

# 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 1/1/2015

& Ending 12/31/2015  
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) \$ 9,995
	B) LIABILITIES	B) \$ 209
	C) NET ASSETS	C) \$ 9,786

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		100%	D) \$ 43,095
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) \$ 43,095

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		PERCENTAGE	AMOUNT
H) OPERATING CHARITABLE PROGRAM EXPENSE		55%	H) \$ 20,399
I) EDUCATION PROGRAM SERVICE EXPENSE		35%	I) \$ 12,928
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		90%	J) \$ 33,327
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)		90%	L) \$ 33,327
M) MANAGEMENT AND GENERAL EXPENSE		10%	M) \$ 3,624
N) FUNDRAISING EXPENSE		%	N) \$ _____
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100%	O) \$ 36,951

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:		PERCENTAGE	AMOUNT
<i>(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</i>			
<b>PROFESSIONAL FUNDRAISERS:</b>			
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
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ _____

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		AMOUNT
T) NAME, TITLE: None		T) \$ 0
U) NAME, TITLE:		U) \$ _____
V) NAME, TITLE:		V) \$ _____

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: Well water facilites and clinic		W) # _____
X) DESCRIPTION: Scholarships and student loans		X) # 200
Y) DESCRIPTION:		Y) # _____

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

- |   | YES | NO |
|---|-----|----|
| 1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? ----- 1.  |     | X  |
| 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.  |     | X  |
| 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. |     | X  |
| 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.  |     | X  |
| 5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ----- 5.  |     | X  |
| 6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? ( ATTACH FORM IFC ) ----- 6.   |     | X  |
| 7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ----- 7.   |     | X  |
| 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.   |     | X  |
| 9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ----- 9.   |     | X  |
| 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.   |     | X  |
| 11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  |     |    |

Bank fo America

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
SK Tax Associates		6/11/2016
PREPARER (PRINT NAME)	SIGNATURE	DATE