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CLIENT'S COPY



October 4, 2024

FORWARD STEPS FOUNDATION PO BOX 3484 BOULDER, CO 80307

FORWARD STEPS FOUNDATION:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Todd Christensen, CPA

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

| r calendar year 2023, or fiscal year beginning | , 2023, and ending | , 20 |
|--|--------------------|------|

Fo

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN FORWARD STEPS FOUNDATION 20-5092412 Name and title of officer or person subject to tax ROBERT M TIERNAN PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 419,817. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here **b Total tax** (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here 5a 5b **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

| X |] Lauthorize CHRISTENSEN & CO. | to enter my PIN | 08878 |
|---|--|-----------------|--|
| | ERO firm name | | Enter five numbers, but do not enter all zeros |
| | as my signature on the tax year 2023 electronically filed return. If I have indicated within this return the with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the on the return's disclosure consent screen. | . , | · · |
| | As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on return. If I have indicated within this return that a copy of the return is being filed with a state agency(in IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. | , | , |

Date Signature of officer or person subject to tax

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84283961309

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

10/04/24 ERO's signature Date

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** FORWARD STEPS FOUNDATION 20-5092412 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour PO BOX 3484 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOULDER, CO 80307 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JENNIFER FALKOSKI PO BOX 3484 - BOULDER, CO 80021 Telephone No. 303-404-9966 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this lifit is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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.

Department of the Treasury Internal Revenue Service

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

| OMB No. 1545-0047 |
|-------------------|
| 2023 |
| <u> </u> |
| Open to Public |
| Inspection |

| | | | enuing | 1 | | | | | | | | |
|-----------------------------|--|---|-----------------|-----------------------------------|-------------------------------|--|--|--|--|--|--|--|
| B c | heck if pplicable | C Name of organization | | D Employer identific | cation number | | | | | | | |
| | Addres | FORWARD STEPS FOUNDATION | | | | | | | | | | |
| | Name change | | | 20-50924 | 1 2 | | | | | | | |
| \vdash | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | | | | | | | |
| | Final | PO BOX 3484 | Tiooni, suite | 303-404- | | | | | | | | |
| | ⊐return/ termin ated | | | G Gross receipts \$ | 419,817. | | | | | | | |
| | Amended Amended BOULDER, CO 80307 H(a) Is this a group return | | | | | | | | | | | |
| \vdash | Applic tion | | | for subordinates | | | | | | | | |
| L | pendir | 3126 BRYCE DR, FORT COLLINS, CO 80525 | | H(b) Are all subordinates in | == | | | | | | | |
| | - OV | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) | or 527 | | list. See instructions | | | | | | | |
| | Vebsit | | 01 321 | H(c) Group exemption | | | | | | | | |
| | | organization: X Corporation Trust Association Other | I Voor | | 1 State of legal domicile: CO | | | | | | | |
| | rt I | Summary | L 1 eai | or formation. 2000 N | State of legal dominione. | | | | | | | |
| | | Briefly describe the organization's mission or most significant activities: SEE | CCHEDI. | II.E O | | | | | | | | |
| e | ' | Briefly describe the organization's mission or most significant activities. | DCIIEDO | | | | | | | | | |
| Governance | | Check this box if the organization discontinued its operations or dispose | | H 050/ of its | | | | | | | | |
| ern | _ | | | 1.1 | ets. | | | | | | | |
| Š | | | | 3 | 7 | | | | | | | |
| ۰ | | Number of independent voting members of the governing body (Part VI, line 1b) | | ····· | 7 | | | | | | | |
| ies | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 30 | | | | | | | |
| Activities & | | Total number of volunteers (estimate if necessary) | | | 0. | | | | | | | |
| Ac | | | | 7a | 0. | | | | | | | |
| | D | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | Prior Year | Current Year | | | | | | | |
| | | Ocat Sections and marks (Dect VIII For Ale) | | 452,895. | 419,697. | | | | | | | |
| ne | | Contributions and grants (Part VIII, line 1h) | 452,895. 87. | 0. | | | | | | | | |
| Jen 1 | | Program service revenue (Part VIII, line 2g) | | -68. | 120. | | | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 410 017 | | | | | | | |
| _ | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 452,914. | 419,817. | | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. 312,374. | 0. | | | | | | | |
| es | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | 246,862. | | | | | | | |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | <u> </u> | 0. | 0. | | | | | | | |
| ă | | Total fundraising expenses (Part IX, column (D), line 25) 80,5 | 104 076 | 04 503 | | | | | | | | |
| ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 124,976. | 94,583. | | | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 437,350. | 341,445. | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 15,564. | 78,372. | | | | | | | |
| Net Assets or Fund Balances | | | Be | eginning of Current Year 142,817. | End of Year | | | | | | | |
| sset 3ala | 20 | Total assets (Part X, line 16) | | - | 217,844. | | | | | | | |
| et A | 21 | Total liabilities (Part X, line 26) | | 7,039. | 3,694. | | | | | | | |
| Z = | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 135,778. | 214,150. | | | | | | | |
| | rt II | | | | | | | | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedule: | | | knowledge and belief, it is | | | | | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wl | nich preparer | nas any knowledge. | | | | | | | | |
| | | Signature of officer | | I Date | | | | | | | | |
| Sigr | | | | Date | | | | | | | | |
| Her | е | ROBERT M TIERNAN, PRESIDENT Type or print name and title | | | | | | | | | | |
| | | | Т | Date Check | PTIN | | | | | | | |
| | | Print/Type preparer's name Preparer's signature | | l if | | | | | | | | |
| Paid | | TODD CHRISTENSEN, CPA TODD CHRISTENSEN | N, CP | 0/04/24 self-employ | | | | | | | | |
| Prep | | Firm's name CHRISTENSEN & CO. | | Firm's EIN 8 | 4-2269287 | | | | | | | |
| Use | Unly | Firm's address 6363 W 120TH AVENUE | | | 02\ 420 4040 | | | | | | | |
| | | BROOMFIELD, CO 80020 | | Phone no. (3 | | | | | | | | |
| | | S discuss this return with the preparer shown above? See instructions | | | X Yes No | | | | | | | |
| LHA | For | Paperwork Reduction Act Notice, see the separate instructions. 332001 1 | 2-21-23 | | Form 990 (2023) | | | | | | | |

| Form | 1 990 (2023) FORWARD STEPS FOUNDATION | 20-5092412 | Page 2 |
|------|--|----------------------------|---------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: THE ORGANIZATION HAS TWO PROGRAMS: (1) GUARDIAN SCHOLAR | | |
| | EDUCATE, AND EMPOWER YOUTH ADULTS WHO HAVE EXPERIENCE I | | |
| | CARE SYSTEM; (2) REALIZING APTITUDES: PROVIDE 1:1 CAREE | | |
| | POSTSECONDARY READINESS COACHING TO YOUTH AND YOUNG ADU | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | arb iii kibit. | |
| 2 | | Voc | X No |
| | | res | _21_ NO |
| • | If "Yes," describe these new services on Schedule O. | o | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services' | ? Yes | LA NO |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | • • | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expenses, a | nd |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code:) (Expenses \$220,878. including grants of \$) (Rev | |) |
| | GUARDIAN SCHOLARS: PROVIDE COLLEGE SCHOLARSHIPS, LIFE S | | G, |
| | AND INDIVIDUALIZED MENTORING TO FORMER FOSTER YOUTH FROM | | |
| | CARE SYSTEM; REALIZING APTITUDES: PROVIDE 1:1 CAREER CO. | | |
| | STRESS MANAGEMENT WORKSHOPS TO HELP YOUTH AND YOUNG ADU | LTS AT-RISK | |
| | NAVIGATE NEXT STEPS AFTER HIGH SCHOOL. | | |
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| | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Rev | renue \$ |) |
| | / (Louding grains of a | | |
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| | | | |
| 4c | (Code:) (Expenses \$) (Rev | renue \$ |) |
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| | | | |
| | | | |
| | Other pregram continue (Deceribe on Cabadula O.) | | |
| 4d | Other program services (Describe on Schedule O.) | , | |
| 4- | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 220,878. | | |
| 70 | I OLGI DI OGLATI DEI VICE ENDETIDED | | |

Form 990 (2023) FORWARD STEPS FOUNDATION
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 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," complete | | | |
| | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 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 reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | 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 | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| 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 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 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 for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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 Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |

Form 990 (2023) FORWARD STEPS FOUNDATION
Part IV Checklist of Required Schedules (continued)

| | - Issuerates | | Yes | No |
|------|--|---------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 165 | NO |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 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 employees? If "Yes," complete | | | |
| | Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | 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? If "Yes," complete | | | - v |
| oe. | Schedule L, Part I | 25b | | X |
| 26 | 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | 20 | | 1 |
| _, | 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 persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | 37 |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| 04 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 34 | | x |
| 35.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | - 55a | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | |
| Pa | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | Ш |
| _ | | | Yes | No |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ia 1 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0 | - | | |
| b | The tre hamber of forme with a trick of the transfer of the tr | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | (gambling) winnings to prize winners? | 10 | | |

Form 990 (2023) FORWARD STEPS FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|------------|---|----------|-----|------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | _ | | |
| | | 7 | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | X |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | ₩ |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country Cas instructions for file and the foreign country Cas instructions for file and the foreign country | | | |
| - - | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | - | | Х |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | - |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | 30 | | |
| oa | | 6a | | x |
| h | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | - Oa | | |
| b | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 0.5 | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | 1 | |
| • | to file Form 8282? | 7c | | x |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 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 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | _ | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | 4 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | ٠. | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | - | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 134 | | |
| h | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| - | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 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 | 14b | | |
| 15 | 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 | L | Х |
| | If "Yes," see the 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. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

Form 990 (2023) FORWARD STEPS FOUNDATION 20-5092412 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | |
|-----|---|---------|--------|-----|
| _ | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | T | |
| | 1 1 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 4 | | |
| | 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 | 9 | 4 | | |
| 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 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | l |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 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 | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | l |
| | 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 | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | l |
| _ | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | 1 | _ |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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 | 77 | |
| | 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 | , , , , , | | 37 | |
| | , , , , , , , , , , , , , , , , , , , | 12a | Х | 37 |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | ٦, |
| | on Schedule O how this was done | 12c | 37 | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | 7.7 |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | .,, | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | 1,7 |
| | taxable entity during the year? | 16a | | X |
| 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 filedNONE | | | |
| 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) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request 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 | d finan | cial | |
| | 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 | | | |
| | JENNIFER FALKOSKI - 303-404-9966 | | | |
| | PO BOX 3484, BOULDER, CO 80021 | | | |

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

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

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| X Check this box if neither the organization no | or any related | orga | niza | tion | con | nper | sate | ed any current officer, di | rector, or trustee. | |
|---|------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|----------------------------|----------------------------------|-----------------------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | | Pos | | າ than ເ | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss pei | rson i | is both or/trus | n an | compensation | compensation | amount of |
| | week | | Cei ai | | II ecit | T | (66) | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | L | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or 0 | stee | | | ısatec | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al tru | | yee | nd mc | | 1099-NEC) | | and related |
| | below | /idual | Institutional trustee | Ja Ja | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Indi | Insti | Officer | Key | High | Former | | | |
| (1) STEFAN MAGNUSSON | 1.00 | | | | | | | _ | _ | _ |
| TREASURER | | Х | | Х | | _ | | 0. | 0. | 0. |
| (2) DR. STUART LORD | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (3) ROBERT M TIERNAN | 1.00 | | | | | | | _ | _ | _ |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (4) SHANTEL MCMEEKIN | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) JANEL DOMENICO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) JEFF MENDEL | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (7) ERIC VEVE | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
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332007 12-21-23 Form **990** (2023)

| Section A. Officers, Directors, Trust | ees, Key Emp | ploye | ees, | and | l Hiç | ghes | t C | ompensated Employee | s (continued) | | | | | | | | |
|---|------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|-----------|--------------------------|-------------------|------------|----------|---------|------|--|--|-----|--|
| (A) | (B) | (B) | | | | (B) (C) | | | | | | (D) | (E) | | | (F) | |
| Name and title | Average | (do | | Posi | | | 200 | Reportable | Reportable | , | Es | stimate | ed | | | | |
| | hours per | | | | | than o | | compensation | compensation | | ar | nount | of | | | | |
| | week | offic | cer an | d a di | irecto | r/trus | tee) | from | from related | l t | | other | | | | | |
| | (list any | ctor | | | | | | the | organization | tions comp | | pensa | tion | | | | |
| | hours for | Individual trustee or director | | | | pa | | organization | (W-2/1099-MIS | SC/ | fr | om th | е | | | | |
| | related | tee o | nstee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | | org | anizat | ion | | | | |
| | organizations | Itrus | nal tr | | oyee | d mo | | 1099-NEC) | | | an | d relat | ed | | | | |
| | below | vidua | Institutional trustee | Ser | Key employee | lest o | ner | | | organizat | | | ons | | | | |
| | line) | Indi | Inst | Officer | Key | Highest compensated employee | Former | | | | | | | | | | |
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| dh Cubtatal | | | | | | l | | 0. | | 0. | | | 0. | | | | |
| 1b Subtotal | | | | | | | | 0. | | 0. | | | 0. | | | | |
| c Total from continuation sheets to Part VII | | | | | | | | 0. | | 0. | | | 0. | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | | | | 0. | | | | |
| 2 Total number of individuals (including but no | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100, | 000 of reportable | 9 | | | _ | | | | |
| compensation from the organization | | | | | | | | | | | | | 0 | | | | |
| | | | | | | | | | | | | Yes | No | | | | |
| 3 Did the organization list any former officer, | director, truste | ee, k | сеу е | mpl | oye | e, or | hig | hest compensated empl | loyee on | | | | | | | | |
| line 1a? If "Yes," complete Schedule J for so | ıch individual | | | | | | | | | | 3 | | X | | | | |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х | | | | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | | | | | | | | |
| rendered to the organization? If "Yes." com | • | | | | , | | | • | | | 5 | | Х | | | | |
| Section B. Independent Contractors | olete Scriedule | <i>J</i> 10 | or su | ICII Ļ | bers | OH . | | | | | | | | | | | |
| | managet ad in d | lono | | | · ~ + ~ · | | ,a +h | act received mare than C | 100 000 of com | | tion fr | | | | | | |
| 1 Complete this table for your five highest cor | | | | | | | | | | Jensai | LIOII II | וווכ | | | | | |
| the organization. Report compensation for t | ne calendar ye | ear e | nair | ig w | ith c | or wi | tnin T | | ear. | | | | | | | | |
| (A) | addraaa | 370 | | | | | | (B) | am ilaaa | |)) | | _ | | | | |
| Name and business | address | NC | ONE | 5 | | | \dashv | Description of s | ervices | | ompe | nsatio | 11 | | | | |
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| O Total number of independent control | aludia a I | A 15 | ni+ | 1 + - ' | lle - | !! - | <u> </u> | obovo) who was the d | avo the | | | | | | | | |
| 2 Total number of independent contractors (in | | ot IIN | ıııtec | ı tO 1 | _ | | ιea | above) who received mo | ore than | | | | | | | | |
| \$100,000 of compensation from the organiz | ation | | | | (| , | | | | | | | | | | | |

| | | | Check if Schedule O | contai | ins a res | oonse | or note to any lin | e in this Part VIII | | | |
|--|----|-----|-------------------------------------|--------|-------------|-------|--------------------|---------------------|------------------------------------|------------------|------------------------------------|
| | | | | | | | • | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt function revenue | Unrelated | Revenue excluded from tax under |
| | | | | | | | | | iunction revenue | business revenue | sections 512 - 514 |
| ωω | 1 | l a | Federated campaigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | • | | Membership dues | | l | | | | | | |
| | | | Fundraising events | | | _ | | | | | |
| fts, r A | | | Related organizations | | | | | | | | |
| Ω.ë | | | Government grants (contri | | ····· | 1 | | | | | |
| Sir | | | All other contributions, gifts, | | , <u> </u> | + | | | | | |
| et ju | | • | similar amounts not included | | | | 419,697. | | | | |
| QË | | g | Noncash contributions included in I | | | _ | | | | | |
| Sugar | | - | A | | | | | 419,697. | | | |
| <u> </u> | | | Totall / Ida III loo Ta Ti | | | | Business Code | , | | | |
| _o | 2 | 2 a | | | | | | | | | |
| Š | _ | b | | | | | | | | | |
| Ser | | c | | | | | | | | | |
| E S | | d | | | | | | | | | |
| Be | | e | | | | | | | | | |
| Program Service Revenue | | | All other program service | reven | III E | | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | | Investment income (includ | | | | | | | | |
| | _ | | | | | | | | | | |
| | 4 | ŀ | Income from investment o | | | | | | | | |
| | 5 | 5 | Royalties | | - | - | | | | | |
| | | | , | | (i) Re | | (ii) Personal | | | | |
| | 6 | à a | Gross rents | 6a | | | | | | | |
| | | | Less: rental expenses | 6b | | | | | | | |
| | | | Rental income or (loss) | 6c | | | | | | | |
| | | | Net rental income or (loss) | | | | | | | | |
| | 7 | | Gross amount from sales of | | (i) Secu | | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | 120. | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| ē | | | and sales expenses | 7b | | | 0. | | | | |
| en e | | С | | 7c | | | 120. | | | | |
| Ş | | | Net gain or (loss) | | | | | 120. | | | 120. |
| her Revenue | 8 | | Gross income from fundraisir | | | | | | | | |
| ₹ | | | including \$ | _ | of | | | | | | |
| | | | contributions reported on | line 1 | c). See | | | | | | |
| | | | Part IV, line 18 | | | . 8a | | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | | | | | | |
| | 9 |) a | Gross income from gamin | g acti | ivities. Se | ее | | | | | |
| | | | Part IV, line 19 | | | . 9a | | | | | |
| | | b | Less: direct expenses | | | | | | | | |
| | | С | Net income or (loss) from | gamir | ng activit | ies | | | | | |
| | 10 |) a | Gross sales of inventory, le | ess re | eturns | | | | | | |
| | | | and allowances | | | . 10a | | | | | |
| | | b | Less: cost of goods sold | | | 10b |) | | | | |
| | | С | Net income or (loss) from | sales | of inven | tory | | | | | |
| g | | | | | | | Business Code | | | | |
| ou. | 11 | l a | | | | | | | | | |
| ane | | b | | | | | | | | | |
| Miscellaneous Revenue | | С | | | | | | | | | |
| Mis | | | All other revenue | | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | | 410 015 | _ | _ | 100 |
| | 12 | 2 | Total revenue. See instruction | ins . | | | | 419,817. | 0. | 0. | 120. |

Form 990 (2023) FORWARD STEPS FOUNDATION Part IX Statement of Functional Expenses

| Secti | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | |
|----------|--|-----------------------|---|-------------------------------------|---------------------------------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | |
| 1 | Grants and other assistance to domestic organizations | | · | | · | | |
| | and domestic governments. See Part IV, line 21 | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | |
| 4 | Benefits paid to or for members | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | |
| | trustees, and key employees | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | |
| 7 | Other salaries and wages | 220,289. | 172,549. | 15,415. | 32,325. | | |
| 8 | Pension plan accruals and contributions (include | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | _ | | |
| 9 | Other employee benefits | 10,629. | | | 10,629. 2,266. | | |
| 10 | Payroll taxes | 15,944. | 12,572. | 1,106. | 2,266. | | |
| 11 | Fees for services (nonemployees): | | | | | | |
| а | Management | | | | | | |
| b | Legal | | | | | | |
| С | Accounting | 3,995. | | 3,995. | | | |
| d | Lobbying | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | |
| f | Investment management fees | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | |
| | column (A), amount, list line 11g expenses on Sch 0.) | | | | | | |
| 12 | Advertising and promotion | | | | | | |
| 13 | Office expenses | | | | | | |
| 14 | Information technology | | | | | | |
| 15 | Royalties | 1 600 | 706 | 07.6 | | | |
| 16 | Occupancy | 1,690. | 706. | 976. | 8. | | |
| 17 | Travel | 718. | 718. | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | |
| 40 | for any federal, state, or local public officials | | | | | | |
| 19 20 | Conferences, conventions, and meetings | | | | | | |
| 21 | Payments to affiliates | | | | | | |
| 22 | Depreciation, depletion, and amortization | 245. | | 245. | _ | | |
| 23 | Insurance | 9,884. | | 7,497. | 2,387. | | |
| 24 | Other expenses. Itemize expenses not covered | 3,0021 | | . , , | 2,00,1 | | |
| | 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 0.) | | | | | | |
| а | EVENT EXPENSES | 27,067. | 0. | 0. | 27,067. | | |
| b | SCHOLARSHIPS | 23,843. | 23,843. | 0. | 0. | | |
| c | OUTREACH & MARKETING | 7,910. | 3,874. | 4,036. | 0. | | |
| d | OUTSIDE SERVICES | 2,686. | 1,566. | 0. | 1,120. | | |
| _ | All other expenses | 16,545. | 5,050. | 6,722. | 4,773. | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 341,445. | 220,878. | 39,992. | 80,575. | | |
| 26 | 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) | | | | | | |
| | | | | | E 000 (2000) | | |

Form 990 (2023)
Part X Balance Sheet

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|---------------|---------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or I | note to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 142,222. | 1 | 217,494. |
| | 2 | Savings and temporary cash investments | | 2 | | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, su | bstantial co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of the | hese perso | ns | | 5 | |
| | 6 | Loans and other receivables from other disqu | alified pers | | | | |
| | | under section 4958(f)(1)), and persons describ | oed in sect | ion 4958(c)(3)(B) | | 6 | |
| υ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ğ | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or othe | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 25,813. | | | |
| | b | Less: accumulated depreciation | 10b | 25,463. | 595. | 10c | 350. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lin | ne 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lir | ne 11 | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 142,817. | 16 | 217,844. |
| | 17 | Accounts payable and accrued expenses | | | | 17 | |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV c | f Schedule D | | 21 | |
| S | 22 | Loans and other payables to any current or for | ormer office | er, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, su | bstantial co | ontributor, or 35% | | | |
| iabi | | controlled entity or family member of any of the | hese perso | ns | | 22 | |
| | 23 | Secured mortgages and notes payable to unr | related third | d parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ted third p | arties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | payables t | o related third | | | |
| | | parties, and other liabilities not included on lin | nes 17-24). | Complete Part X | | | |
| | | of Schedule D | | | 7,039. | | 3,694. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 7,039. | 26 | 3,694. |
| " | | Organizations that follow FASB ASC 958, or | heck here | X | | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | 100 006 | | 222 252 |
| lan | 27 | Net assets without donor restrictions | | | 129,906. | 27 | 208,278. |
| Ba | 28 | Net assets with donor restrictions | | | 5,872. | 28 | 5,872. |
| P I | | Organizations that do not follow FASB ASC | C 958, che | ck here | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| 8 | 29 | Capital stock or trust principal, or current fun | | | | 29 | |
| se | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated | | | 40 | 31 | 044.17. |
| Š | 32 | Total net assets or fund balances | | | 135,778. | 32 | 214,150. |
| | 33 | Total liabilities and net assets/fund balances | | | 142,817. | 33 | 217,844. |

| га | Recollimation of Net Assets | | | | |
|---|---|----------|------|-----|-------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u> 17.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 45. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7 | 8,3 | 72. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 | | | | 5,7 | 78. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 21 | 4,1 | 50. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | edule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> | 3b | | |
| | | | Form | 990 | (2023) |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

20-5092412

| | | FORW | ARD STEPS I | FOUNDATION | | | 4 | 0-5092412 |
|-----|-----------|---|---|---------------------------------|-------------------------------|------------------|---------------------------------|----------------------------|
| Pa | art I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | |
| The | organ | ization is not a private found | ation because it is: (I | For lines 1 through 12, cl | neck only | one box.) | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | |
| 3 | | A hospital or a cooperative | | | | (b)(1)(A)(ii | i). | |
| 4 | 一 | A medical research organization | | | | | • | the hospital's name, |
| | | city, and state: | | | | | CAAAA | , |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operat | ed by a go | vernmental unit describe | ed in |
| _ | | section 170(b)(1)(A)(iv). (C | | , | | , 5 | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(h)(1)(A) | (v) | |
| | X | An organization that norma | • | | | | • • | oublic described in |
| ' | | section 170(b)(1)(A)(vi). (C | | ittai part or its support ii | om a gove | minentari | unit of from the general p | public described in |
| 0 | | | | (4VAVvi) (Complete Dar | . II \ | | | |
| 8 | \square | A community trust describe | | | | | | |
| 9 | | An agricultural research org | | | | - | - | - |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of the college | eor |
| | | university: | | | | | | |
| 10 | | An organization that norma | • | • • | | | • • | |
| | | activities related to its exem | | • | | | | - |
| | | income and unrelated busing | ness taxable income | (less section 511 tax) fro | m busines | ses acquii | red by the organization a | after June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | |
| 11 | Щ | An organization organized a | and operated exclusi | vely to test for public sat | ety. See | section 50 |)9(a)(4). | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | ne functior | ns of, or to carry out the | purposes of one or |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section : | 509(a)(2). | See section 509(a)(3). (| Check the box on |
| | | lines 12a through 12d that | describes the type of | f supporting organizatior | and com | plete lines | 12e, 12f, and 12g. | |
| а | ı | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted orga | anization(s), typically by | giving |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or trustees of the su | upporting |
| | | organization. You must o | complete Part IV, Se | ections A and B. | | | | |
| b | , [| Type II. A supporting org | anization supervised | or controlled in connect | ion with its | s supporte | d organization(s), by hav | /ing |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manage the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | • | | | |
| С | ; | Type III functionally inte | | | in connect | ion with, a | and functionally integrate | ed with. |
| | | its supported organization | - | | | | • • | , |
| d | | Type III non-functionally | | · | | | | zation(s) |
| _ | | that is not functionally int | | | | | | . , |
| | | requirement (see instructi | • | • , | • | | • | VOLICOS |
| е | | Check this box if the orga | • | - | | | | |
| ٠ | · L | functionally integrated, or | | | | | Type i, Type ii, Type iii | |
| | Ento | | | | | | | |
| , | | er the number of supported or vide the following information | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 | in your governi Yes | No No | support (see instructions) | support (see instructions) |
| | | | | above (see instructions)) | 163 | 140 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

332021 12-21-23

Schedule A (Form 990) 2023 FORWARD STEPS FOUNDATION 20-5092412 Page 2

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

| (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization |
|---|
| fails to qualify under the tests listed below, please complete Part III.) |

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------------|-----------------------|-----------------------|----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 259,664. | 251,444. | 312,451. | 452,895. | 419,697. | 1696151. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | _ |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 259,664. | 251,444. | 312,451. | 452,895. | 419,697. | 1696151. |
| | 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, | | | | | | |
| | o aluman (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 1696151. |
| | ction B. Total Support | | | | | | 1070131. |
| | | (a) 2010 | (b) 2020 | (a) 2021 | (4) 2022 | (a) 2022 | (f) Total |
| | ndar year (or fiscal year beginning in) Amounts from line 4 | (a) 2019 259,664. | 251,444. | (c) 2021 312, 451. | (d) 2022 452,895. | (e) 2023 419,697. | (f) Total 1696151. |
| | Gross income from interest. | 233,004. | 231,444 | J12, 4J1. | 432,033 | 410,0076 | 10001011 |
| 0 | , | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | -68. | | 60 |
| | and income from similar sources | | | | -00. | | -68. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 1696083. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 207. |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| | organization, check this box and stor | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), d | ivided by line 11, c | olumn (f)) | | | 100.00 % |
| | Public support percentage from 2022 | , | | | | | <u>100.00 %</u> |
| 16a | 33 1/3% support test - 2023. If the | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this box | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the | organization did no | t check a box on li | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box |
| | and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the org | anization did not c | heck a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the fact | | | | | | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | - | |
| b | 10% -facts-and-circumstances test | - | | | - | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ū | | | | • | |
| | organization meets the facts-and-circu | | | | - | otion | |
| 18 | Private foundation. If the organization | | - | | • | | |
| | | | | | | | |

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.)

| Se | ction A. Public Support | | • | | | | |
|------|--|----------|-----------------|------------------|----------|------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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 per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| k | 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 | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | 1 | Γ | | 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 40 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | 12.47.1/21 | |
| 14 | First 5 years. If the Form 990 is for the | - | | | • | | |
| Sa | check this box and stop here ction C. Computation of Publi | | centage | | | | |
| | Public support percentage for 2023 (I | | | oolumn (f)) | | 15 | 0/ |
| | Public support percentage from 2022 | | • | .,, | | 16 | <u>%</u> |
| | ction D. Computation of Inves | · | | | | 1 10 1 | 70 |
| | Investment income percentage for 20 | | | ne 13 column (f) | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u>%</u> |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| 136 | more than 33 1/3%, check this box ar | | | | | | 7 15 1101 |
| ŀ | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | · · | | | • | · | |
| 20 | Private foundation. If the organization | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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 | | |
| | | |
| 3b | | |
| | | |
| 3c | | |
| | | |
| 4a | | |
| | | |
| 4b | | |
| | | |
| 4c | | |
| | | |
| F. | | |
| 5a | | |
| 5b | | |
| 5c | | |
| | | |
| 6 | | |
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| 7 | | |
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| 8 | | |
| 0- | | |
| 9a | | |
| 9b | | |
| 30 | | |
| 9с | | |
| | | |
| 10a | | |
| 10b | | |
| | | |

| Par | t IV Supporting Organizations (continued) | | | |
|------|---|------------------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sect | tion B. Type I Supporting Organizations | - | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one | or | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office | ers, | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, 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 | | |
| | 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 | | |
| Sect | tion C. Type II Supporting Organizations | | | |
| | | | 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 Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting 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 | | |
| | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | 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 | | |
| Sect | 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 instru | ctions). | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity | (see instruction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b 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 Part VI identify | | | |
| | 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 | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI 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. Answer lines 3a and 3b below. | | | |
| а | 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? If "Yes" or "No" provide details in Part VI. | 3a | | |
| 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.

| Pai | rt V Type III Non-Functionally Integrated 509(a)(3) Support | ing Organi | zations | |
|------|--|-----------------|----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ing trust on N | ov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | | • | |
| Sect | ion A - Adjusted Net Income | | (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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | 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 | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 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 0.015 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 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1_ | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 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-function | ally integrated | d Type III supporting orga | nization (see |

Schedule A (Form 990) 2023

instructions).

| | | | | | ·g |
|------------|---|---------------------------------------|--|----|---|
| Pai | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations _{(continue} | d) | |
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | · · · · · · · · · · · · · · · · · · · | | 10 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | | (iii) Distributable Amount for 2023 |
| 1_ | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | _ | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | | | | |
| е | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2023 distributable amount | | | | |
| i_ | Carryover from 2018 not applied (see instructions) | | | | |
| <u>j</u> _ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2023 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| d | Excess from 2022 | | | | |

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

2022

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2023

Schedule B (Form 990) (2023)

OMB No. 1545-0047

| F | ORWARD STEPS FOUNDATION | 20-5092412 | | | | |
|--|---|------------------------------------|--|--|--|--|
| Organization type (check | cone): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | \boxed{X} 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci | ial Rule. See instructions. | | | | |
| | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to ny one contributor. Complete Parts I and II. See instructions for determining a contrib | | | | | |
| Special Rules | | | | | | |
| sections 509(a)(1 contributor, durin | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 6.2, line 1. Complete Parts I and II. | 6b, and that received from any one | | | | |
| contributor, durir literary, or educa | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ | | | | | | |
| answer "No" on Part IV, lir | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ing requirements of Schedule B (Form 990) | | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

FORWARD STEPS FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | SABRINA HUFFAKER 820 33RD STREET BOULDER, CO 80303 | \$92,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | WILLIAM H DONNER FOUNDATION 520 WHITE PLAINS RD, STE 500 TARYTOWN, NY 10591 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | JEFFREY MENDEL 4757 TANGLEWOOD TRAIL BOULDER, CO 80301 | \$ 31,050. | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No4_ | Name, address, and ZIP + 4 WC & EJ THORNTON FOUNDATION P.O. BOX 61000 DENVER, CO 80206 | * 20,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | CIELO FOUNDATION PO BOX 77001 CINCINNATI, OH 45277 | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6_ | CO WORKFORCE DEVELOPMENT COUNCIL 633 17TH ST STE 700 DENVER, CO 80202 | \$ 17,361. | Person X Payroll |

FORWARD STEPS FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|------------|---|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | STEFFENS FOUNDATION 281 WEDGE ROCK DR LYONS, CO 80540 | \$\$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | THE SCHRAMM FOUNDATION 7336 S COSTILLA ST LITTLETON, CO 80120 | - - - - 10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | JANEL DOMENICO 18745 W 56TH DR GOLDEN, CO 80403 | \$\$ | Person X Payroll |
| (a) No. | (b) | (c) Total contributions | (d) Type of contribution |
| 10 | MARIANA MORRIS 20329 SH 249, STE 150 HOUSTON, TX 77070 | \$ 14,194. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 11 | THE ANSCHUTZ FOUNDATION 555 17TH ST, STE 960 DENVER, CO 80202 | \$\$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 12 | KELTNER FAMILY FOUNDATOIN 4200 W 17TH AVE, UNIT 1205 DENVER, CO 80204 | - \$\$50,000• | Person X Payroll |

FORWARD STEPS FOUNDATION

| Part I | Contributors (see instructions). Use duplicate copies of Part I if a | additional space is needed. | |
|------------|--|-----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 13 | MARMOR FOUNDATION 2390 EI CID LANE NORTHBROOK, IL 60062 | \$\$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Omnicash Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Nume, dudi ese, una En 111 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

FORWARD STEPS FOUNDATION

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if a | dditional space is needed. | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

| | D STEPS FOUNDATION Exclusively religious, charitable, etc., contribution | ons to organizations described in s | ection 501 | 20-5092412 (c)(7), (8), or (10) that total more than \$1,000 for the year. |
|-----------------|--|---|--------------|--|
| | from any one contributor. Complete columns (a) | through (e) and the following line en | trv. For ord | panizations |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 or | less for the | e year. (Enter this info. once.) |
| <u> </u> | Use duplicate copies of Part III if additional s | space is needed. I | | |
| lo. m | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| ti | (b) i di pose di giit | (c) Osc of gift | | (a) Description of now girt is field |
| | | | | |
| | | | | |
| _ | | | | |
| | | | | |
| | | (a) Transfer of all | <u> </u> | |
| | | (e) Transfer of gi | π | |
| | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Re | elationship of transferor to transferee |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| lo. m | | | | |
| m t I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held |
| - | | | | |
| | | | | |
| - | | | | |
| | | | | |
| <u> </u> | | | | |
| | | (e) Transfer of gi | fŧ | |
| | | (0, 114110101010101 | | |
| | | (6) | | |
| | Transferee's name, address, a | | | elationship of transferor to transferee |
| | Transferee's name, address, a | | | elationship of transferor to transferee |
| | Transferee's name, address, a | | | elationship of transferor to transferee |
| | Transferee's name, address, a | | | elationship of transferor to transferee |
| | Transferee's name, address, a | | | elationship of transferor to transferee |
| lo. | Transferee's name, address, a | | | elationship of transferor to transferee |
| lo. | Transferee's name, address, and the state of | | | elationship of transferor to transferee (d) Description of how gift is held |
| lo. m t l | | nd ZIP + 4 | | |
| lo. m t l | | nd ZIP + 4 | | |
| No. m t I | | nd ZIP + 4 | | |
| No. m t I | | nd ZIP + 4 | | |
| lo. m t l | | nd ZIP + 4 | | |
| No. m t I | | nd ZIP + 4 | Re | |
| No. m t I | | (c) Use of gift | Re | |
| lo. m t l | (b) Purpose of gift | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| lo. m t l | | (c) Use of gift (e) Transfer of gi | Re | |
| lo. m t l | (b) Purpose of gift | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| do. m t l | (b) Purpose of gift | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| do. m t l | (b) Purpose of gift | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| No. | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| <u>-</u> | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi | Re | (d) Description of how gift is held |
| - | (b) Purpose of gift Transferee's name, address, al | (c) Use of gift (e) Transfer of gi nd ZIP + 4 (c) Use of gift (c) Use of gift | Re | (d) Description of how gift is held |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Inspection

Name of the organization

FORWARD STEPS FOUNDATION

Employer identification number 20-5092412

| Par | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | Similar Funds | or Accour | nts. Complete if the |
|-----|--|----------------------------|---------------------|-----------------|---------------------------------|
| | organization answered Tes Sitt Offi 550,1 art iv, iiii | (a) Donor advis | ed funds | (b) Fur | nds 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 v | | eld in donor advis | ed funds | |
| | are the organization's property, subject to the organization's | ~ | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | |
| | impermissible private benefit? | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Ye | es" on Form 990, F | Part IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply) | | | |
| | Preservation of land for public use (for example, recreated | tion or education) | Preservation of | a historically | important land area |
| | Protection of natural habitat | | Preservation of | a certified hi | storic structure |
| | Preservation of open space | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | fied conservation contrib | oution in the form | of a conserva | |
| | day of the tax year. | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a | |
| b | Total acreage restricted by conservation easements | | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included on line 2 | 2a | 2c | |
| d | Number of conservation easements included on line 2c acqui | | | | |
| | on a historic structure listed in the National Register | | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or | terminated by the | organization | during the tax |
| | year | | | | |
| 4 | Number of states where property subject to conservation eas | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | |
| | violations, and enforcement of the conservation easements it | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, a | nd enforcing cons | ervation ease | ements during the year |
| _ | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | iling of violations, and e | nforcing conservat | tion easemen | its during the year |
| • | Door and a company time and a co | | ftion 170/h | \(4\(\D\(;\ | |
| 8 | Does each conservation easement reported on line 2d above | | | | □ vaa □ Na |
| • | and section 170(h)(4)(B)(ii)? | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | | | |
| | balance sheet, and include, if applicable, the text of the footn | note to the organization | s financiai stateme | ents that desc | cribes the |
| Par | organization's accounting for conservation easements. † III Organizations Maintaining Collections of | Art. Historical Tre | easures, or Ot | her Simila | r Assets. |
| | Complete if the organization answered "Yes" on Form | - | , | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | venue statement a | nd balance sl | heet works |
| | of art, historical treasures, or other similar assets held for pub | • | | | |
| | service, provide in Part XIII the text of the footnote to its finan | • | • | | • |
| b | If the organization elected, as permitted under FASB ASC 95 | | | | t works of |
| | art, historical treasures, or other similar assets held for public | | | | |
| | provide the following amounts relating to these items. | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | \$ |
| | | | | | \$ |
| 2 | If the organization received or held works of art, historical treat | | | gain, provide | e |
| | the following amounts required to be reported under FASB A | | | - • | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | \$ |
| b | Assets included in Form 990, Part X | | | | \$ |

| Sche | dule D (Form 990) 2023 FORWARD | STEPS FOU | ITACN | ON | | | 20-50 | 9241 | 2 р | age 2 |
|------------|---|------------------------|--------------|---------------|------------------|---------------|---------------------|------------------|---------|-----------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Histo | orical Tre | asures, or 0 | Other S | imilar Asset | s (conti | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the f | ollowing that m | nake sign | ificant use of its | | | |
| | collection items (check all that apply). | | | | | | | | | |
| а | Public exhibition | c | ' ' | _oan or exc | hange program | 1 | | | | |
| b | Scholarly research | e | , [(| Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how the | ey further th | ne organization | 's exempt | purpose in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations of | of art, his | torical treas | sures, or other | similar as | sets | _ | | _ |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | te if the | organization | n answered "Ye | s" on For | m 990, Part IV, I | ine 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodia | an, or other intermed | diary for o | contribution | is or other asse | ets not inc | cluded | _ | | _ |
| | on Form 990, Part X? | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | llowing ta | able: | | | | | | |
| | | | | | | | | Amoun | ıt | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | | | | | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for e | scrow or cu | ıstodial accoun | nt liability? | ? □ | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds Complete if | the organization and | swered " | Yes" on For | m 990, Part IV, | line 10. | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two years | back (d) | Three years back | (e) Fou | r years | 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 curr | | e (line 1a | . column (a) |) held as: | | | | | |
| _ a | Board designated or quasi-endowment | • | % | , 55.6 (4) | ,, | | | | | |
| h | Permanent endowment | % | — ′° | | | | | | | |
| c | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c show | , - | | | | | | | | |
| 22 | Are there endowment funds not in the posses | | tion that | aro hold ar | nd administored | t for the | | | | |
| Ja | organization by: | ssion of the organiza | ation that | ale Helu al | id administered | i loi tile | | | Yes | No |
| | | | | | | | | 3a(i) | | |
| | | | | | | | | | | |
| L | If "Yes" on line 3a(ii), are the related organiza | tions listed as requir | | | | | | 3a(ii) | | |
| | | | | | | | | 3b | | |
| 4 Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | organization's endo | wment tu | inas. | | | | | | |
| ı aı | Complete if the organization answered | |) Dart IV | line 11a S | ee Form 990 F | Part Y line | a 10 | | | |
| | | | | | | | | (-I) D | 1 | _ |
| | Description of property | (a) Cost or o | | | or other | ` ' | umulated ciation | (d) Boo | k valu | е |
| _ | Land | basis (investr | nent) | Dasis | (other) | uepre | olatioi I | | | |
| | Land | I | | | _ | | | | | |
| | Buildings | | | | | | - | | | |
| | Leasehold improvements | | | | E 012 | | 5 162 | | 2 | ΕΛ |
| | Equipment | | | | 5,813. | <u> </u> | 5,463. | | 3 | 50. 0. |
| | Other | | | | 0,000. | | 0,000. | | 2 | <u> </u> |
| ıota | . Add lines 1a through 1e. (Column (d) must e | aual Form 990 Part | x lina 10 | ic column | (H)) | | | | 3 | JU. |

Schedule D (Form 990) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

| Schedule D (Form 990) 2023 FORWARD STEP | S FOUNDATION | 20 | -5092412 Page 3 |
|--|---------------------------|---|-----------------------|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered "Yes" o | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| 1) Financial derivatives | | | |
| 2) Closely held equity interests | | | |
| 3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | -of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" o | n Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| - | Description | , , | (b) Book value |
| (1) | · | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | (D)) | | |
| otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities | (D)) | | |
| Complete if the organization answered "Yes" o | n Form 990 Part IV line | 11e or 11f See Form 990 Part X line 25 | |
| (a) Description of lightly. | | 1.10 S. 111. SSS 1 SIII SSS, 1 art X, III e 25. | (b) Book value |
| | | | (b) DOOK VAIGO |
| (1) Federal income taxes (2) CREDIT CARD PAYABLE | | | 1,993 |
| 7 23172011 1732717777 | | | 701 |
| CIPTELL CECCH | | | 1,000 |
| (4) CAPITAL STOCK | | | Ι, ΟΟΟ |

(1) Federal income taxes
(2) CREDIT CARD PAYABLE
(3) PAYROLL LIABILITIES
(4) CAPITAL STOCK
(5)
(6)
(7)
(8)
(9)

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

3,694.

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 ...

| Pai | rt XI | Reconciliation of Revenue per Audited Financial Stateme | ents With Reve | nue per Return | |
|----------------|---------------------------------------|--|-----------------------|---|--|
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | a. | | |
| 1 | Total | revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amou | ints included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net u | nrealized gains (losses) on investments | 2a | | |
| b | | ted services and use of facilities | | | |
| С | | veries of prior year grants | | | |
| d | | (Describe in Part XIII.) | 1 4 - 1 | | |
| е | Add li | ines 2a through 2d | | 2e | |
| 3 | Subtr | act line 2e from line 1 | | 3 | |
| 4 | | ınts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Invest | tment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| С | | ines 4a and 4b | | 4c | |
| 5 | Total | revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | |
| Pa | rt XII | Reconciliation of Expenses per Audited Financial Staten | nents With Expe | enses per Return | |
| | | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | а. | | |
| 1 | Total | expenses and losses per audited financial statements | | 1 | |
| 2 | | ints included on line 1 but not on Form 990, Part IX, line 25: | | | |
| а | Donat | ted services and use of facilities | 2a | | |
| b | | year adjustments | | | |
| С | | losses | | | |
| d | Other | (Describe in Part XIII.) | 2d | | |
| е | Add li | ines 2a through 2d | | 2e | |
| 3 | Subtr | act line 2e from line 1 | | | |
| 4 | | ints included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Invest | tment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| | | | 415 | | |
| b | Other | (Describe in Part XIII.) | 4b | | |
| | | (Describe in Part XIII.) ines 4a and 4b | | 4c | |
| c 5 | Add li Total | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | |
| c 5 | Add li Total | ines 4a and 4b | | | |
| 5 Pa | Add li Total rt XIII | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
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| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
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| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |
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| 5 Pai | Add li Total rt XIII ide the | ines 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par | t IV, lines 1b and 2b | p; Part V, line 4; Part X, line 2; Part XI, | |

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FORWARD STEPS FOUNDATION

Employer identification number 20-5092412

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| SUPPORTING YOUNG ADULTS BY INVESTING IN THEIR LIVES, FORWARD STEPS |
| FOUNDATION EMPOWERS UNDERSERVED YOUTH AND YOUNG ADULTS, INCLUDING |
| CURRENT AND FORMER FOSTER YOUTH, SO THEY CAN REACH THEIR FULL POTENTIAL |
| AS INDEPENDENT, HEALTHY, AND CONTRIBUTING MEMBERS OF THEIR COMMUNITIES. |
| |
| FORM 990, PART VI, SECTION A, LINE 7A: |
| BOARD MEMBERS CAN ELECT AND/OR APPOINT OTHER BOARD MEMBERS. |
| |
| FORM 990, PART VI, SECTION A, LINE 8B: |
| ORGANIZATION KEEPS MINUTES. |
| OROMITEM NEEDS MINOTES |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| LINE 11B EXPLANATION - BOARD PRESIDENT REVIEWS THE FORM 990. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| FOR KEY EMPLOYEES, SALARY SURVEYS FROM THE COLORADO NONPROFIT ASSOCIATION |
| AND EMPLOYERS COUNCIL ARE USED TO DETERMINE A COMPETITIVE SALARY FOR THE |
| POSITION. THE ANNUAL MERIT INCREASE IS BASED ON GOALS AND OBJECTIVES, ALONG |
| WITH A 360 REVIEW TO ENSURE THE EMPLOYEE'S PERFORMANCE MATCHES THE |
| ANTICIPATED PERCENTAGE INCREASE. |
| FOR EXECUTIVE DIRECTOR, SALARY SURVEYS FROM THE COLORADO NONPROFIT |
| ASSOCIATION AND EMPLOYERS COUNCIL ARE USED TO DETERMINE A COMPETITIVE |
| SALARY FOR THE POSITION. ADDITIONALY, A COMPENSATION COMMITTEE DETERMINES |
| IF AN INCREASE IS GIVEN. THE ANNUAL MERIT INCREASE IS BASED ON GOALS AND |
| OBJECTIVES, ALONG WITH A 360 REVIEW TO ENSURE THE EMPLOYEE'S PERFORMANCE |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 202 |

Schedule O (Form 990) 2023 Page 2 Employer identification number Name of the organization 20-5092412 FORWARD STEPS FOUNDATION MATCHES THE ANTICIPATED PERCENTAGE INCREASE. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | C o n v | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-----------------------------------|------------------|--------|------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | | |
| 5 | LAPTOP - JULIA/SUSI | 12/19/17 | SL | 5.00 | MQ17 | 1,008. | | | | 1,008. | 1,008. | | 0. | 1,008. |
| 6 | LAPTOP - JULIA /JENN | 01/28/18 | SL | 5.00 | НУ17 | 1,068. | | | | 1,068. | 963. | | 105. | 1,068. |
| 7 | HP LAPTOP - GAELEN | 02/18/21 | SL | 5.00 | MQ17 | 700. | | | | 700. | 210. | | 140. | 350. |
| 8 | RAF COMPUTERS * 990 PAGE 10 TOTAL | 12/31/21 | SL | 5.00 | MQ17 | 3,037. | | | 3,037. | | | | 0. | |
| | MACHINERY & EQUIPMENT | | | | | 5,813. | | | 3,037. | 2,776. | 2,181. | | 245. | 2,426. |
| | OTHER | | | | | | | | | | | | | |
| 9 | RAF WEBSITE | 12/31/21 | SL | 3.00 | MQ17 | 20,000. | | | 20,000. | | | | 0. | |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 20,000. | | | 20,000. | 0. | 0. | | 0. | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 25,813. | | | 23,037. | 2,776. | 2,181. | | 245. | 2,426. |
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2023 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

FORWARD STEPS FOUNDATION

| Asset No. | Description | | Date quired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|--------------|--|-----|----------------|--------|------|-------------|-----------------------------|---------------|-----------------------|---------------------------|-----------------------------|--------------------|---------------------------|
| | MACHINERY & EQUIPMENT | | | | | | | | | | | | |
| | LAPTOP - JULIA/SUSI LAPTOP - JULIA | 121 | 1917 | 7SL | 5.00 | 17 | 1,008. | | | 1,008. | 1,008. | | 0. |
| | | 012 | 2818 | SL | 5.00 | 17 | 1,068. | | | 1,068. | 963. | | 105. |
| 7 | HP LAPTOP - GAELEN | 021 | 1821 | LSL | 5.00 | 17 | 700. | | | 700. | 210. | | 140. |
| | | 123 | 3123 | SL | 5.00 | 17 | 3,037. | | 3,037. | | | | 0. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPME | | | | | | 5,813. | | 3,037. | 2,776. | 2,181. | | 245. |
| | OTHER | | | | | | | | | | | | |
| | | 123 | 3123 | LSL | 3.00 | 17 | 20,000. | | 20,000. | | | | 0. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 20,000. | | 20,000. | 0. | 0. | | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 25,813. | | 23,037. | 2,776. | 2,181. | | 245. |
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- NEXT YEAR FEDERAL - FORWARD STEPS FOUNDATION

| Asset No. | Description | | ate uired | Method | Life | Unadjusted Cost Or Basis | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Amount Of Depreciation |
|--------------|---------------------------------|-----|--------------|--------|------|-----------------------------|----------------------------|---------------------------|-----------------------------|---------------------------|
| | MACHINERY & EQUIPMENT | | | | | | | | | |
| 5 | LAPTOP - JULIA/SUSI | 121 | | | 5.00 | 1,008. | | 1,008. | | 0. |
| 6 | LAPTOP - JULIA /JENN | 012 | | | 5.00 | 1,068. | | 1,068. | 1,068. | 0. |
| 7 | HP LAPTOP - GAELEN | 021 | | | 5.00 | 700. | | 700. | 350. | 140. |
| | RAF COMPUTERS | 123 | 1 21 | SL | 5.00 | 3,037. | 3,037. | | | 0. |
| | * 990 PAGE 10 TOTAL MACHINERY & | | | | | | | | | |
| | EQUIPMENT | | | | | 5,813. | 3,037. | 2,776. | 2,426. | 140. |
| | OTHER | | | | | | | | | |
| | RAF WEBSITE | 123 | 121 | .SL | 3.00 | 20,000. | | | | 0. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 20,000. | 20,000. | 0. | | 0. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 25,813. | 23,037. | 2,776. | 2,426. | 140. |
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⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone