

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # _____

Report for the Fiscal Period:

Beginning 1/1/2014

& Ending 12/31/2014
MO DAY YR

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Make Checks Payable to the Illinois Charity Bureau Fund

PMT #	_____
AMT	_____
INIT	_____

Federal ID # 80-0604690

Are contributions to the organization tax deductible? Yes No

Date Organization was created: _____
MO DAY YR

LEGAL NAME: Stepping Stones Foundation of Hope MAIL ADDRESS: 307 N Marth Street CITY, STATE: Lombard IL ZIP CODE: 60148	Year-end amounts	
	A) ASSETS	A) \$ 3,756
	B) LIABILITIES	B) \$ 209
	C) NET ASSETS	C) \$ 3,547

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	100%	D) \$ 64,511
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$ 0
F) OTHER REVENUES	%	F) \$ 0
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 64,511

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

H) OPERATING CHARITABLE PROGRAM EXPENSE	100%	H) \$ 67,227
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	100%	J) \$ 67,227
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$	
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$ 0
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	100%	L) \$ 67,227
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$ 0
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 67,227

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:

(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ 0

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
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IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE:	T) \$
U) NAME, TITLE:	U) \$
V) NAME, TITLE:	V) \$

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: Well, Water and clinic	List on back side of instructions CODE
X) DESCRIPTION: Eucation and student loan	W) #
Y) DESCRIPTION:	X) # 200
	Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

- 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? ----- 1.
- 2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? ----- 2.
- 3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? ----- 3.
- 4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? ----- 4.
- 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ----- 5.
- 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) ----- 6.
- 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ----- 7.
- 7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ 0; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____
- 8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? ----- 8.
- 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ----- 9.
- 10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? ----- 10.
- 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:

YES	NO
	X
	X
	X
	X
	X
	X
	X

12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: Patricia Merchese 630-985-7690

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

- BE SURE TO INCLUDE ALL FEES DUE:**
- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
 - 2.) FOR FEES DUE SEE INSTRUCTIONS.
 - 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
Dharna Shah		6/11/2016
PREPARER (PRINT NAME)	SIGNATURE	DATE

FORM **NFP 114.05** (rev. Oct. 2014)
DOMESTIC/FOREIGN CORPORATION
ANNUAL REPORT
 General Not for Profit Corporation Act

Secretary of State
 Department of Business Services
 501 S. Second St., Rm 350
 Springfield, IL 62756
 217-782-7808
 www.cyberdriveillinois.com

Payment must be made by check or money
 order payable to Secretary of State.

Filing Fee: \$10 (if late, add \$3 penalty fee.) Year: 2014 File #: _____ Approved: _____

Note: A change in the Registered Agent and/or Registered Office may only be effected by filing Form NFP-105.10/105.20.

1. Corporation Name: Stepping Stones Foundation of Hope

2. Registered Agent: _____

Registered Office: _____

City, IL, ZIP, County: _____

3a. Date of Incorporation/Qualification: _____ 3b. State of Incorporation: ILLINOIS

4. Names and Addresses of Corporation's Officers and Directors:

NAME	OFFICE	NUMBER & STREET	CITY	STATE	ZIP
	President				
	Secretary				
	Treasurer				
	Director				
	Director				
	Director				

NOTE: List all officers and directors above or on an additional sheet. **Illinois corporations must have three directors.**

5. Brief statement of type of business the corporation is conducting:

6. Is this corporation a **Condominium Association** as established under the Condominium Property Act? (check one)

Yes No

Is this corporation a **Cooperative Housing Corporation** defined in Section 216 of the Internal Revenue Code of 1954? (check one)

Yes No

Is this corporation a **Homeowner's Association** that administers a **common-interest community as defined in subsection (c)** of Section 9-102 of the Code of Civil Procedure? (check one)

Yes No

ITEM 6 MUST BE COMPLETED. Failure to answer any question on this form may result in a late penalty, involuntary dissolution or revocation.

7. Address, including street and number, of Corporation's Principal Office:

307 N Marth Street Lombard IL 60148
Number and Street City State ZIP Code

Under penalties of perjury and as an authorized officer, I declare that this Annual Report, pursuant to the provisions of the General Not for Profit Corporation Act, has been examined by me and is to the best of my knowledge and belief, true, correct and complete.

ITEM 8 MUST BE SIGNED.



8. BY: _____
Authorized Officer's Signature Title Date