

Form **990**

OMB No 1545-0047

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)

2003

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 2003 calendar year, or tax year beginning 9/01/03, and ending 8/31/04

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer ID number
		Giant Steps Illinois, Inc.		36-4111286
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8320 S. Madison Street		E Telephone number
		City or town, state or country, and ZIP + 4 Burr Ridge IL 60527		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

G Website: N/A**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.

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 ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att a list See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I Group Exemption Number****M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 **1,907,678****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	100,991	
b Indirect public support	1b		
c Government contributions (grants)	1c	87,353	
d Total (add lines 1a through 1c) (cash \$ 188,344 noncash \$)	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 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)	7		
8a Gross amount from sales of assets (other than inventory) (attach schedule)	(A) Securities	(B) Other	
b Less: cost or other basis and sales expense	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d		
a Gross revenue (not including contributions reported on line 1a) of	9a	79,972	
b Less: direct expenses other than fundraising expenses	9b	15,929	
c 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		
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	1,891,749	
13 Program services (from line 44, column (B))	13	1,659,849	
14 Management and general (from line 44, column (C))	14	109,482	
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	1,769,331	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	122,418	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	511,757	
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	634,175	

REVENUE

SCANNED APR 06 2005

EXPENSES

NET ASSETS

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

DAA

Part II Statement of

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 22 of the instructions.)

Functional Expenses

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 \$ non-cash \$)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc.	25 75,000	75,000		
26 Other salaries and wages	26 1,163,617	1,079,703	83,914	
27 Pension plan contributions	27			
28 Other employee benefits	28 159,456	143,993	15,463	
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 5,662		5,662	
32 Legal fees	32 13,792	13,792		
33 Supplies	33 25,321	24,197	1,124	
34 Telephone	34 4,600	4,600		
35 Postage and shipping	35 1,946	1,824	122	
36 Occupancy	36 208,522	208,522		
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 8,518	8,518		
40 Conferences, conventions, and meetings	40 5,702	5,702		
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 53,640	50,545	3,095	
43 Other expenses not covered above (itemize) a	43a			
b See Statement	43b 43,555	43,453	102	
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,769,331	1,659,849	109,482	0

Joint Costs. Check ☐ if you are following SOP 98-2.Are 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 25 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) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)

a See Statement		
(Grants and allocations \$)		1,628,054
b See Statement		
(Grants and allocations \$)		31,795
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)		1,659,849

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	479,945
46	Savings and temporary cash investments		46	
47a	Accounts receivable	324,612		
b	Less: allowance for doubtful accounts		47c	324,612
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		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)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	28,264	53	45,984
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	286,519		
b	Less: accumulated depreciation (attach schedule)	154,003	57c	132,516
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	559,918	59	983,057
60	Accounts payable and accrued expenses	48,161	60	93,478
61	Grants payable		61	
62	Deferred revenue See Stmt		62	255,404
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)	48,161	66	348,882
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	509,745	67	634,175
68	Temporarily restricted	2,012	68	
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)	511,757	73	634,175
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	559,918	74	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

Part IV-A

**Reconciliation of Revenue per Audited
Financial Statements with Revenue per
Return (See page 27 of the instructions.)**

Part IV-B

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	1,891,749	a	Total expenses and losses per audited financial statements . . . ▶	a	1,769,331
b	Amounts included on line a but not on line 12, Form 990:			b	Amounts included on line a but not on line 17, Form 990:		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$			(4)	Other (specify): \$		
	Add amounts on lines (1) through (4) ▶	b			Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	1,891,749	c	Line a minus line b ▶	c	1,769,331
d	Amounts included on line 12, Form 990 but not on line a:			d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$			(2)	Other (specify): \$		
	Add amounts on lines (1) and (2) ▶	d			Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	1,891,749	e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,769,331

Part V

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

[illegible]

Form 990 (2003)

Part VI Other Information (See page 28 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
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 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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
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 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	
83a	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	N/A
84a	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	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
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	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	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 sources against amounts due or received from them)	87b	
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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</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		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 <u>IL</u>	90b	49
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		
91	The books are in care of <u>Janet Miller</u> Located at <u>Burr Ridge, IL</u>	Telephone no. <u>630-455-5730</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 <u>92</u>		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **Program Service Revenue**

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 _____

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 _____

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)) _____

105 Total (add line 104, columns (B), (D), and (E)) _____

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 34 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 for the operation of a therapeutic day school.**

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 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).

Please Sign

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.

Christine Frank Warner
Signature of officer

Date *March 15 2005*

Date

3/08/05

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Instr. W)

P00166008

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.)

OMB No. 1545-0047

2003▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

Giant Steps Illinois, Inc.**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 ben. plans & deferred compensation	(e) Expense account and other allowances
Jana Davies 222 Lincoln 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 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		

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

Schedule A (Form 990 or 990-EZ) 2003

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 I of 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	
See Stmt 5				
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 6 of the instructions.)

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?	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:		
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 X	
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) **N/A**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	41
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)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) **N/A**

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
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.

Special Events Schedule

Form **990****2003**

For calendar year 2003, or tax year beginning

9/01/03, and ending

8/31/04

Name

Employer Identification Number

Giant Steps Illinois, Inc.**36-4111286**

	(A)	(B)	(C)	Others	Total
Gross receipts	<u>79,972</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>79,972</u>
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	<u>79,972</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>79,972</u>
Less direct expenses	<u>15,929</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>15,929</u>
Net income (loss)	<u>64,043</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>64,043</u>

Description: (A)

Fund Raising

(B)

(C)

Others

Federal Statements**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	<u>\$ 43,555</u>	<u>\$ 43,453</u>	<u>\$ 102</u>	<u>\$ 0</u>

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

Operation of a therapeutic 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 for students with autism that are not in the day school. The program instructs both the student and the families in strategies which facilitate academic, social and coping skills within the family.

Federal Statements

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

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

36-4111286

Federal Statements

FYE: 8/31/2004

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

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

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.

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2003Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**Name(s) shown on return **Giant Steps Illinois, Inc.**Identifying number
36-4111286

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	100,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000
4	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 married filing separately, see page 2 of the instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	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.**Part II 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.)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	53,640

Part III MACRS Depreciation (Do not include listed property.) (See page 4 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	0
18	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 <input type="checkbox"/>		

Section B-Assets Placed in Service During 2003 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see page 6 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	53,640
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2003)

DAA

There are no amounts for Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only

24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?		Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions)							25		
26 Property used more than 50% in a qualified business use (see page 6 of the instructions):									
		%							
		%							
27 Property used 50% or less in a qualified business use (see page 6 of the instructions):									
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who

are not more than 5% owners or related persons (see page 8 of the instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions):					
43 Amortization of costs that began before your 2003 tax year					43
44 Total. Add amounts in column (f). See page 9 of the instructions for where to report					44

36-4111286

Federal Asset Report

FYE: 8/31/2004

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
Other 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	7/01/98	900				900	3 MO S/L	900	0
5	Computer - Lab	7/01/98	900				900	3 MO S/L	900	0
6	Printer - Office	7/01/98	350				350	3 MO S/L	350	0
7	Printer - Office	7/01/98	350				350	3 MO S/L	350	0
8	Printer - Lab	7/01/98	350				350	3 MO S/L	350	0
9	Fax Machine	7/01/98	500				500	3 MO S/L	500	0
10	Copier	7/01/98	750				750	3 MO S/L	750	0
11	Piano & Instrument	7/01/98	1,000				1,000	5 MO S/L	1,000	0
12	Refrigerator	7/01/98	750				750	5 MO S/L	750	0
13	Microwave	7/01/98	250				250	3 MO S/L	250	0
14	Sporttime	7/01/98	950				950	5 MO S/L	950	0
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	3,042	869
29	Other Equipment	3/01/00	3,461				3,461	5 MO S/L	2,423	692
30	Therapy Equipment	2/01/01	2,684				2,684	5 MO S/L	1,342	537
31	Van	4/01/01	22,337				22,337	5 MO S/L	11,167	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
44	Southpaw - Therapy	7/01/98	699				699	5 MO S/L	699	0
45	General Office Furniture	7/01/98	1,300				1,300	5 MO S/L	1,300	0
46	Sporttime Therapy	7/01/98	1,831				1,831	5 MO S/L	1,831	0
47	Computer	9/01/03	1,457				1,457	3 MO S/L	0	486
Total Other Depreciation			286,519				286,519		100,363	53,640
Total ACRS and Other Depreciation			286,519				286,519		100,363	53,640
Grand Totals			286,519				286,519		100,363	53,640
Less: Dispositions			0				0		0	0
Net Grand Totals			286,519				286,519		100,363	53,640

Federal Statements**Prepaid Expense and Deferred**

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

Prepaid and Deferred Expenses

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

Accounts Payable and Accrued

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