

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **9/01/08**, and ending **8/31/09****B** Check if applicable☒ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**Giant Steps Illinois, Inc.**

Doing Business As

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

2500 Cabot Drive

Room/suite

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

Lisle**IL 60532****D** Employer identification number**36-4111286****E** Telephone number**630-864-3800****G** Gross receipts \$ **5,475,786****F** Name and address of principal officer**Bridget O'Connor****2500 Cabot Drive****Lisle****IL 60532****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates

included?

☐ Yes☐ No

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

I Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527**J** Website. ▶ **atc-gsi.org****H(c)** Group exemption number ▶**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation **1997****M** State of legal domicile **IL****Part I Summary****1** Briefly describe the organization's mission or most significant activities**Therapeutic day school for students with autism spectrum disorders.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets**3** Number of voting members of the governing body (Part VI, line 1a)**3 14****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****5** Total number of employees (Part V, line 2a)**5 112****6** Total number of volunteers (estimate if necessary)**6****7a** Total gross unrelated business revenue from Part VIII, line 12, column (C)**7a****7b** Net unrelated business taxable income from Form 990-T, line 34**7b 0**

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

8 Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

286,155**2,896,724****9** Program service revenue (Part VIII, line 2g)**2,313,238****2,577,321****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**5,751****742****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**163,180****999****12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)**2,768,324****5,475,786****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid total for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**2,012,559****2,435,707****16a** Professional fundraising fees (Part IX, column (A), line 11e)**19,500****65,503****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **125,490****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**778,585****775,229****18** Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)**2,810,644****3,276,439****19** Revenue less expenses—subtract line 18 from line 12**-42,320****2,199,347****20** Total assets (Part X, line 16)

Beginning of Year

End of Year

1,076,765**10,097,737****21** Total liabilities (Part X, line 26)**390,435****7,212,058****22** Net assets or fund balances—subtract line 21 from line 20**686,330****2,885,679****Part II Signature Block**Sign
Here

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 this return is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Bridget O'Connor**Executive Director**

Type or print name and title

Date

12/15/10Paid
Preparer's
Use OnlyPreparer's
signature**D. Alf. Brown, CPA**

Date

1/25/10Check if
self-
employed☐Preparer's identifying number
(see instructions)
P00166008Firm's name (or yours
if self-employed),
address, and ZIP + 4**KGR Brown & Associates****16W475 S Frontage Rd Ste 210****Burr Ridge, IL 60527-7106**

EIN

20-2081548

Phone

no 630-321-1555

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

916-20

Part II Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

Therapeutic day school for students with autism spectrum disorders.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 2,828,290 including grants of \$) (Revenue \$)

Operation of a therapeutic day school for students with autism and related developmental disabilities to enhance academic, language, sensory, motor and social skills of its students with a goal of enabling them to maximize their individual potential and lead productive and independent lives. The school year consists of two semesters and a summer program.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 2,828,290 (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	14	
b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990.	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **IL**
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **Giant Steps Illinois, Inc. 2500 Cabot Drive**

Lisle**IL 60532****630-864-3804**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Debra Nauman Chairman Eme		X						0	0	0
Christine Thornton Weiner Chairman		X		X				0	0	0
Craig Lacy President		X		X				0	0	0
Sylvia R. Smith Vice Pres.		X		X				0	0	0
William Murphy Vice Pres.		X		X				0	0	0
Jean Holley Director		X						0	0	0
Christopher Domke Vice Pres.		X		X				0	0	0
Milan Petrovic Director		X						0	0	0
Joseph Hicks Director		X						0	0	0
Michael Romano Director		X						0	0	0
Lawrence Lavoie Director		X						0	0	0
Peter Vouros Director		X						0	0	0
Rita Yadava, M.D. Director		X						0	0	0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 113,419				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,783,305				
	g Noncash contributions included in lines 1a-1f \$	2,370,000				
	h Total. Add lines 1a-1f		2,896,724			
Program Service Revenue	2a Tuition	Busn. Code	2,577,321	2,577,321		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		2,577,321			
	3 Investment income (including dividends, interest, and other similar amounts)		742	742		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross Rents	(i) Real (ii) Personal				
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Busn. Code				
	11a Miscellaneous Income		999	999		
	b					
c						
d All other revenue						
e Total. Add lines 11a-11d		999				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,475,786	2,579,062	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,024,125	1,826,950	197,175	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	411,582	359,290	52,292	
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	2,654		2,654	
c Accounting	41,934		41,934	
d Lobbying				
e Professional fundraising services See Part IV, line 17	65,503			65,503
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	295,283	295,283		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,289	13,289		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,670	65,942	-272	
23 Insurance	26,430	26,430		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a 7000 Interest	143,051	143,051		
b 6260 Fundraising Exp	41,722			41,722
c 6280 Grant Expense	18,266			18,266
d 5500 Supplies - Program	18,265	18,265		
e 6160 Cabot Building Exp	12,007	12,007		
f All other expenses	96,658	67,783	28,876	-1
25 Total functional expenses. Add lines 1 through 24f	3,276,439	2,828,290	322,659	125,490
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	105,973	1	162,601
	2 Savings and temporary cash investments	43,761	2	15,901
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	537,917	4	266,511
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,925	9	9,329,720
	10a Land, buildings, and equipment cost basis	10a 773,039		
	b Less accumulated depreciation Complete Part VI of Schedule D	10b 450,035		
		357,189	10c	323,004
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,076,765	16	10,097,737	
Liabilities	17 Accounts payable and accrued expenses	54,008	17	59,080
	18 Grants payable		18	
	19 Deferred revenue	336,427	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	7,152,978
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	390,435	26	7,212,058
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	679,250	27	2,876,714
	28 Temporarily restricted net assets	7,080	28	8,965
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	686,330	33	2,885,679
	34 Total liabilities and net assets/fund balances	1,076,765	34	10,097,737

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

Giant Steps Illinois, Inc.

Employer identification number

36-4111286

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _ _ _ _ _

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ _ _ _ _

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		773,039	450,035	323,004

Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶ **323,004**

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Part IX **Other Assets.** See Form 990, Part X, line 15.

Part X **Other Liabilities.** See Form 990, Part X, line 25

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,475,786
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,276,439
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,199,347
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	294
9	Total adjustments (net) Add lines 4-8	9	294
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	2,199,641

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,475,786
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,475,786
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,475,786

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,276,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,276,145
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	294
c	Add lines 4a and 4b	4c	294
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	3,276,439

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference \$ 294

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 294

Part XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE E
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Schools**

► To be completed by organizations that
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

Giant Steps Illinois, Inc.

Employer identification number

36-4111286

	YES	NO
1 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?	X	
2 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?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. 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 school is considered a public institution.		X
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	X	
5 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement		X
7 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	X	

See Stmt 1

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		990PtVIII1c (event type)	(event type)	None (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	113,419			113,419
	2 Less Charitable contributions	113,419			113,419
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary Add lines 4 through 7 in column (d)				
9 Net income summary Combine lines 3 and 8 in column (d)					

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 1 and 7 in column (d)					

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

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

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Yes No

15a

17a

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**NonCash Contributions**► To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008**Open To Public
Inspection**

Name of the organization

Giant Steps Illinois, Inc.

Employer identification number

36-4111286**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	2,370,000	
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for
which the organization completed Form 8283, Part IV, Donee Acknowledgement**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that
it must hold for at least three years from the date of the initial contribution, and which is not required to be
used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard
contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash
contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

Yes No

30a		X
31		X
32a		X

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008Open to Public
Inspection**Giant Steps Illinois, Inc.**

Employer identification number

36-4111286

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

A copy of the tax return was presented to the Executive Director who shared it with the Board before filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The Executive Director position's compensation is reviewed at least annually by the Board.

Form 990, Part VI, Line 15b - Compensation Process for Officers

No other officers or key employees receive compensation.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2008Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

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 the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
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 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 2007 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 2009 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) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	50,632

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

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	9,938
18	If you are electing 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 2008 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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 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 instructions.)

21	Listed property Enter amount from line 28	21	5,100
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	65,670
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** (2008)

DAA

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 the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (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 instructions)									25		
26 Property used more than 50% in a qualified business use											
Van	3/18/08	100.00%	31,288	31,288	5.0	S/L-	5,100				
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28	5,100	
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.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
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?												
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 instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See 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 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 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2008**For calendar year 2008, or tax year beginning **9/01/08**, and ending **8/31/09**

Name

Employer Identification Number

Giant Steps Illinois, Inc.**36-4111286****Form 990, Part X, Line 23 - Additional Information**

Name of lender	Relationship to disqualified person
(1) IFF	
(2) Two Corporate Lakes, LLC	
(3) Burr Ridge Bank Term Loan	
(4) Harris Bank Line of Credit	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 1,000,000	5/01/09	4/30/30	Monthly P & I of \$8,371.18	5.875
(2) 5,752,978	5/01/09	4/30/23	P & I after 30 months	6.500
(3) 250,000	8/21/09	8/21/11	Balloon payment at due dat	5.500
(4) 150,000	11/13/08	11/13/09	Interest only until maturi	4.250
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) All entity assets	Building purchase
(2) Cabot Drive building	Purchase of building
(3) All assets of entity	Building improvements
(4) All assets of entity	Operating capital
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		1,000,000
(2)		5,752,978
(3)		250,000
(4)		150,000
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		7,152,978

Federal Statements**Statement 1 - Schedule E, Line 6 - Governmental Financial Aid**Description

The school receives tuition from various school districts based on a formula computed by the Illinois State Board of Education.

36-4111286

Federal Asset Report

FYE: 8/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
48	P J Chair	3/15/05	550				550	5 HY 200DB	455	64
49	HP Copier - Donation	12/14/04	4,750			X	2,375	5 HY 200DB	4,340	273
50	Equipment - Donated	12/31/04	725			X	362	5 HY 200DB	662	42
51	Laptop Computers	2/08/05	525				525	5 HY 200DB	434	61
52	Sony VCR	5/31/05	115				115	5 HY 200DB	95	13
53	Computer - Director's Office	8/03/05	574				574	5 HY 200DB	475	66
54	Computer	8/29/05	1,230				1,230	5 HY 200DB	1,018	142
57	Illinois Facilities Fund Settlement	8/15/05	9,959				9,959	5 HY S/L	757	1,992
62	Leasehold Improvements - High School	12/31/05	109,276				109,276	15 HY S/L	18,213	7,285
			<u>127,704</u>				<u>124,966</u>		<u>26,449</u>	<u>9,938</u>

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	645	0
23	Video Equipment	1/01/00	620				620	5 MO S/L	620	0
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	1,800	0
26	Equipment	8/01/00	678				678	5 MO S/L	678	0
27	Piano	8/01/00	3,280				3,280	5 MO S/L	3,280	0
28	Squeeze Machine	2/01/00	4,345				4,345	5 MO S/L	4,345	0
29	Other Equipment	3/01/00	3,461				3,461	5 MO S/L	3,461	0
30	Therapy Equipment	2/01/01	2,684				2,684	5 MO S/L	2,684	0
31	Van	4/01/01	22,337				22,337	5 MO S/L	22,337	0
32	Therapy Equipment	2/01/01	9,660				9,660	5 MO S/L	9,660	0
33	Computers	3/01/01	7,057				7,057	3 MO S/L	7,057	0
34	Tables	9/01/01	805				805	5 MO S/L	805	0
35	Tables	3/01/02	778				778	5 MO S/L	778	0
36	Projector	1/01/02	2,226				2,226	3 MO S/L	2,226	0
37	Computer	2/01/02	2,287				2,287	3 MO S/L	2,287	0
38	Dishwasher	9/01/02	508				508	5 MO S/L	508	0
39	Piano	9/01/02	2,494				2,494	7 MO S/L	2,137	357
40	Computer	9/01/02	3,372				3,372	3 MO S/L	3,372	0
41	Computer	9/01/02	1,864				1,864	3 MO S/L	1,864	0
42	Leasehold Improvements	9/01/02	188,668				188,668	5 MO S/L	188,668	0
43	Furniture	9/01/02	1,910				1,910	5 MO S/L	1,910	0
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	1,457	0
55	Leasehold Impr. - Hold Back Funds	1/14/05	3,801				3,801	5 MO S/L	357	761
56	Leasehold Improvements	8/30/05	8,936				8,936	5 MO S/L	687	1,788
58	Highschool Space Planning	5/20/05	6,001				6,001	5 MO S/L	500	1,200
59	IFF Final Payment	8/31/05	3,415				3,415	5 MO S/L	263	683
60	Ball Pool and Bubble Tube	3/01/06	3,567				3,567	5 MO S/L	1,783	714
61	Office Equipment - 2005-2006	8/03/06	3,207				3,207	5 MO S/L	1,336	642
63	Program Equipment and Computers	3/23/07	32,881				32,881	5 MO S/L	9,316	6,577
64	Therapy Equipment	7/31/07	28,605				28,605	5 MO S/L	6,198	5,721

36-4111286

Federal Asset Report

FYE: 8/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
65	Office Equipment	1/04/07	10,692			10,692	5 MO S/L	3,564	2,138
66	Leasehold Improvements	10/06/06	86,715			86,715	15 MO S/L	33,241	5,781
67	Computer	3/31/08	1,187			1,187	5 MO S/L	99	237
68	Camera Equipment	3/31/08	700			700	5 MO S/L	58	140
69	Touch Screen Laptop	4/17/08	3,087			3,087	5 MO S/L	206	617
70	Multifunction Printers	5/08/08	1,814			1,814	5 MO S/L	121	363
71	ChatPC D3+ Communicator	5/31/08	3,916			3,916	5 MO S/L	196	783
72	Gamma Tech Computer	5/31/08	5,985			5,985	5 MO S/L	299	1,197
73	Computer	6/18/08	1,520			1,520	5 MO S/L	51	304
74	Clearbrook Project Computers	8/31/06	38,998			38,998	5 MO S/L	7,800	7,799
75	Test to Speech Solutions Bundle	9/17/07	793			793	5 MO S/L	145	159
76	Series 5 English Speaker	10/26/07	7,530			7,530	5 MO S/L	1,255	1,506
77	Blink Twice (Tango Device)	11/30/07	7,223			7,223	5 MO S/L	1,083	1,445
78	Dynavox Extended Warranties	5/30/08	2,708			2,708	3 MO S/L	226	902
79	Blink Twice Extended Warranties	6/18/08	1,500			1,500	3 MO S/L	83	500
80	Intercom System	1/02/08	8,722			8,722	5 MO S/L	388	1,744
81	Parking Lot Addition	6/30/08	22,899			22,899	5 MO S/L	254	4,580
83	HP Multifunction printers returned	11/30/08	-1,814			-1,814	5 MO S/L	0	-272
84	2 HS Laptop Computers	6/30/09	2,058			2,058	3 MO S/L	0	114
85	16 Student Laptops	7/28/09	15,000			15,000	3 MO S/L	0	417
86	Program Computers	7/28/09	3,062			3,062	3 MO S/L	0	85
87	Laptops - 2	11/20/08	3,330			3,330	3 MO S/L	0	832
88	Computer	12/16/08	771			771	3 MO S/L	0	171
89	Admin Laptops	6/30/09	4,116			4,116	3 MO S/L	0	229
90	Cisco Router	7/28/09	2,025			2,025	3 MO S/L	0	56
91	Laptop	8/31/09	543			543	3 MO S/L	0	294
92	Commercial Lawn Mower	7/15/09	2,035			2,035	5 MO S/L	0	68
Total Other Depreciation			<u>614,047</u>			<u>614,047</u>		<u>355,671</u>	<u>50,632</u>
Total ACRS and Other Depreciation			<u>614,047</u>			<u>614,047</u>		<u>355,671</u>	<u>50,632</u>
Listed Property:									
82	Van	3/18/08	31,288			31,288	5 MO S/L	2,607	5,100
			<u>31,288</u>			<u>31,288</u>		<u>2,607</u>	<u>5,100</u>
Grand Totals			773,039			770,301		384,727	65,670
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>773,039</u>			<u>770,301</u>		<u>384,727</u>	<u>65,670</u>

36-4111286

Future Depreciation Report**FYE: 8/31/10**

FYE: 8/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
48	P J Chair	3/15/05	550	31	46
49	HP Copier - Donation	12/14/04	4,750	137	137
50	Equipment - Donated	12/31/04	725	21	21
51	Laptop Computers	2/08/05	525	30	44
52	Sony VCR	5/31/05	115	7	10
53	Computer - Director's Office	8/03/05	574	33	48
54	Computer	8/29/05	1,230	70	102
57	Illinois Facilities Fund Settlement	8/15/05	9,959	1,992	498
62	Leasehold Improvements - High School	12/31/05	109,276	7,285	7,285
			<u>127,704</u>	<u>9,606</u>	<u>8,191</u>

Other Depreciation:

1	Television	7/01/98	500	0	0
2	VCR	7/01/98	250	0	0
3	Computer	7/01/98	900	0	0
4	Computer	7/01/98	900	0	0
5	Computer - Lab	7/01/98	900	0	0
6	Printer - Office	7/01/98	350	0	0
7	Printer - Office	7/01/98	350	0	0
8	Printer - Lab	7/01/98	350	0	0
9	Fax Machine	7/01/98	500	0	0
10	Copier	7/01/98	750	0	0
11	Piano & Instrument	7/01/98	1,000	0	0
12	Refrigerator	7/01/98	750	0	0
13	Microwave	7/01/98	250	0	0
14	Sporttime	7/01/98	950	0	0
15	Southpaw - Therapy	7/01/98	2,020	0	0
16	West Music - Therapy	7/01/98	1,990	0	0
17	Flaghouse	7/01/98	520	0	0
18	Slosson Therapy	7/01/98	789	0	0
19	Therapy Equipment	7/01/98	1,901	0	0
20	Therapy Equipment	7/01/98	659	0	0
21	Therapy Equipment	7/01/98	1,674	0	0
22	Southpaw - Therapy	1/01/99	645	0	0
23	Video Equipment	1/01/00	620	0	0
24	Computer	7/01/00	1,500	0	0
25	Copier	5/01/00	1,800	0	0
26	Equipment	8/01/00	678	0	0
27	Piano	8/01/00	3,280	0	0
28	Squeeze Machine	2/01/00	4,345	0	0
29	Other Equipment	3/01/00	3,461	0	0
30	Therapy Equipment	2/01/01	2,684	0	0
31	Van	4/01/01	22,337	0	0
32	Therapy Equipment	2/01/01	9,660	0	0
33	Computers	3/01/01	7,057	0	0
34	Tables	9/01/01	805	0	0
35	Tables	3/01/02	778	0	0
36	Projector	1/01/02	2,226	0	0
37	Computer	2/01/02	2,287	0	0
38	Dishwasher	9/01/02	508	0	0
39	Piano	9/01/02	2,494	0	0
40	Computer	9/01/02	3,372	0	0
41	Computer	9/01/02	1,864	0	0
42	Leasehold Improvements	9/01/02	188,668	0	0
43	Furniture	9/01/02	1,910	0	0
44	Southpaw - Therapy	7/01/98	699	0	0
45	General Office Furniture	7/01/98	1,300	0	0
46	Sporttime Therapy	7/01/98	1,831	0	0
47	Computer	9/01/03	1,457	0	0
55	Leasehold Impr - Hold Back Funds	1/14/05	3,801	760	760
56	Leasehold Improvements	8/30/05	8,936	1,787	1,787
58	Highschool Space Planning	5/20/05	6,001	1,200	1,200
59	IFF Final Payment	8/31/05	3,415	683	683
60	Ball Pool and Bubble Tube	3/01/06	3,567	713	713

36-4111286

Future Depreciation Report**FYE: 8/31/10**

FYE: 8/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
61	Office Equipment - 2005-2006	8/03/06	3,207	641	641
63	Program Equipment and Computers	3/23/07	32,881	6,576	6,576
64	Therapy Equipment	7/31/07	28,605	5,721	5,721
65	Office Equipment	1/04/07	10,692	2,139	2,139
66	Leasehold Improvements	10/06/06	86,715	5,781	5,781
67	Computer	3/31/08	1,187	238	0
68	Camera Equipment	3/31/08	700	140	0
69	Touch Screen Laptop	4/17/08	3,087	618	0
70	Multifunction Printers	5/08/08	1,814	363	0
71	ChatPC D3+ Communicator	5/31/08	3,916	783	0
72	Gamma Tech Computer	5/31/08	5,985	1,197	0
73	Computer	6/18/08	1,520	304	0
74	Clearbrook Project Computers	8/31/06	38,998	7,800	0
75	Test to Speech Solutions Bundle	9/17/07	793	158	0
76	Series 5 English Speaker	10/26/07	7,530	1,506	0
77	Blink Twice (Tango Device)	11/30/07	7,223	1,445	0
78	Dynavox Extended Warranties	5/30/08	2,708	903	0
79	Blink Twice Extended Warranties	6/18/08	1,500	500	0
80	Intercom System	1/02/08	8,722	1,745	0
81	Parking Lot Addition	6/30/08	22,899	4,580	0
83	HP Multifunction printers returned	11/30/08	-1,814	-363	0
84	2 HS Laptop Computers	6/30/09	2,058	686	0
85	16 Student Laptops	7/28/09	15,000	5,000	0
86	Program Computers	7/28/09	3,062	1,021	0
87	Laptops - 2	11/20/08	3,330	1,110	0
88	Computer	12/16/08	771	257	0
89	Admin Laptops	6/30/09	4,116	1,372	1,372
90	Cisco Router	7/28/09	2,025	675	675
91	Laptop	8/31/09	543	181	166
92	Commercial Lawn Mower	7/15/09	2,035	407	0
96	Building	9/01/09	9,000,000	600,000	0
97	Cabot Drive Leasehold Improvements	9/01/09	200,797	13,386	0
98	Cabot Drive Acquisition Costs	9/01/09	83,322	5,555	0
Total Other Depreciation			<u>9,898,166</u>	<u>677,568</u>	<u>28,214</u>
Total ACRS and Other Depreciation			<u>9,898,166</u>	<u>677,568</u>	<u>28,214</u>

Listed Property:

82	Van	3/18/08	<u>31,288</u>	<u>3,050</u>	<u>0</u>
			<u>31,288</u>	<u>3,050</u>	<u>0</u>
Grand Totals			<u>10,057,158</u>	<u>690,224</u>	<u>36,405</u>

36-4111286

Federal Statements

FYE: 8/31/2009

Cash-non-interest-bearing

Description	Amount
Checking	\$ 101,670
PTC Account	4,203
Petty Cash	100
Total	<u>\$ 105,973</u>

Cash-non-interest-bearing

Description	Amount
Checking	\$ 157,591
PTC Account	4,323
Petty Cash	687
Total	<u>\$ 162,601</u>

Savings and Temporary Cash Inv

Description	Amount
Money Market	\$ 10,228
Capital Campaign Money Mrkt	5,673
Total	<u>\$ 15,901</u>

Prepaid Expense and Deferred

Description	Amount
Prepaid Expenses	\$ 5,625
Security Deposits	26,300
Total	<u>\$ 31,925</u>

Prepaid and Deferred Expenses

Description	Amount
Prepaid Expenses	\$ 8,867
Security Deposits	26,300
Escrow - Cabot Drive	10,434
Construction in Prog. - Cabot	9,284,119
Total	<u>\$ 9,329,720</u>

36-4111286

Federal Statements

FYE: 8/31/2009

Accounts Payable and Accrued

<u>Description</u>	<u>Amount</u>
Accounts Payable	\$ 57,193
Other Accrued Liabilities	1,884
Accrued Payroll	
Rounding	<u>3</u>
Total	\$ <u><u>59,080</u></u>

Form
(Rev. April 2009)**8868****Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Giant Steps Illinois, Inc.	Employer identification number 36-4111286
	Number, street, and room or suite no. If a P.O. box, see instructions 2500 Cabot Crive	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lisle IL 60532	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Giant Steps Illinois, Inc.**

Telephone No ► **630-455-5730**

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____

for the whole group, check this box ☐ If it is for part of the group, check this boxIf this is ☐ and attach

a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **4/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year or
 ► ☒ tax year beginning **9/01/08**, and ending **8/31/09**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)