See a Social Security Number? Say Something!
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Form **990-EZ**

Short Form
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)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A **For the 2010 calendar year, or tax year beginning** , 2010, **and ending** , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: NEXT STEPS, NFP

Number and street (or P O box, if mail is not delivered to street address): 2822 W. GRANVILLE — Room/suite: 1W

City or town, state or country, and ZIP + 4: CHICAGO, IL 60659

D **Employer identification number**: 13-4245233

E Telephone number: 773-274-2150

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

I **Website:** ► www.nextstepsnfp.org

J **Tax-exempt status** (check only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ► ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	78,592
	2	Program service revenue including government fees and contracts	2	1,480
	3	Membership dues and assessments	3	-0-
	4	Investment income	4	48
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	—
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less: direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	—
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	—
	8	Other revenue (describe in Schedule O)	8	—
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	80,120
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	700
	11	Benefits paid to or for members	11	-0-
	12	Salaries, other compensation, and employee benefits	12	27,317
	13	Professional fees and other payments to independent contractors	13	12,768
	14	Occupancy, rent, utilities, and maintenance	14	12,524
	15	Printing, publications, postage, and shipping	15	11,111
	16	Other expenses (describe in Schedule O)	16	15,700
	17	**Total expenses.** Add lines 10 through 16 ►	17	80,120
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-0-
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	12,978
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-0-
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21	12,978

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For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2010)

GO

3

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . 2009 . . 2010 . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	12,779	22	13,759
23	Land and buildings	-0-	23	-0-
24	Other assets (describe in Schedule O)	5,427	24	8,822
25	**Total assets**	18,206	25	22,581
26	**Total liabilities** (describe in Schedule O)	5,228	26	9,603
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	12,978	27	12,978

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? Education of consumer policy makers
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Educational expansion into a statewide organization

(Grants $ 28,149) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 28,149

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32**

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SCHEDULE				

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☑ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ M Fred Friedman — Signature of officer — Date 5/29/12

▶ M. FRED FRIEDMAN, HEAD ORGANIZER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
NEXT STEPS NFP	13-4245233

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					81+2 80,072	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					(1480) 78592	
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18737	21317 22401	23261	3,063	50443	152315
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	200	1500	3595	3395	1460	10150
3 Gross receipts from activities that are not an unrelated trade or business under section 513	none	none	0	0	none	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	none	none	0	0	none	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	none	nil	0	0	nil	0
6 **Total.** Add lines 1 through 5	18937	23317	26856	41,458	51923	162491
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	none	none	0	0	0	0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	5000	10000	10,000	4548	6,000	37,848
c Add lines 7a and 7b	5000	10000	10000	4548	6,000	37,848
8 **Public support** (Subtract line 7c from line 6.)	13937	13317	16856	36,910	45923	124,643

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	18937	23317	26856	41,458	51923	162,491
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	none	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	none	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	18937	23317	26856	41,458	51,923	162,491

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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	77 %
16	Public support percentage from 2009 Schedule A, Part III, line 15 See Part IV attached	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	N/A %

19a **33⅓% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33⅓% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

** Did not file Schedule A in 2009
* does not include #28,149 as a unusual grant

Part IV List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	© Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
M. Fred Friedman 2822 W. Granville, Suite 1W - Chicago, IL 60659	Head Organizer	$1.00	-0-	-0-
Mark Czyzewski 500 W. Englewood - Chicago, IL 60621	Director	-0-	-0-	-0-
Linda Denson 5333 N. Sheridan, Apt 25L Chicago, IL 60640	Director	-0-	-0-	-0-
Greg Fitzsimmons 1620 N. Richmond St. Chicago, IL 60647	Director	-0-	-0-	-0-
Andrea Gerson, Chair 624 Asbury Evanston, IL 60202	Director	-0-	-0-	-0-
David Granberry 6415 S. Sangamon Ave #2, Chicago, IL 60621	Director	-0-	-0-	-0-
Shirley Helm 869 W Buena Ave Apt 625 Chicago, IL 60613	Director	-0-	-0-	-0-
Marty Juricek 4452 W. 59th St Apt 2R Chicago, IL 60629	Director	-0-	-0-	-0-
Nancy Kavanaugh 1301 Ashland Ave Apt 403 Des Plaines, IL 60016	Director	-0-	-0-	-0-
Janisse Lifton 1537 W. Rosemont Ave Chicago, IL 60660	Director	-0-	-0-	-0-
Mark Mann 2822 W. Granville, Suite 1W - Chicago, IL 60659	Director	-0-	-0-	-0-
Mary Beth Nick 2441 W. Granville Chicago, IL 60659	Director	-0-	-0-	-0-
Ron Otto 4101 N. Ravenswood Ave, Chicago, IL 60613	Director	-0-	-0-	-0-
Jessica Patrick 6825 N. Sheridan Apt. 408 Chicago, IL 60626	Director	-0-	-0-	-0-
Carolyn Smith 3504 Lakeview Dr Apt. 408, Hazel Crest, IL 60429	Director	-0-	-0-	-0-
Dorothy Yancy 2045 W. Jackson Apt. 1701, Chicago, IL 60612	Director	-0-	-0-	-0-

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: NEXT STEPS, NFP (NS, nfp)

Employer identification number: 13-4245233

See attachments for support of various line item details.

1 Page Grouping Worksheet for Revenue & L. 16 Other Expenses
3 Pages Statement of Financial Income and Expense
1 Page Statement of Financial Position (Balance Sheet)

NJ nfp EIN# 13-4245233 SCHEDULE O

990-EZ reporting for CY 2010

GROUPING WORKSHEET

PART 1 - REVENUE	TOTAL	990-EZ l.1 Contribs	990-EZ l.2 Prog Service	990-EZ l.3	990-EZ l.4 Inv Int
INCOME - Royalty Contrib	873425	873425			
Prog Income	148000		148000		
Other Types of Income	5000				5000
Total Investments	139				139
Direct Public Support	2240096	2240096			
Direct Public Grants	4745684	4745684			
Fee 4 Service	(300)				(300)
TOTAL REVENUE (Income)	8012044	7859205	148000	-0-	4839

PART 1 - EXPENSES	l.16 Other Expenses				
Total Travel + Mtgs	1281119	see ↓	l.16	A	for detail ↓
Tot. Other Types of Exp	361822		l.16	B	
Tot Live Exp	27072		l.16	C	
Tot. Other Exps l.16	1570023				

EIN #13-4245233 SCHED. O

12:15 PM
11/10/11 FINAL
Accrual Basis

Next Steps, NFP
Statement of Financial Income and Expense
January through December 2010

		2010 TOTAL Jan - Dec 10	990-EZ ref.
Ordinary Income/Expense			
Income			
recovery conference		8,734 25	l 1
Program Income			
t-shirts	385 00		
Program Service Fees			
Pathways in Liiving	600 00		
CIT Training	225 00		
Program Service Fees - Other	270 00		
Total Program Service Fees		1,095 00	
Total Program Income		1,480 00	l. 2
Other Types of Income			
Miscellaneous Revenue		50 00	
Total Other Types of Income		50 00	l 4
Investments			
Other Investment Revenue	0 35		
Interest-Savings, Short-term CD	1 04		
Total Investments		1 39	l. 4
Government Contracts			
State Contracts		0 00	
Total Government Contracts		0 00	
Direct Public Support			
Individ, Business Contributions	20,100 96		
Corporate Contributions	2,300 00		
Total Direct Public Support		22,400 96	l. 1
Direct Public Grants			
Nonprofit Organization Grants		47,456 84	
Total Direct Public Grants		47,456 84	l. 1
Fee for Service		-3 00	l. 4
Total Income		80,120 44	
Gross Profit		80,120 44	l. 9
Expense			
ellen wages expense		475 00	
ellen tax expense		52 26	
Payroll Expenses		527. 26	l. 12
Fringe Benifits			
Fred's Finge Benifits	2,174 08		
Fringe Benifits - Other	68 30		
Total Fringe Benifits		2,242 38	
Wages			
Fred's wages	5,001 00		
AJ's Wages	3,692 31		
Pets's Wages	7,384 62		
Ellen's Wages	6,417 27		
Total Wages		22,495 20	
Taxes			
AJ's Taxes	406 15		
Pets'Taxess	812 31		
Ellen's taxes	705 92		
Taxes - Other	0 00		
Total Taxes		1,924 38	
Payroll Expenses - Other		127 79	
Total Payroll Expenses		26,789 75	l. 12

$27,317.01 l. 12 TOTAL

Next Steps, NFP EIN# 13-4245233 SCHED. B

Statement of Financial Income and Expense

January through December 2010

		2010 TOTAL Jan - Dec 10	990-EZ ref
Travel and Meetings			
Meeting Expenses			
meals	1,670 97		
Meeting Expenses - Other	52 83		
Total Meeting Expenses		1,723 80	
Travel			
Out of Town Travel			
Gas	108 08		
Train	702 00		
taxi	318 45		
air travel	1,988 59		
hotel/motel	3,284 62		
Meals	339 84		
Travel	42 50		
Out of Town Travel - Other	1,923 95		
Total Out of Town Travel		8,708 03	
Local Travel			
CAB	245 15		
CTA	82 25		
Local Travel - Other	62 00		
Total Local Travel		389 40	
Travel - Other		20 75	
Total Travel		9,118 18	
Conference, Convention, Meeting		672 15	
Travel and Meetings - Other		1,297 06	
Total Travel and Meetings		12,811 19	l.16A
Other Types of Expenses			
T-shirt printing		654 90	
Staff Development		219 00	
Memberships and Dues		515 00	
Insurance - Liability, D and O			
Automobile Insurance Expense	735 97		
Insurance - Liability, D and O - Other	251 75		
Total Insurance - Liability, D and O		987 72	
Advertising Expenses		157 00	
Other Types of Expenses - Other		84 70	
Total Other Types of Expenses		2,618 32	l.16B
Operations			
Telephone, Telecommunications		2,979 54	
Supplies			
Supplies			
Fundraising Supplies			
food	5,725 00		
Fundraising Supplies - Other	9.75		
Total Fundraising Supplies	5,734 75		
Marketing	150 00		
Office	322 94		
Total Supplies	6,207 69		
Supplies - Other	414 15		
Total Supplies		6,621 84	
Printing and Copying		338 61	
Postage, Mailing Service		157 58	
Books, Subscriptions, Reference		1,014 05	
Total Operations		11,111 62	l.15

Next Steps, NFP EIN # 13-4245233 SCHED. O

Statement of Financial Income and Expense

January through December 2010

	2010 TOTAL Jan - Dec 10	
Facilities and Equipment		
Equipment & Furnishings	200 00	
Software Purchases	249 62	
Rent, Parking, Utilities	9,768 65	
Donated Facilities	150 00	
Facilities and Equipment - Other	1,455 23	
Total Facilities and Equipment	11,823 50	l 14
Contract Services		
Ellen's Contract	5,652 50	
Outside Contract Services -PIL	80 00	
Volunteer Services - Non-GAAP	350 00	
Outside Contract Services	4,128 00	
Fundraising Fees	399 40	
Accounting Fees	300 00	
Contract Services - Other	1,858 00	
Total Contract Services	12,767 90	l. 13
Business Expenses		
credit card processing fee	12 45	
Bank Service Charges	29 97	
Taxes - Not UBIT	128 59	
Bad Debts	15 00	
Business Expenses - Other	84 71	
Total Business Expenses	270 72	l. 16 C
Awards and Grants		
Specific Assist to Individuals	400 00	
Cash Awards and Grants	300 00	
Total Awards and Grants	700 00	l. 10
Depreciation Expense	700 18	l. 14
Total Expense	80,120 44	
Net Ordinary Income	0 00	
Net Income	0.00	

$12,523.68
l. 14 TOTAL

12:28 PM

10/25/11 FINAL

Accrual Basis

Next Steps, NFP EIN# 13-4245233 SCHED. B

Statement of Financial Position

As of December 31, 2010

		Dec 31, 10	Dec 31, 09	$ Change
ASSETS	990-EZ Part 2 ref	[B]	[A]	
Current Assets				
Checking/Savings				
client fund account		0 00	1,280 95	-1,280 95
Business Debit Card		200 00	0 00	200 00
TCF Bank		13,558.54	11,497 70	2,060 84
Total Checking/Savings	l. 22	13,758 54	12,778 65	979 89
Other Current Assets				
Prepaid Expenses				
prepaid auto insurance		145 03	306 80	-161 77
contract expense		2,007 53	2,000 00	7 53
Total Prepaid Expenses		2,152 56	2,306 80	-154 24
Undeposited Funds		0 00	1,100 00	-1,100 00
Total Other Current Assets	l. 24	2,152.56	3,406 80	-1,254 24
Total Current Assets		15,911 10	16,185 45	-274 35
Fixed Assets				
Accum Depr - Furn and Equip		-3,199 18	-2,499.00	-700 18
Furniture and Equipment		3,195 44	0 00	3,195 44
Equipment and Furnishings		6,380 20	4,520 08	1,860 12
Total Fixed Assets	l. 24	6,376 46	2,021 08	4,355 38
Other Assets				
Loans Receivable		294 00	0 00	294 00
Accum Depr - Investment Assets		-0 29	-0 29	0 00
Total Other Assets	l. 24	293 71	-0 29	294 00
TOTAL ASSETS		**22,581.27**	**18,206.24**	**4,375.03**
LIABILITIES & EQUITY				
Liabilities Other Assets Total	l. 24	8,822.73	5,427.59	
Current Liabilities				
Other Current Liabilities				
Loans from Officers, Directors				
Fred Friedman		9,115 85	5,228 05	3,887 80
Total Loans from Officers, Directors		9,115 85	5,228 05	3,887 80
Payroll Liabilities				
IL Income Tax		197 09	0 00	197 09
IL Unemployment Tax		246 23	0 00	246 23
Federal Taxes (941/944)		594 01	0 00	594.01
Payroll Liabilities - Other		-550 17	-0 07	-550 10
Total Payroll Liabilities		487 16	-0 07	487.23
Total Other Current Liabilities		9,603 01	5,227 98	4,375 03
Total Current Liabilities		9,603 01	5,227 98	4,375 03
Total Liabilities	l. 21	9,603 01	5,227 98	4,375.03
Equity				
Opening Bal Equity		186 78	186 78	0 00
Retained Earnings		12,791 48	12,043 76	747 72
Net Income		0 00	747.72	-747 72
Total Equity	l. 27 + l. 21	12 978 26	l. 19 12,978 26	0 00
TOTAL LIABILITIES & EQUITY	Part I	**22,581.27**	Part I **18,206.24**	**4,375.03**

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization: NEXT STEPS, NFP

Employer identification number: 13-4245233

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II **Loans to and/or From Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

	(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
(1)	Mr Fred Fredman (Regular Operating Funds)	✓		$9,115	$9,115		✓	✓		✓	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total	. . . . . ▶ $										

Part III **Grants or Assistance Benefiting Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			