer	9/01/02	3,372			3,372	3 MO S/L	1,124	1,124
41	Computer	9/01/02	1,864			1,864	3 MO S/L	621	621
42	Leasehold Improvements	9/01/02	188,668			188,668	5 MO S/L	37,734	37,734
43	Furniture	9/01/02	1,910			1,910	5 MO S/L	382	382
	Southpaw - Therapy	7/01/98	699			699	5 MO S/L	699	0
	General Office Furniture	7/01/98	1,300			1,300 1,831	5 MO S/L 5 MO S/L	1,300	0
46 47	Sporttime Therapy	7/01/98 9/01/03	1,831 1,457			1,457	3 MO S/L	1,831	0 486
4/	Computer	9/01/03 _			-		3 MO S/L	0	
	Total Other Depreciation	-	286,519		-	286,519		100,363	53,640
	Total ACRS and Other Depre	ciation =	286,519		=	286,519		100,363	53,640
	Grand Totals Less: Dispositions		286,519 0			286,519		100,363	53,640 0
	Net Grand Totals	=	286,519		=	286,519		100,363	53,640

\*GIANTSTEPS Giant Steps Illinois, Inc.
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## **Prepaid Expense and Deferred**

Description	 Amount		
Prepaid Expenses Security Deposits	\$ 1,964 26,300		
Total	\$ 28,264		

## **Prepaid and Deferred Expenses**

Description	 Amount					
Prepaid Expenses Security Deposits	\$ 19,684 26,300					
Total	\$ 45,984					

## **Accounts Payable and Accrued**

Description	 Amount					
Accounts Payable Accrued Payroll Tax Deferred Tuition	\$  43,320 50,158 255,404					
Total	\$ 348,882					