#### 990

(Rev. January 2020)

Department of the Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2019

Open to Public

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 2019, and ending 20 Check if applicable: C Name of organization A STEP AHEAD FOUNDATION CHATTANOOGA INC D Employer identification number Address change Doing business as 46-3740551 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return O BOX 4212 (423)752-5250 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return HATTANOOGA, TN 37405 592,730 Application pending F Name and address of principal officer: SUSAN VANDERGRIFF **H(a)** Is this a group return for subordinates? X No SAME AS C ABOVE H(b) Are all subordinates included? Yes **X** 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) WWW.ASTEPAHEADCHATTANOOGA.ORG Group exemption number Website: ▶ X Corporation Trust Association Other ▶ L Year of formation: 2014 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: A STEP AHEAD CHATTANOOGA PROVIDES INFORMATION ABOUT AND FREE ACCESS TO LONG-TERM, REVERSIBLE BIRTH CONTROL. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 7 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 87 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 39 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) ...... 8 587,165 575,210 Revenue Program service revenue (Part VIII, line 2g) . . . . . . . . . . . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .... 10 8,347 6,141 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) (16,323)12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 595,512 565,028 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ........ 368,064 243,320 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 185,141 246,797 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16,419 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 161,246 190,570 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 714,451 697,106 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . . . . (118,939) (132,078)Net Assets or Fund Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 709,677 541,779 21 Total liabilities (Part X, line 26) . . 73,859 38,039 22 Net assets or fund balances. Subtract line 21 from line 20 635,818 503,740 Part II Signature Block 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 SUSAN VANDERGRIFF Sign Signature of officer Date Here SUSAN VANDERGRIFF, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check Paid JANET KANERVA 09-29-2020 JANET KANERVA self-employed P01301779 Preparer Firm's name KANERVA ACCOUNTING SOLUTIONS LLC Firm's EIN ▶ **Use Only** 7914 MAHAN GAP ROAD Firm's address Phone no. OOLTEWAH TN 37363 423-240-5217

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

No

Yes

Page 2

Part IV

46-3740551

## **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," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions),? . . . . . . . . . . . . Х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 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 ........... 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 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 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b Х 13 13 х 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .......... 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) ....... 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or x

Form 990 (2019) A STEP AHEAD FOUNDATION CHATTANOOGA INC Page 4 46-3740551 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Х Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 x 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . . . . . . . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I. . . . . . . . 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<i>ა</i> ၁a		х

Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . . . . . . . . . . .

						Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		21			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b		0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?				1c	x	

Part V

46-3740551

Yes No 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 2a If at least one is reported on line 2a, did the organization file all required federal employment tax returns?............ 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year?........ 3a 3a Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . . . . . . . . . . . . . h 3b 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)? . . . . . . . . . . . . 4a х **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a х b 5b Х С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? ...... 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a х b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c х d 7d е х 7f Х f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... g 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . . . . . . . . . h 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ................. 8 х Sponsoring organizations maintaining donor advised funds. 9a Х b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ...... х 10 Section 501(c)(7) organizations. Enter: а b 11 Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b 13b C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Х If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . . . . . . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 х If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . 16 Х If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	,			- , -			-			· - /- ·						
response t	o line 8a	, 8b,	or 10b	below,	describ	e the d	circum	stances	, process	es, or	r change	es in Sc	hedule	O. See instruc	ctions.	
		_														

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	s.		_
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, 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 on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
-			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► <b>Tennessee</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X    Own website    □    Another's website    □    Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

SUSAN VANDERGRIFF (423)752-5250, PO BOX 4212, CHATTANOOGA, TN 37405

Section A.

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

See instructions for the order in which to list the persons above.

(4) (B) Nume and site	Check this box if neither the organization nor any re	lated organizat	ion co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
(i)					(	(C)					
Comparison of the control of related organizations below of the control of related organizations below of the control of the		Average hours	box	, unles	eck m s per	ore the	s both an	l	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
DIRECTOR		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organization and
(2) KATHLEEN HUNT	(1) BECKY BARNES	0.50									
DIRECTOR	DIRECTOR		Х						0	0	0
Calcaboration   Calcaboratio   Calcaboration   Calcaboration   Calcaboration   Calcaboration	(2) KATHLEEN HUNT	0.50									
TREASURER	DIRECTOR		х						0	0	0
(4) FRAN MARTINI	(3) STEFANIE MANSUETO	0.50									
Director   X	TREASURER		х		х				0	0	0
SARAH ROSS	(4) FRAN MARTINI	0.50									
Description	DIRECTOR		х						0	0	0
Description	(5) SARAH ROSS	0.50									
PAST PRESIDENT	PRESIDENT		х		x				0	0	0
PAST PRESIDENT	(6) TAMARA STEWARD	0.50									
DIRECTOR	PAST PRESIDENT		х		x				0	0	0
DIRECTOR	(7) MJ LEVINE	0.50									
(8) CHRISTIE FAIRES	DIRECTOR		х						0	0	0
DIRECTOR		0.50									
STEPHANIE HAYS   0.50									0	0	0
X		0.50									
(10)MARK PRZYBYSZ					x				0	0	0
TREASURER ELECT         X         X         0         0         0           (11)KIM PERRY GARDNER         0.50         0		0.50								-	-
(11)KIM PERRY GARDNER     0.50       DIRECTOR     X     0     0     0       (12)CARRIE LAWSON     0.50       DIRECTOR     X     0     0     0       (13)DARIAN SCOTT     0.50     0     0     0       DIRECTOR     X     0     0     0       (14)DR. CHRIS SMITH     0.50     0     0					x				0	0	0
DIRECTOR     X     0     0     0       (12)CARRIE LAWSON     0.50     0     0       DIRECTOR     X     0     0     0       (13)DARIAN SCOTT     0.50     0     0     0       DIRECTOR     X     0     0     0       (14)DR. CHRIS SMITH     0.50     0     0		0.50							-	-	-
(12)CARRIE LAWSON     0.50       DIRECTOR     X     0     0     0       (13)DARIAN SCOTT     0.50     0     0     0       DIRECTOR     X     0     0     0       (14)DR. CHRIS SMITH     0.50     0     0									0	0	0
DIRECTOR         X         0         0         0           (13)DARIAN SCOTT         0.50         0         0         0           DIRECTOR         X         0         0         0           (14)DR. CHRIS SMITH         0.50         0         0         0		0.50									
(13)DARIAN SCOTT 0.50 DIRECTOR X 0 0 0 (14)DR. CHRIS SMITH 0.50									0	0	0
DIRECTOR		0 - 50							, , ,		
(14)DR. CHRIS SMITH 0.50		-   • • • • • • • • • • • • • • • •							0	0	0
		0.50							Ū		
		-   • • • • • • • • • • • • • • • •							0	0	0

Form 990 (2019) EEA

Part VII

46-3740551

A STEP AHEAD FOUNDATION CHATTANOOGA INC

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(B) Average hours per week	box, offic	, unles er and	Pos eck m s per	son is	han one s both an /trustee)		(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	cor	(F) ated amou of other npensation om the		
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization an organizat	
(15)RACE	HEL SCHULSON	40.00											
	IVE DIRECTOR THROUGH OCT 2019				х				67,320	0		2,02	20_
	AN VANDERGRIFF	40.00							60 605			1 05	7.0
	IVE DIRECTOR				Х				62,625	0		1,87	9
7'')													
<u>(18)</u>													
<u>(20)</u>													
(21)													
(22)													
(23)													
<u>(24)</u>													
<u>(25)</u>													
1b S	ubtotal							. ▶					
	otal from continuation sheets to Part VII, Sect							- 1					
	otal (add lines 1b and 1c)								129,945	0		3,89	9
	otal number of individuals (including but not limit		isted a	bove	) wr	no re	eceived	d mo	ore than \$100,000	of			_
re	eportable compensation from the organization	<u> </u>										Yes	No
<b>3</b> D	oid the organization list any former officer, direc	tor. trustee. I	kev en	volan	ee.	or h	iahest	con	npensated			103	
	mployee on line 1a? If "Yes," complete Schedu		-				-				3		x
4 F	or any individual listed on line 1a, is the sum of re	eportable cor	npensa	ation	and	othe	er com	pen	sation from the				
	rganization and related organizations greater th			'es,"	com	nplet	te Sche	edul	e J for such				
	ndividual				• •	• •		• •		• • • • • • • •	4		<u> </u>
	or services rendered to the organization? If "Yes			-			_				5		v
	B. Independent Contractors	s, complete	Scried	iule 3	101	Suci	n persi	OH	• • • • • • •				<u>x</u> _
	complete this table for your five highest compensa	ted independ	lent co	ntrac	tors	that	t receiv	∕ed ı	more than \$100,00	00 of			
C	ompensation from the organization. Report comp	ensation for t	the cal	enda	ır ye	ar e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
	Name and business addres	ss							Description of service	es	Compens	ation	
	otal number of independent contractors (includin	-				ted a	above)	who	0				

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . . . 1a Membership dues . . . . . . . . . . . . 1b Contributions, Gifts, Grants and Other Similar Amounts **c** Fundraising events . . . . . . . . 1c 39,669 **d** Related organizations . . . . . . . 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 535,541 Noncash contributions included in 1g | \$ 575,210 2a Program Service Revenue f All other program service revenue . . . . . . Investment income (including dividends, interest, and 6,141 6,141 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . 6a **b** Less: rental expenses . . 6b c Rental income or (loss) **d** Net rental income or (loss) . . . . . . . . . . . . . (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 7b Other Revenue and sales expenses . . **c** Gain or (loss) . . . . . . **7c** 8a Gross income from fundraising events (not including \$ 39,669 of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . 9,815 **b** Less: direct expenses . . . . . . . . 8b 25,361 c Net income or (loss) from fundraising events (15,546)(15,546)9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a **b** Less: direct expenses . . . . . . . . . 9b c Net income or (loss) from gaming activities . . . . . . . 10a Gross sales of inventory, less returns and allowances ...... 10a 1,564 **b** Less: cost of goods sold . . . . . . . 10b 2,341 c Net income or (loss) from sales of inventory (777)(777) **Business Code** 11a d All other revenue . . . . . . . . . . . . . . . . e Total. Add lines 11a-11d ......... 565,028 5,364 0 (15,546)

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 243,320 243,320 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, trustees, and key employees ...... 13,143 133,844 107,075 13,626 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 . . . . . . . . . . . . . . 93,711 54,685 16,408 22,618 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 972 45 343 584 9 10 3,049 18,270 12,790 2,431 11 Fees for services (nonemployees): Legal....... b 4,260 7,710 960 12,930 d Professional fundraising services. See Part IV, line 17 . 16,419 16,419 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 7 80,592 80,040 545 12 13 3,637 2,473 607 557 494 14 2,301 1,527 280 15 16 16,000 22,536 2,930 3,606 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 969 969 20 21 22 Depreciation, depletion, and amortization . . . . . . 2,272 1,614 295 363 23 Insurance ........ 5,013 2,677 1,733 603 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MARKETING AWARENESS 36<u>,034</u> 36,034 b CLIENT SUPPORT 2,073 2,073 С DEVELOPMENT 19,722 4,247 15,475 d All other expenses 763 1,712 e 2,491 16 25 Total functional expenses. Add lines 1 through 24e. . 697,106 564,629 52,404 80,073 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if

following SOP 98-2 (ASC 958-720)

A STEP AHEAD FOUNDATION CHATTANOOGA INC 46-3740551

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
		·	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	22,988	1	36,196
	2	Savings and temporary cash investments	519,079	2	341,603
	3	Pledges and grants receivable, net	143,857	3	152,819
	4	Accounts receivable, net	764	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	19,166	9	3,169
	10a	Land, buildings, and equipment: cost or other	•		•
		basis. Complete Part VI of Schedule D 10a 14,972			
	b	Less: accumulated depreciation 10b 7,980	2,823	10c	6,992
	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	1,000	15	1,000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	709,677	16	541,779
	17	Accounts payable and accrued expenses	73,859	17	38,039
	18	Grants payable	,5,005	18	30,003
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
api		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		2-7	
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	73,859	26	38,039
	20	Organizations that follow FASB ASC 958, check here	73,033	20	30,039
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	635,818	27	420,083
lan	28	Net assets with donor restrictions	033,616	28	83,657
B	20	Organizations that do not follow FASB ASC 958, check here		20	03,037
PI		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ts c	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31			31	
¥.		Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	C3E 010	32	E02 740
Š	32	<u> </u>	635,818		503,740
	33	Total liabilities and net assets/fund balances	709,677	33	541,779

Form **990** (2019) EEA

D 1 V			1		age <b>12</b>
Part XI	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 Tota	revenue (must equal Part VIII, column (A), line 12)	1		565,	028
2 Tota	expenses (must equal Part IX, column (A), line 25)	2		697,	106
3 Reve	enue less expenses. Subtract line 2 from line 1	3	(	132,	078)
4 Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		635,	818
5 Net	unrealized gains (losses) on investments	5			
6 Dona	ated services and use of facilities	6			
7 Inves	stment expenses	7			
8 Prior	period adjustments	8			
9 Othe	r changes in net assets or fund balances (explain on Schedule O)	9			0
10 Net a	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
32, c	olumn (B))	10		503,	740
Part XII					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1 Acco	ounting method used to prepare the Form 990:   Cash  X  Accrual  Other				
If the	organization changed its method of accounting from a prior year or checked "Other," explain in				
Sche	edule O.				
2a Wer	e the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
If "Yo	es," check a box below to indicate whether the financial statements for the year were compiled or				
revie	wed on a separate basis, consolidated basis, or both:				
	Separate basis				
<b>b</b> Were	e the organization's financial statements audited by an independent accountant?		2b	х	
If "Yo	es," check a box below to indicate whether the financial statements for the year were audited on a				
sepa	arate basis, consolidated basis, or both:				
x s	Separate basis				
c If "Yo	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
the a	audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
If the	organization changed either its oversight process or selection process during the tax year, explain on				
Sche	edule O.				
<b>3a</b> As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Sing	le Audit Act and OMB Circular A-133?		3a		х
b If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the				
requ	ired audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u> .	3b		

EEA

#### **SCHEDULE A**

(Form 990 or 990-EZ)

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public
Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

STEP AHEAD FOUNDATION CHATTANOOGA INC 46-3740551 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

A STEP AHEAD FOUNDATION CHATTANOOGA INC

46-3740551 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,007,407	423,097	559,478	587 <b>,</b> 165	575,210	3,152,357
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	<b>Total.</b> Add lines 1 through 3	1,007,407	423,097	559,478	587,165	575,210	3,152,357
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)						729,767
	Public support. Subtract line 5 from line 4						2,422,590
	ction B. Total Support	( ) ( -	41.5545	( )	/ D 22:-	/ \ · -	<u> </u>
_	endar year (or fiscal year beginning in)▶	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	1,007,407	423,097	559,478	587,165	575,210	3,152,357
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
_	similar sources	663	492	3,813	8,347	6,141	19,456
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	S						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10	:				40	3,171,813
	Gross receipts from related activities, etc. (so <b>First five years.</b> If the Form 990 is for the or				h toy your oo	12	\(2)
13	organization, check this box and <b>stop here</b>						
Sa	ction C. Computation of Public Suppor			· · · · · · · ·			· · · · · · · ·
	Public support percentage for 2019 (line 6, c			column (f))		14	76.38 %
	Public support percentage from 2018 Sched		-			15	82.75 %
	a 33 1/3% support test - 2019. If the organiza						
	box and <b>stop here.</b> The organization qualifie						
ŀ	33 1/3% support test - 2018. If the organiza						
	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test - 2019.			-			
	10% or more, and if the organization meets t	-					
	Part VI how the organization meets the "facts				·		
	organization			-	= =		_
ŀ	10%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet						icly
	supported organization						
18	Private foundation. If the organization did n						
	instructions						▶ □

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

(Complete only if you checked the box on line 10 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.)

Sed	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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 fumished 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	<b>Total.</b> Add lines 1 through 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 \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support			T			
	endar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
<b>L</b>	royalties, and income from similar sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Net income from unrelated business						<del> </del>
11							
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or	∟ rganization's fi	rst second thi	rd fourth or fit	⊥ fth tax vear as a	section 501(	c)(3)
•	organization, check this box and <b>stop here</b>						
Sec	ction C. Computation of Public Suppor						<u> </u>
	Public support percentage for 2019 (line 8, c			column (f)) .		15	%
	Public support percentage from 2018 Sched					16	<u>%</u>
	ction D. Computation of Investment In					1 1	70
	Investment income percentage for 2019 (line			ine 13. columr	n (f))	17	%
	Investment income percentage from 2018 Se		• •			18	
	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r	-	_	-	•		

# Part IV Supporting

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ju		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
100		

	t IV Supporting Organizations (continued)  A STEP AHEAD FOUNDATION CHATTANOOGA INC 46-374055	L	F	Page !
Гаі	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	tion B. Type I Supporting Organizations			
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
sec.	tion C. Type II Supporting Organizations			
4	Ware a majority of the argenization's directors or trustoes during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
500	non 217th Type in cuppering organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstruc	tions)	).
а				
b		, -		
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity	(see ir		<i>_</i>
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
			i	

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2019

A STEP AHEAD FOUNDATION CHATTANOOGA INC

1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting organic Section A - Adjusted Net Income	zations	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	organization (see
instructions).			

EEA

Sched	ule A (Form 990 or 990-EZ) 2019 A STEP AHEAD FOUNDATION C	HATTANOOGA INC	46-374	0551 Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organiz	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4				
	Section D, line 7: \$			
	Applied to underdistributions of prior years			

**5** Remaining underdistributions for years prior to 2019, if

b Applied to 2019 distributable amountc Remainder. Subtract lines 4a and 4b from 4.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

7	Excess distributions carryover to 2020. Add lines 3j
	and 4c

8	Breakdown	of	line	7:

**a** Excess from 2015 . . . . **b** Excess from 2016 . . . .

c Excess from 2017 . .

d Excess from 2018e Excess from 2019

EEA Schedule A (Form 990 or 990-EZ) 2019

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
_	

# Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

A STEP AHEAD FOUNDATION CHATTANOOGA INC

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Employer identification number** 

46-3740551

2019

Organiz	ation type (check one):	
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Check if	vour organization is cove	ered by the <b>General Rule</b> or a <b>Special Rule</b> .
instructio	. , , , ,	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General	Rule	
	For an organization filing	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000
	or more (in money or pro	operty) from any one contributor. Complete Parts I and II. See instructions for determining a
	contributor's total contrib	putions.
Special	Rules	
x	For an organization de	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the
	regulations under sect	tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line
		hat received from any one contributor, during the year, total contributions of the greater of (1)
	\$5,000; or <b>(2)</b> 2% of the	he amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
	For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
_		e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,
	literary, or educational	purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
П	For an organization de	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one
_	•	e year, contributions exclusively for religious, charitable, etc., purposes, but no such
	_	nore than \$1,000. If this box is checked, enter here the total contributions that were received
	during the year for an	exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the
	• • • • • • • • • • • • • • • • • • • •	to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions
	totaling \$5,000 or more	e during the year
Caution	n· An organization that is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,
	=	answer "No" on Part IV. line 2. of its Form 990: or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **Employer identification number** 

A STEP AHEAD FOUNDATION CHATTANOOGA INC

46-3740551

Part I	Contributors (see instructions). Use duplicate copies of	f Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_		\$\$	Person X Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person x Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person 🕱 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person 🗷 Payroll 🔲 Noncash 🗍 (Complete Part II for noncash contributions.)

Employer identification number Name of organization 46-3740551

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

A STEP AHEAD FOUNDATION CHATTANOOGA INC

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7_		\$\$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person

## **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name	of the organization		"	Employer identification number
A S	TEP AHEAD FOUNDATION CHATTANOOGA INC			46-3740551
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar F	unds or Accou	nts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6	5.	
		(a) Donor advised f	unds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised	
	funds are the organization's property, subject to the organizati	on's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant fur	nds can be used	
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any	other purpose	
	conferring impermissible private benefit?			
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or edu		Preservation of a	historically important land area
	Protection of natural habitat	, <u> </u>	Preservation of a	certified historic structure
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in	the form of a cons	servation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	•			
b	Total acreage restricted by conservation easements			. 2b
С	Number of conservation easements on a certified historic strue			
d	Number of conservation easements included in (c) acquired a	` '		
				. 2d
3	Number of conservation easements modified, transferred, rele			
	tax year ►	J ,		3
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period		andling of	
	violations, and enforcement of the conservation easements it h	• •		∏ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha			<del>-</del> -
	<b>▶</b>	, , , , , , , , , , , , , , , , , , ,	<b>3</b>	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing	a conservation eas	sements during the year
-	<b>▶</b> \$		g	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of	section 170(h)(4)(	B)(i)
	and section 170(h)(4)(B)(ii)?			□ v <sub>-</sub> - □ N <sub>-</sub>
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot			·
	organization's accounting for conservation easements.	<b>3</b>		
Pa	rt III Organizations Maintaining Collections	of Art. Historical Tre	asures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes"			
1a	If the organization elected, as permitted under FASB ASC 958	· · · · · · · · · · · · · · · · · · ·		ance sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide, in Part XIII the text of the footnote to its finan			and or planting
b	If the organization elected, as permitted under FASB ASC 958			e sheet works of
~	art, historical treasures, or other similar assets held for public of	•		
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
-	following amounts required to be reported under FASB ASC 9		, ioi iiiiaiioiai yalli,	provide tile
9	Revenue included on Form 990, Part VIII, line 1			▶ \$
a b	Assets included in Form 990, Part X			
U	ASSOCIA INCIDIDATION IN TRANSPORT AND ASSOCIATION ASSOCIATION AND ASSOCIATION ASSOCIAT			Ψ

Pai	rt III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures	, or Ot	her Similar <i>F</i>	Assets	(conti	inued)
3	Using the organization's acquisition, accession	n, and other records	s, check any	of the follo	wing that ma	ake signi	ficant use of its			
	collection items (check all that apply):									
а	Public exhibition		<b>d</b> [	Loan c	or exchange	program	ns			
b	Scholarly research		е [	Other						
С	Preservation for future generations			•						
4	Provide a description of the organization's coll	lections and explain	how they fu	irther the o	rganization's	s exemp	t purpose in Part			
	XIII.	·	,		J		• •			
5	During the year, did the organization solicit or	receive donations of	of art. historic	al treasure	es, or other s	imilar				
	assets to be sold to raise funds rather than to							П	Yes	No
Pai	rt IV Escrow and Custodial Arrai			944	0 0000					
	Complete if the organization a 990, Part X, line 21.	•	on Form	990, Pa	rt IV, line	9, or re	eported an an	nount (	on For	m
1a	Is the organization an agent, trustee, custodiar	n or other intermedia	ary for contri	butions or	other assets	not				
	included on Form 990, Part X?							🗆	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table	:						
	, ,	·	Ü				А	mount		
С	Beginning balance					. 10	:			
d	Additions during the year									
e	Distributions during the year									
f	Ending balance								-	
2a	Did the organization include an amount on For					' -			Vos	No
_	If "Yes," explain the arrangement in Part XIII.					•				
Bar		Check here if the ex	хріанаціон на	as been pro	ovided on Fa	ait Aiii			• • •	
Fai		anguared "Vee"	' on Form	000 Do	rt IV/ line	10				
	Complete if the organization a									
		(a) Current year	(b) Pric	or year	(c) Two years	s back	(d) Three years bac	k (e)	Four year	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, co	lumn (a)) h	neld as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ 9									
С	Term endowment ► %									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
3a	Are there endowment funds not in the posses	•	ation that are	held and	administered	for the				
Ju	organization by:	olori or the organize	ation that are	Tiola alia	aariiinotoroa	101 1110			Ye	s No
	<b>(</b> )							2	a(i)	3 110
<b>L</b>	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi							a(ii)	
b	( ),	•						• • _	3b	
4	Describe in Part XIII the intended uses of the	_	owment tuna	S.						
Pai	t VI Land, Buildings, and Equip		–	000 5	( D. / - P	44. •		Б	. II	40
	Complete if the organization a	answered "Yes'	on Form	990, Pa	rt IV, line	11a. S	ee ⊦orm 990,	Part 2	(, line	10.
	Description of property	(a) Cost or ot			other basis		Accumulated	(d)	Book valu	ue
		(investr	nent)	(c	other)	d	epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				14,972		7,980		6	,992
е	Other						-			
Total	I. Add lines 1a through 1e. (Column (d) must		art X. columi	n (B), line	10c.)				6	,992
		,	,	. ,,			· · •			

Schedule D (Form	990) 2019 A STEP AHEAD FOUNDATION CH	ATTANOOGA INC	46-	-3740551	Page 3
Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on F	orm 990, Part IV, Iir	ne 11b. See Form	n 990, Part X	, line 12.
	(a) Description of security or category	(b) Book value		c) Method of valuation	
<u> </u>	(including name of security)		Cost o	r end-of-year market	value
(1) Financial o					
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
rait viii	Complete if the organization answered "Yes" on F	orm 990 Part IV lir	ne 11c See Form	000 Part Y	ling 13
	· · · · · · · · · · · · · · · · · · ·			1 990, Fait A	, iiile 13.
	(a) Description of investment	(b) Book value		<ul> <li>c) Method of valuation</li> <li>r end-of-year market</li> </ul>	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	•			
Part IX	Other Assets.				
_	Complete if the organization answered "Yes" on F	orm 990, Part IV, lir	ne 11d. See Form	າ 990, Part X	, line 15.
	(a) Description			<b>(b)</b> B	ook value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
$\overline{}$	n (b) must equal Form 990, Part X, col. (B) line 15.)		▶		
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" on F line 25.	orm 990, Part IV, lir	ne 11e or 11f. Se	e Form 990,	Part X,
1.		ok value			
(1) Federal i		ok value			
(2)	TEOTIC TEACS				
(3)					
(4)					
(5)					
<u>(6)</u> (7)					
(8)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . . .

(9)

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	574,695
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)         2d         9,667		
е	Add lines 2a through 2d	2e	9,667
3	Subtract line 2e from line 1	3	565,028
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	565,028
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	706,773
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)         2d         9,667		
е	Add lines 2a through 2d	2e	9,667
3	Subtract line 2e from line 1	3	697,106
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (December in Deut VIII.)		
b	Other (Describe in Part XIII.)		
c b	Add lines <b>4a</b> and <b>4b</b>	4c	
с 5	Add lines 4a and 4b	4c 5	697,106
c 5 Pai	Add lines 4a and 4b	5	-
<b>5</b> Pai	Add lines 4a and 4b	5	-
<b>5 Pa</b> Provi	Add lines 4a and 4b	5	-
<b>5 Pa</b> Provi	Add lines 4a and 4b	5	-
<b>pai</b> Provi 2; Pa	Add lines 4a and 4b	5	-
<b>pai</b> Provi 2; Pa	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-
c 5 Par Provi 2; Pa 01.	Add lines 4a and 4b	5	-

EEA Schedule D (Form 990) 2019

EEA Schedule D (Form 990) 2019

#### **SCHEDULE G** (Form 990 or 990-EZ)

A STEP AHEAD FOUNDATION CHATTANOOGA INC

Form 990-EZ filers are not required to complete this part.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

2019

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

46-3740551

а	x Mail solicitations		e x	Solicitation of	f non-government gr	ants	
b	x Internet and email solicitations		f 🗵 Solicitation of government grants				
С	x Phone solicitations		gx	Special fundr	aising events		
d	x In-person solicitations		_		-		
2a	Did the organization have a written o	r oral agreement w	ith any indiv	idual (includin	ng officers, directors,	trustees,	
	or key employees listed in Form 990,	-	-		-	_	s No
b	If "Yes," list the 10 highest paid indivi				_		<del></del>
	compensated at least \$5,000 by the		, ,		,		
	, , , , , , , , , , , , , , , , , , , ,	. 9					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1 (	COMMUNITY CONSULTANTS, LI	GRANT			-		
	MASTERS ROAD, TN 37343	WRITING		x		16,419	(16,419)
2	inibinite noin, in 37313					20,125	(10)110)
_							
3							
4							
5							
6							
7							
8							
9							
10							
Total						16,419	(16,419)
	List all states in which the organization registration or licensing.	n is registered or lic	ensed to so	olicit contributi	ons or has been not	ified it is exempt from	
ren:	nessee						

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events (add col. (a) through ART AUCTION NONE col. (c)) (event type) (total number) (event type) Revenue Gross receipts . . . . . . . . . 1 49,484 49,484 Less: Contributions . . . . . . 39,669 39,669 Gross income (line 1 minus 9,815 9,815 Cash prizes . . . . . . . . . . . . . 5 Noncash prizes Rent/facility costs . . . . . . . . Direct Expenses Food and beverages . . . . . . 8 Entertainment . . . . . . . . . Other direct expenses . . . . . 25,361 25,361 25,361 (15,546)Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Cash prizes . . . . . . . . . . 2 Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) ........... Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . ▶ **9** Enter the state(s) in which the organization conducts gaming activities: **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:

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

A STEP AHEAD FOUNDATION CHATTANOOGA INC 46-3740551 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and x Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (e) Amount of non-(g) Description of (h) Purpose of grant (book, FMV, appraisal, or government (if applicable) grant cash assistance noncash assistance or assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 3 Enter total number of other organizations listed in the line 1 table

ormation required in Part	.320		MEDICAL EXPENSES ARE PADIRECTLY TO PROVIDERS.
		column (b); and any oth	DIRECTLY TO PROVIDERS.
		column (b); and any oth	
ormation required in Part	rt I, line 2; Part III, c	column (b); and any oth	ner additional information.
ormation required in Part	rt I, line 2; Part III, c	column (b); and any oth	ner additional information.
ormation required in Par	rt I, line 2; Part III, c	column (b); and any oth	ner additional information.
ormation required in Par	rt I, line 2; Part III, c	column (b); and any oth	ner additional information.
ormation required in Par	rt I, line 2; Part III, o	column (b); and any oth	ner additional information.
ormation required in Par	rt I, line 2; Part III, c	column (b); and any oth	ner additional information.
ormation required in Par	rt I, line 2; Part III, c	column (b); and any oth	ner additional information.

## **SCHEDULE 0** (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number							
A STEP AHEAD FOUNDATION CHATTANOOGA INC	46-3740551							
01. Form 990 governing body review (Part VI, line 11)								
A COPY OF THE 990 IS FURNISHED TO THE BOARD FOR REVIEW AND APPROVAL BEFORE	BEING FILED							
WITH THE IRS.								
02. Conflict of interest policy compliance (Part VI, line 12c)								
EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST POLICY. ANY ISSUES THAT AR	ISE ARE BROUGHT							
BEFORE THE BOARD FOR REVIEW.								
BELOND THE BOUND TON NEVERN.								
03. CEO, executive director, top management comp (Part VI, line 15a)								
THE BOARD OF DIRECTORS DETERMINES THE INITIAL SALARIES AND ANY SUBSEQUENT	ADJUSTMENTS FOR							
TOP MANAGEMENT.								
04. Other officer or key employee compensation (Part VI, line 15b								
THE BOARD OF DIRECTORS DETERMINES THE INITIAL SALARIES AND ANY SUBSEQUENT	ADJUSTMENTS FOR							
OFFICERS.								
or reality.								
05. Governing documents, etc, available to public (Part VI, line 19)								
os. Governing documents, etc., available to public (rait vi, line is,								
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLIC	Y AND FINANCIAL							
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.								
EMILIBRIO INVITADO TO THE TOBER OF ON REGULOT.								
06. List of other fees for services expenses (Part IX, line 11g)								
ov. Hipe of other reed for bervices expended (rate in, line rig,								
PROGRAM EVALUATION \$80,007								
OTHER \$585								
OTHER \$303								