Form <b>990</b> Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Incom Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p Do not enter social security numbers on this form as it may be mad Go to www.irs.gov/Form990 for instructions and the latest inform	rivate fo de public
	ar year, or tax year beginning $07-01$ , 2020, and er	
B Check if applicable: Address change	C Name of organization A STEPPING STONE FOUNDATION Doing business as	
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/ PO BOX 87149	suite
Final return/terminated     Amended return	City or town, state or province, country, and ZIP or foreign postal code Phoenix, AZ 85080	
U Website: WWW	F Name and address of principal officer:         501(c)(3)       501(c) ( ) ◀ (insert no.)       4947(a)(1) or       527         .ASTEPPINGSTONE.ORG	H(a) is i H(b) An If " H(c) Gr
K Form of organization: X Part I Summary	Corporation Trust Association Other  L Year of formation: 19	89

OMB	No	1545-004	1
ONID	INU.	1040-004	ų

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1	)2	O	
About N	e fin	<b>v</b>	

Open to Public

Inspection

06-30 ,2021 D Employer identification number 74-2567068

E Telephone number

vivate foundations)

Ц	Amend	ed return	Phoer	ix, AZ	85080					Gross receipts		
	Applica	ition pending			principal officer:			1	_	<u>\$</u>		7,548
										eturn for subordinates?	Yes	=
1	Tax-exe	empt status: X 50	01(c)(3)	501(c) (	) ┥ (insert no.)	4047(0)(4)	]			dinates included?	Yes	
J	Websit			NGSTONE	ORC	_ 4947(a)(1) or	527			n a list. See instruct	lions	
к	Form of	organization: X Co		Trust			1		up exemp	otion number		
Pa	artl	Summary			Association Uner		L Year of formation:	1989 N	State of	of legal domicile:	AZ	
	1			ization's mi	ssion or most significan	1 11 - 111						
¢		EDUCATION	OF CUT		ssion of most significan	t activities: TO	PROVIDE STR	EPPING STO	DNES	FOR SUCCE	SS TH	ROUG
nc			OF CHI.	LOREN A	ND FAMILIES WHO	HAVE LIMITH	D OPPORTUNI	TIES.				
rna												
ve	2	Check this how	N [] :6 at-						- Andrew M			
Activities & Governance	3	Number of votin		e organizati	on discontinued its ope	rations or disposed	l of more than 25%	6 of its net ass	ets.			
٥ö	4	rumber of votil	ng member	s of the go	erning body (Part VI, lin	ne 1a)	21 41 DOM 000 10 10 10			3		12
tie	5	Tatal and Inde	pendent vo	oting memb	ers of the governing bo	dy (Part VI, line 1b	)		. 4			12
tivi		rotal number of	individuals	s employed	in calendar year 2020 (	Part V, line 2a)				;		
Ac	6	Total number of	volunteers	s (estimate	f necessary)		2022/2021 11:1				1	3
	7a	Iotal unrelated t	business re	evenue fron	Part VIII, column (C)	line 12						130
-	d	Net unrelated bu	usiness tax	able incom	e from Form 990-T, Par	tl, line 11			. 71			0
	1100							Prior Yea				0
¢	8	Contributions an	nd grants (F	Part VIII, lin	e1h)		†		4,34	Current Year		
nu	9	Program service	e revenue (	Part VIII, lir	ie 2g)			00	4,34.	412,78		
Revenue	10	investment incor	me (Part V	III, column	(A), lines 3, 4, and 7d)		an a a a second		3,113			0
Ř	11	(1 un vin, column (A), miles 5, 60, 60, 90, 100, and 11e)							dest fire to be the	100	114,	,760
	12	Total revenue - a	add lines 8	through 11	(must equal Part VIII, c	olumn (A) line 12)		and the second has been allowed	0,914			0
	13	Grants and simil	lar amounts	s paid (Part	IX, column (A), lines 1-	3)		89	8,370	<u>,</u>	527,	,548
	14	benefits paid to d	or for mem	bers (Part I	X, column (A), line 4)							0
ŝ	15	Salaries, other co	compensation	on, employe	e benefits (Part IX, colu	umn (A) lines 5-10	N					0
Expenses	16a	Fiolessional func	draising fee	es (Part IX,	column (A), line 11e)		,	8	8,562	2	86,	144
bel	b	Total fundraising	expenses	(Part IX, co	lumn (D), line 25) 🕨		22,341	Statistics and the		and the second state of the	and the second second	0
ĥ	17	Other expenses	(Part IX, co	olumn (A), I	nes 11a-11d, 11f-24e)					ALC: CONTRACTOR		C. G.A.
	18	total expenses.	Add lines 1	13-17 (musi	equal Part IX, column	(A) line 25)			2,830		337,	
	19	Revenue less exp	penses. S	ubtract line	18 from line 12		· · · · · · · · -		1,392		423,	161
or							and the second		6,978		104,	387
Net Assets or Fund Balances	20	Total assets (Part	t X, line 16	)			-	Beginning of Curr	and the second se		f Year	
tAs	21	Total liabilities (Pa	art X, line 2		*******		•••••	1,245			,352,	873
	22	Net assets or fund	d balances	. Subtract	line 21 from line 20		· · · · · ·		6,558		93,	909
Par	Concerning and	orginature	DIOCK					1,158		1	,258,	964
Under	penaltie	s of perjury, I declare th	hat I have exa	mined this retu	rn, including accompanying sc icer) is based on all informatio	hedules and statements	and to the heat of mul				-	
	onect, a	no complete. Declaratio	on of preparer	(other than off	icer) is based on all information	n of which preparer has	any knowledge.	nowledge and beli	ef, it is			
<u>.</u>		JUDITH 2	A BRENG	т								
Sign		Signature of of										
Here		JUDITH 2	A BRENG	I. TREA	SURER				D	ate		
		Type or print na		-/	BUILIN	Martin						
		Print/Type preparer's	s name		Preparer's signature		Date					
Paid		JUDITH BRE	NGI					Check	L if	PTIN		
Prep		Firm's name		א שידתנד	BRENGI, CPA		04-23-2022	self-em	ployed	P00008	874	
Use (	Only	Firm's address			OCKWOOD DRIVE			Firm's EIN 🕨	m's EIN 🕨			
	12				Z 85382			Phone no.			11 SHERE & BARRIER	
May the	e IRS	discuss this return	n with the r	renarer sh	wn above? (see instruc				623-	566-4803		
For Da	nonuc	rk Poduction As	that the p	sparer she	wir abover (see instruc	cuons)				X Ye	s Dr	No

Form 990 (2020)

No

.....X Yes

For Paperwork Reduction Act Notice, see the separate instructions. EEA

Pa	1990 (2020) A STEPPING STONE FOUNDATION 74-2567068 Pa
	Check if Schedule O contains a man and a second s
1	Briefly describe the organization's mission:
	TO PROVIDE STEPPING STONES FOR SUCCESS THROUGH EDUCATION OF CHILDREN AND FAMILIES WHO HAVE LIMITED OPPORTUNITIES.
	Emile offorionifies.
2	Did the organization undertake any significant means in the test of the second
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	Did the organization cease conducting complex in it.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	Describe the organization's program equile 0.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
a	(Code:) (Expenses \$ including grants of \$ ) (Revenue _ \$
	OUR FLAGSHIP PROGRAM, LEAF (LITERACY ELEVATES ARIZONA FAMILIES) PROVIDED EARLY CHILDHOOD
	INTERACY TO DISADVANTAGED CHILDREN AND THETE DADRUMG THEORY AND THETE DADRUMG
	THE PACE OF MORE HOURS PER MONTH OF THITTION-FOFF I THERACY PACED PROCESSION
	JEAT OF MORE PER MONTH ENGAGED IN HANDS-ON EXDEDITIONS ATTEN
	THE VISITS FROM THEIR CHILD'S TEACHED AND ADVITE TITES
	THE TROVIDED CHILDCARE TO YOUNGER SIBLINGS AT NO COST TO THE FANTLY IT OFFICE IS
	THE AND TRADE INDIVIDUALS) IN ALHAMBRA ELEMENTARY AND TRADE FLEMENTARY
	THE COURSE OF THE SCHOOL WEAR AND ABOVE DURING THE COURSE OF THE SCHOOL WEAR AND
	MITIGATION HIT HARDEST MARCH 2021-MAY 2022, WE CEASED ALL PROGRAMMING 2 MONTHS EARLY.
_	Code: ) (Evnenses \$
	Code:) (Expenses \$ 21,387 including grants of \$ 21,287.) (Revenue *
,	Code:) (Expenses \$21,387 including grants of \$21,387 ) (Revenue \$) ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONDUCT VIEW
,	Code:) (Expenses \$21,387 including grants of \$21,387 ) (Revenue \$) ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE CANNAUAN ATMOSPHE)
	Code:) (Expenses \$21,387 including grants of \$21,387 ) (Revenue \$) ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE GANNAWAY MEMORIAL, WILLIAM O. SMITH MEMORIAL, AND IVEY STEPPING HIGHER) FOR FORMER PRESCHOOL STUDENTS WE AWARDED 26 20000000000000000000000000000000000
	Code:) (Expenses \$21,387 including grants of \$21,387 ) (Revenue \$) ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE CANNAUAN ATMOSPHERE)
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	Code:) (Expenses \$21,387 including grants of \$21,387 ) (Revenue \$) ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE GANNAWAY MEMORIAL, WILLIAM O. SMITH MEMORIAL, AND IVEY STEPPING HIGHER) FOR FORMER PRESCHOOL STUDENTS WE AWARDED 26 CONCEPTENTS
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	Code:      ) (Expenses \$) (Expenses \$)         ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL         STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE GANNAWAY MEMORIAL, WILLIAM O. SMITH         MEMORIAL, AND IVEY STEPPING HIGHER) FOR FORMER PRESCHOOL STUDENTS. WE AWARDED 36 SCHOLARSHIPS (BILDENTS FOR A TOTAL OF \$44,300.         STUDENTS FOR A TOTAL OF \$44,300.         Code:      ) (Expenses \$ 5.428 including grapts of \$)
( <u>P</u>	Code:      ) (Expenses \$21,387 including grants of \$1,387) (Revenue \$)         ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL         STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE GANNAWAY MEMORIAL, WILLIAM O. SMITH         MEMORIAL, AND IVEY STEPPING HIGHER) FOR FORMER PRESCHOOL STUDENTS. WE AWARDED 36 SCHOLARSHIPS (BILLIE GANNAWAY MEMORIAL, WILLIAM O. SMITH         STUDENTS FOR A TOTAL OF \$44,300.         Code:      ) (Expenses \$5,428 including grants of \$) (Revenue \$)         Code:      ) (Expenses \$5,428 including grants of \$) (Revenue \$)         ORK-TRAINING PROGRAM; HIGH SCHOOL GRADUATES WHO WERE FORMER PRESCHOOL STUDENTS FOR A \$) (Revenue \$)
( <u>v</u>	Code:      ) (Expenses \$21,387 including grants of \$21,387 ) (Revenue \$)         ACTIVELY PARTNERED WITH LOCAL HIGH SCHOOLS TO IDENTIFY AND RECONNECT WITH FORMER PRESCHOOL         STUDENTS IN ORDER TO PROVIDE COLLEGE SCHOLARSHIPS (BILLIE GANNAWAY MEMORIAL, WILLIAM O. SMITH         ÆMORIAL, AND IVEY STEPPING HIGHER) FOR FORMER PRESCHOOL STUDENTS. WE AWARDED 36 SCHOLARSHIPS 'STUDENTS FOR A TOTAL OF \$44,300.         Code:      ) (Expenses \$) (Expenses \$) (Revenue \$) (Revenue \$)         Code:      ) (Expenses \$5,428 including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (ORK-TRAINING PROGRAM; HIGH SCHOOL GRADUATES WHO WERE FORMER PRESCHOOLERS ARE ENCOURAGED TO AE
() <u>V</u> <u>E</u>	Code:
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· · · · · · · · · · · · · · · · · · ·	Code:
· · · · · · · · · · · · · · · · · · ·	Code:) (Expenses \$

	Part IV Checklist of Required Schedules 74-	-2567068	Page 3
1			Yes No
	the signification described in section 501(c)(3) of 494/(a)(1) (other than a private foundation)2 /f "Vec."		103 10
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	1	x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	x
	candidates for public office? If "Yes," complete Schedule C, Part I		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3	x
	cicculor in enect during the tax year? If "Yes," complete Schedule C. Part II		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that received membership due	· · · · <u>4</u>	X
	assessments, or similar amounts as defined in Revenue Procedure 98-192 If "Yes," complete Schodula C. Bart W.		
6	and the organization maintain any donor advised funds or any similar funds or accounts for which denote	5	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts 0.		
7	res, complete Schedule D, Part I	6	
9	substruction receive of floid a conservation easement, including easements to proceed a service and a conservation		<u> </u>
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7	x
v	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		
9	complete Schedule D, Part III	8	x
	an amount in Fait A, line 21, for escrow or custodial account liphility appress		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Ves." complete Schodule D. Det IV		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related ergenization, hold	9	x
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If "Yes " complete Schedule D. Part V.		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	x
	VII, VIII, IX, or X as applicable.		No Star
a	Did the organization report an amount for land, buildings, and equipment in Part X line 100 (since in		
	complete Schedule D, Part VI		
k	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	· · · 11a	X
	or its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII		
C	Did the organization report an amount for investments - program related in Part X line 13, that is 5% or more	· · · 11b	x
	or to total assets reported in Part A, line 16? If "Yes." complete Schedule D. Part VIII		
d	Did the organization report an amount for other assets in Part X line 15 that is 5% or more of its tatal and		<u> </u>
	reported in Fait A, line 167 If "Yes," complete Schedule D. Part IX	11.1	0.000
e	and an out of other liabilities in Part & line 252 if "Vec " complete October 1.1 D. D. Harris		X
т	and the organization's separate or consolidated financial statements for the tax year include a footpote that addresses		<u>x</u>
	and on game adoing how incertain tax positions linder FIN 48 (ASC 740)2 / ////	11f	
124	and the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete		<u> </u>
		12a	x
~	and organization included in consolidated, independent audited financial statements for the terms of the		<b>^</b>
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(4)(4)(4)(4)(4)(4) = 1	12b	x
4a	Did the organization maintain on officer section 170(b)(1)(A)(ii) / If "Yes," complete Schedule E	13	x
b	Did the organization maintain an office, employees, or agents outside of the United States?	· · 14a	x
	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		
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	•• 14b	x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15	x
	assistance to on for foreign individuals? If "Yes," complete Schedule F. Parts III and IV		
	Did the organization report a total of more than \$15,000 of expenses for professional fundation and the	16	x
	and the schedule G Part I See instructions		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions	• • 17	<u>x</u>
	art vin, intes ic and bar ir res, complete Schedule G. Part II		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Dart VIII is a c		<u> </u>
	Summer operate one of more nospilal facilities? If "Yes " complete Schodule Li		<u> </u>
	and the organization attach a copy of its andited financial statements to this action of	· · 20a	<u> </u>
	of any domestic arganization of grants of other assistance to any domestic arganization	· · 20b	
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
A		Form 99	<u>X</u>

Pa	art IV Checklist of Required Schedules (continued) 74	-2567	068		Pa
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Yes	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J				
4a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	••••	23		
	\$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 25-				
b	through 24d and complete Schedule K. If "No," go to line 25a		24a	8	
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		Τ
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				T
d	to defease any tax-exempt bonds?		24c		
5a	signification act as an on behall of issuer for bonds outstanding at any time during the year?		24d		t
, u	bid the organization engage in an average have fi				$^{+}$
h	thansaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I		25a		
b	substantian aware that it engaged in an excess benefit transaction with a disgualified person in a size		200		+
	year, and that the transaction has not been reported on any of the organization's prior Forms 000 - 000 - 000				
(i			256		
	and any amount of Part A, line 5 or 22, for receivables from or pavables to any surrent	***	25b		+
	on former onicer, director, trustee, key employee, creator or founder substantial contributor or 25%	3			L
	controlled entity of family member or any of these persons? If "Yes," complete Schedule I. Port II				
	and a standard provide a grant of other assistance to any current or former officer director to the		26		Ļ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				ł
	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				
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part	•••	27		
	IV instructions, for applicable filing thresholds, conditions, and exceptions):		Carlos a		MR-13
1	A current or former officer, director, truston, kou ampleuse and exceptions):				
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				-
)	"Yes," complete Schedule L, Part IV		28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	· · · [	28b		
	and of the of the of those and/or organizations described in lines are not o to				1
	"Yes," complete Schedule L, Part IV	l	28c		3
	standard receive more than \$25,000 in non-cash contributions? If "Ves " complete Sebertule M	İ		x	1
	and a second contributions of all distorical treasures or other similar assat			-	-
	conservation contributions? If "Yes," complete Schedule M	]	30		ŝ
	of the second se	· · · F	31		
	summation of the set o		51		i.
			32		
1	the organization own 100% of an entity disregarded as separate from the organization under Deputation	-	52	-+	2
	soliding solit. 1701-2 and solit. 7701-3? If "Yes," complete Schedule R. Part I		~~		
	subscription related to any lax-exempt of taxable entity? If "Ves." complete Schedule D. D. L. H. H.	_	33	-	2
	n v, and Fart v, me f				
	section 512/b)(12)2	12. 10	34	_	2
	and the organization receive any payment from or engage in any transaction with	· · [3	35a		2
Ŭ	in a lied entity within the meaning of section 512(b)(13)? If "Yes" complete Schedule R. Port V. line 2				
<u> ۲</u>	social so (c)(s) organizations. Did the organization make any transfers to an overnet need to the		35b		
re	elated organization? If "Yes," complete Schedule R, Part V, line 2				
D	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		36		X
а	nd that is treated as a partnership for federal income tax purposes? If the a related organization				
D	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		X
	bid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 9? Note: All Form 990 filers are required to complete Schedule O.				-
t \	Statements Regarding Other IPS Filling and Table O.		38 3	2	
	Check if Schedule O contains a response or note to any line in this Part V		_	_	_
-	nter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	Ye	es l	N
E	nter the number of Form W/2C included in the answer applicable	2	EN LUE		
Er	the full hard of the fill w-2G included in line 1a. Enter -0- if not applicable	The second se	OF THE ROAD		
	the namber of 1 offit W-20 included in line 1a. Enter -0- if not applicable	0			
Di	id the organization comply with backup withholding rules for reportable payments to vendors and portable gaming (gambling) winnings to prize winners?	12002		Hall Contraction	

	n 990 (2020) A STEPPING STONE FOUNDATION 74-23	567068		⊃age
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the colondon was and in the statements of th		P. Sula	ALL H
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns 2	3		Rent
	and za is greater (nan 250, vou may be required to e-file (see instructions)	distance in the local	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	· · [ ]		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	· · 3a		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	· · 3b	)	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
b	If "Yes," enter the name of the foreign country	· · 4a		x
	See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial American Structure	-		
5a	the organization a party to a prohibited tax shelter transaction at any time during the tax years		and a first state of	
b	the barry notify the organization that it was or is a party to a prohibited tay chalter transaction of	100000		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	· · 5b		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	· · 5c		
	or genized out solicit any contributions that were not tax ded. (1) t			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	•• 6a	X	
	gifts were not tax deductible?			
7	or gamzations that may receive deductible contributions under section 170(c)	6b	x	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	15		
	and services provided to the payor?		And and the	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· 7a		x
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	· · 7b		
	required to file Form 8282?			
d	and the number of Forms 6282 filed during the year	• 7c		х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly an apersonal benefit contract?	. 7e		x
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		х
h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		х
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		х
1	Sponsoring organization have excess business holdings at any time during the year?	. 8		
a (	Did the sponsoring organization make any taxable distributions under section 4966?	1. Hereit		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9a		
5	Section 501(c)(7) organizations. Enter:	. 9b		
a I	nitiation fees and capital contributions included on Part VIII, line 12			
b	Bross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
5	Section 501(c)(12) organizations. Enter:	1500		
a (	Bross income from members or shareholders			
bo	Bross income from other sources (Do not net amounts due or paid to other sources	12 ST 14		
a	gainst amounts due or received from them.)			
a S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	L. R. B.		
b If		. 12a		
S	ection 501(c)(29) qualified nonprofit health insurance issuers.	Card Ser	S. R. B	
a Is	the organization licensed to issue qualified beautions			1
N	ote: See the instructions for additional information the organization must report on Schedule O.	. 13a		PARTY
	nter the amount of reserves the organization is required to maintain by the states in which		No. of the local division of the local divis	
) E	and a reading and a realization is required to maintain by the states is a first	1.572234		1.26
-	e organization is licensed to issue qualified backto alor to maintain by the states in which	AND ADDRESS OF	Carlos and	
th	e organization is licensed to issue qualified health plans			
th Ei	Inter the amount of reserves on hand			
th Ei	and and a constraint of reserves on hand       13b         id the organization receive any payments for indoor tanning services during the tax year?       13c	- 14a		c
th Ei Di If	inter the amount of reserves on hand       13b         id the organization receive any payments for indoor tanning services during the tax year?       13c         "Yes," has it filed a Form 720 to report these payments? If "No" provide an explanation on Saturda and	14a 14b		C C
th Ei Di If	and a constraint of the section solution is licensed to issue qualified health plans       13b         inter the amount of reserves on hand       13b         id the organization receive any payments for indoor tanning services during the tax year?       13c         "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       13c         the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		<u>x</u>
th Ei Di If Is ex	Image: congenization is licensed to issue qualified health plans       13b         Inter the amount of reserves on hand       13b         Id the organization receive any payments for indoor tanning services during the tax year?       13c         "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       13c         the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or receives parachute payment(s) during the year?       13b	14b		
th EI ID If Is If	13b         Inter the amount of reserves on hand         id the organization receive any payments for indoor tanning services during the tax year?         "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O         the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or         "Yes," see instructions and file Form 4720, Schedule N	14b 15	2	
th Ei b If Is Is Is	Image: congenization is licensed to issue qualified health plans       13b         Inter the amount of reserves on hand       13b         Id the organization receive any payments for indoor tanning services during the tax year?       13c         "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       13c         the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or receives parachute payment(s) during the year?       13b	14b 15		:

-	m 990 (2020) A STEPPING STONE FOUNDATION 74-256700	68		Page
	Sovermance, Management, and Disclosure For each "Yes" response to lines 2 through 7h below, and for a "h	Vo"		3
	response to line ba, ob, or Tub below, describe the circumstances, processes, or changes in Schedule O. See instructions			
0.	Check II Schedule O contains a response or note to any line in this Part VI			. x
50	ction A. Governing Body and Management			• A
1a	and of the for young members of the doverning nonvertine and of the toy year	Employa	Yes	No
	If there are material differences in voting rights among members of the governing body, or			L. C.
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
b				
2	Did any officer, director, trustee, or key employee have a family selection to are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
3	any other officer, director, trustee, or key employee?	2		x
	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
5	The the organization make any significant changes to its governing documents since the prior Form 900 was field?	4		x
6	Did the organization's assets?	5		x
7a	- a we enguine and mave members of stockholders?	6	1	x
1 d	The organization have members, stockholders, or other persons who had the power to elect or appoint	-	-	-
	one of more members of the governing body?	7a		
b	so any gereinance decisions of the organization reserved to (or subject to approval by) members	14		X
	stockholders, or persons other than the governing body?	74		199
8	The and organization contemporaneously document the meetings held or written actions undertaken during	7b	Section.	X
	the year by the following:			
а	The governing body?	Sec.	AT N	
b	Each committee with authority to act on behalf of the governing body?	8a	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	x	
	the organization's mailing address? If "Ves." provide the names and address and address and a ddress?			
Sec	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
l0a	Did the organization have local charters have been seen as		Yes	No
b	Did the organization have local chapters, branches, or affiliates?	0a		x
~	and the organization have written policies and procedures governing the activities of such charters			
10	animates, and branches to ensure their operations are consistent with the organization's event nurnesses?	Ob	- 1	
1a	and a submitted a complete copy of this Form 990 to all members of its governing body before filing the form 9		x	
	- concern concerned the process, if any, used by the organization to review this Form 000		~	1
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		CLOOM S	
	there employees, and key employees required to disclose annually interests that could give rise to conflict o		x	
	standard regularly and consistently monitor and enforce compliance with the policy? If the all	2b :	x	
	describe in Schedule O how this was done			
3	a the organization have a written whistleplower policy?		x	
4	Did the organization have a written document retention and destruction policy?	3 3	x	
5	Did the process for determining compensation of the following persons include a review and approval by	4		x
	independent persons, comparability data, and contemporaneous sub-turit it	4		S. Start
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Series Stands	
b	The organization's CEO, Executive Director, or top management official	a y	2	and the second second
	a mode of key employees of the organization	_		x
	in ros to line roa of rob, describe the process in Schedule O (see instructions)	1000	1991	A
Ja	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		11 2. 24	
	multi a taxable entity during the year?		NULL BI	
	and the organization follow a written policy of procedure requiring the organization to evolute the	a	1281 58	X
1	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?	10 294	3	
ecti	ion C. Disclosure	b		
1	List the states with which a copy of this Form 990 is required to be filed  Arizona		_	
5	Section 6104 requires an organization to make its Form 1000 (1001			
(	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
Ê	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	second on schedule O whether (and if so, how) the organization made its governing documents conflict of interview			
- 20	a statistical statistical statistical statistical and the public during the fax year			
S	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	JUDITH A BRENGI, CPA (623)566-4803, 8355 W ROCKWOOD DRIVE, Peoria, AZ 85382-4676			
A		m 990	(202	20)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hig Independent Contractors	74–2567068 Page 7 hest Compensated Employees, and
	Check if Schedula O contains a second of the second s	
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 instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Form 000 (2020)

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)					
(A) Name and title	(B) Average hours per week (list any	bo	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) CYNTHIA GATTORNA	45.00		$\vdash$	-	_					
EXECUTIVE DIRECTOR	45.00	7						1000000		
(2) TOMAS MARTINEZ	2.00		+	+	-	x	-	72,150	0	0_
DRECTOR		x								
(3) JOSEPH SEGAL	2.00		++	+	-		-	0	0	00
DIRECTOR	=	x								
(4) RICHARD SMITH	2.00				+	-	-	0	0	0
DIRECTOR		x						0		
(5) SUE YALE	2.00				1		-	0	0	0
DIRECTOR		x						0		
(6) JEROME J WILLIAMS	2.00			+	-		+	0	0	0
DIRECTOR		x						o		
(7) LAIDA RESTREPO	2.00			1	+		+	0	0	0
DIRECTOR		x						0		
(8) PATRICIA DAVIS	2.00						-		0	0
DIRECTOR		x						0		
(9) MATTHEW MARQUEZ	2.00						+-	0	0	0
DIRECTOR		x						0		
(10) GABRIEL ESCONTRIAS Jr. , EDD	_ 10.00								0	0
PRESIDENT		x		x				0	0	
(11) JUDITH A BRENGI, CPA	_ 10.00								0	0
TREASURER		x	2	x				0	0	
(12)MELISSA OGEA SECRETARY	5.00								0	0
(13)LENAY DUNN, PHD		x	2	٢				0	0	0
VICE DEPENDENT	5.00									0
VICE PRESIDENT (14)		x	X	Z				0	0	6
<u>1</u> '2'										00
EEA										

Form 990 (2020)

EEA

	Section A. Officers, Directors, Trustee	s, Key Emplo	yees,	and H	lighe	st Com	pen	sated Employees	(continued)	7068 Page
	(A) Name and title	(B) Average hours per week (list any	(do r box, offic	ot che unless er and	(C) Position ck more person a direct		e an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organization
(15)										
(16)										
(17)										
(18)										
(19)										
(20)				+	-					
21)			_		-		-			
22)				_	_					
23)										
_										
24)_										
25)_										
1b c d	Subtotal	nA	••••	  	 		A A			
2	Total (add lines 1b and 1c) Total number of individuals (including but not limited reportable companyation from the analysis	to those liste	d abov	e) wh	••••	•••		0	0	0
	reportable compensation from the organization			<i>*</i>						0
3	Did the organization list any <b>former</b> officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>	for such indiv	Icubi							Yes No
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than \$	ortable compe	ensatio Ves " o	n and	l othe	r comp	ensa	tion from the		3 X
5	individual	mpensation f	rom an	VIIm	alator	Inraan	· · ·	n or individual	• • • • • • • • •	4 X
ecti	for services rendered to the organization? If "Yes," con B. Independent Contractors	omplete Sche	dule J i	for su	ch pe	rson		· · · · · · · · · ·		5 X
1	Complete this table for your five highest compensate	d independer	nt contr	actor	s that	receive	ed m	ore than \$100.000	of	
	personal and the organization. Report compen	sation for the	calenc	lar ye	ar en	ding wit	th or	within the organiza	ation's tax vear.	
	(A) Name and business address							(B) Description of services		(C)
									C	ompensation
							_			
2	Total number of independent contractors (including bu	1 011 0								
	received more than \$100,000 of compensation from t	ut not limited t	to those	lieto	d ahr	wal wh	~		AVER THE POP OF	Contraction of the second

(A)     (B)     (C)     (D)       Total revenue     Related or exempt     Unrelated     Revenue exclusion	111-11-1	Check if Schedule O contains a response or n	ote to any line in this	Part VIII			
B         Membra Campagns         Name         10,016           b         Fille         10         10         10           c         Fille         10         10         10         10           c         Fille         10         10         10         10           c         Fille         10         10         10         10         10           c         Government grants (contributions) (is grants, and similar amounds not included above fille         1136, 460         1366, 312           f         Aldens to chindutes induced in multication         19         529,196         12,798           b				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue exclu from tax und
and Bala de Apendado Services       10         de Related orgenizations       10         f At other contributions included in lines ta-1f       10         ines ta-1f       10         ines ta-1f       11			10,016			Marken and State	36010113 012-
n       Total. Add lines 1a-1f       412,788         2a	nts	b Membership dues					
n       Total. Add lines 1a-1f       412,788         2a	not	c Fundraising events					
n       Total. Add lines 1a-1f       412,788         2a	r An	d Related organizations				<b>这些主义</b> 法在	
n       Total. Add lines 1a-1f       412,788         2a	o, di nila	f All other contributions 1e	16,460				
n       Total. Add lines 1a-1f       412,788         2a	Sir	and similar amounts not included to			Station Sector		
n       Total. Add lines 1a-1f       412,788         2a	thei	Noncash contributions included in	386,312			a state of the last of	
n       Total. Add lines 1a-1f       412,788         2a	Op	lines 1a-1f	6 00 100				
2a       Business Code       Image: Code       <	a	h Total. Add lines 1a-1f	\$ 28,186	110 500	The second second	The state	
2a			7.5.5	412,788			
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6a   Gross rents   6a   0   7a   0   114.760   114.760	2	2a					
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6a   Gross rents   6a   0   7a   0   114.760   114.760	le	b					
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6a   Gross rents   6a   0   7a   0   114.760   114.760	ent						
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6a   Gross rents   6a   0   7a   0   114.760   114.760	Rev						
g Total. Add lines 2a-2f   3   Investment income (including dividends, interest, and other similar amounts)   4   Income from investment of tax-exempt bond proceeds   5   Royalties   6a   Gross rents   6a   0   7a   0   114.760   114.760	_						
3       Investment income (including dividends, interest, and other similar amounts)       114,760       114,760         4       Income from investment of tax-exempt bond proceeds       >       114,760       114,760         5       Royalities       (i) Personal       >		d Total Add lines 25 25					
other similar amounts)   4   114,760   114,760     4   114,760     114,760 </td <td></td> <td>2 Investment incert in the second</td> <td>· · · · · · •</td> <td></td> <td>South Halle M</td> <td><b>和学校主要</b>是</td> <td></td>		2 Investment incert in the second	· · · · · · •		South Halle M	<b>和学校主要</b> 是	
4 Income from investment of fixe-exempt bond proceeds   5 Royatties     6a Gross rents   b Less: rental expenses   6a Gross rents   b Less: rental expenses   6a Gross rents   c Rental income or (loss)   7a Gross amount from   sales of assets (i) Rental (ii) Perronal   b Less: cost or other basis   and sales expenses 7b   7b Tc     c Gain or (loss)   7a Tc     b Less: cost or other basis   and sales expenses 7b   7b Tc     c Gain or (loss)     and sales expenses   7b   c Gain or (loss)     and sales expenses   7b   c   c   d   Net income or (loss) from fundraising   events (not including \$   of contributions reported on line   1c). See Part IV, line 18		<ul> <li>other similar amounts)</li> </ul>	nd				
5 Royalties   6a Gross rents   b Less: rental expenses   6b 6c   c Rantal income or (loss)   7a Gross amount from   sales of assets 7b   and sales expenses 7b   7a Gross income from fundraising   events (not including \$ of contributions reported on line to). See Part IV, line 18   b Less: direct expenses   c Net income or (loss) from gaming activities   b Less: direct expenses   c Net income or (loss) from gaming activities   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c All other revenue   c All other streamed		4 Income from investment of tax-exempt hand process		114,760	114,760		
Ga Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   fa (i) Securities   other than inventory 7a   a (i) Securities   b Less: cost or other basis   and sales expenses		5 Royalties					
6a Gross rents   b Less: rental expenses   c Rental income or (loss)   d Net rental income or (loss)   7a Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses 7b   c Gain or (loss)   d Net incluiding \$   g Gross income from fundraising events   events (not including \$ 8a   g Gross income from gaming activities   e Net income or (loss) from gaming activities   fla						Contraction of the second	The second second second
c Rental income or (loss)   d Net rental income or (loss)   ra Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses			(ii) Personal			A State State State State	E CARLES
d Net rental income or (loss)   7a   Gross amount from sales of assets other than inventory   b Less: cost or other basis and sales expenses   and sales expenses   7b   7c   7a     7b     7a     7b     7c     7a     7b     7a     7b     7a     7a     7a     7b     7a     7b     7a     7b     7c     7a     8a   Gross income from fundraising   events (not including s ported on inne   10a </td <td></td> <td>b Less: rental expenses 6b</td> <td></td> <td>A. S. Martin</td> <td></td> <td></td> <td>Carl Marine</td>		b Less: rental expenses 6b		A. S. Martin			Carl Marine
7a Gross amount from sales of assets other than inventory   b Less: cost or other basis   and sales expenses 7b   7a 7b   7b 7c   7c 7c     7c     7c     7c     7d     Net gain or (loss)   returns income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   1c. See Part IV, line 18   b   Less: direct expenses   b   b   b   b   c   Net income from gaming activities   returns and allowances   10a   10b   c   c   d   All other revenue   e   Take income from spaning activities   c   d   d   d   d   d   d   d   d   d   d   d   d   d    d   d   d    d </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
sales of assets 7a   other than inventory 7a   b Less: cost or other basis 7b   and sales expenses 7b   c Gain or (loss) 7c   d Net gain or (loss) 7c   d Net gain or (loss) 7c   a Gross income from fundraising 8a   events (not including \$   of contributions reported on line   1c). See Part IV, line 18   b Less: direct expenses   c Net income or (loss) from fundraising events   9a   activities, See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: cost of goods sold   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   e Total. Add lines 11a-11d			· · · ·		Contraction of the local state of the		
other than inventory 7a   b Less: cost or other basis   and sales expenses   and sales expenses			(ii) Other	a the state of the second			
b Less: cost or other basis and sales expenses   c Gain or (loss)   d Net gain or (loss)   a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   b Less: direct expenses   b Less: direct expenses   a Ba   g Gross income from gaming activities, See Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   t Total Add lines 11a-11d							
and sales expenses 7b   c Gain or (loss) 7c   d Net gain or (loss) 7c   a Gross income from fundraising events (not including \$ of contributions reported on line 10). See Part IV, line 18 8a   b Less: direct expenses 8b   c Net income or (loss) from fundraising events a Gross income from gaming activities, See Part IV, line 19 9a   9a 9b   0 10a   10a Gross sales of inventory, less returns and allowances 10a   11a Business Code   11a Business Code   11a All other revenue   a All other revenue   a All other revenue					The second s	A state of the	
c Gain or (loss) 7c   d Net gain or (loss)   8a Gross income from fundraising   events (not including \$						And the second	
of contributions reported on line         1c). See Part IV, line 18         b Less: direct expenses         c Net income or (loss) from fundralsing events         9a         9a         9a         9a         9a         9a         9b         c Net income or (loss) from gaming activities         c Net income or (loss) from sales of inventory         b Less: cost of goods sold         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c All other revenue         c Total. Add lines 11a-11d				AND A REAL			
of contributions reported on line         1c). See Part IV, line 18         b Less: direct expenses         c Net income or (loss) from fundralsing events         9a         9a         9a         9a         9a         9a         9b         c Net income or (loss) from gaming activities         c Net income or (loss) from sales of inventory         b Less: cost of goods sold         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c All other revenue         c Total. Add lines 11a-11d							
of contributions reported on line         1c). See Part IV, line 18         b Less: direct expenses         c Net income or (loss) from fundralsing events         9a         9a         9a         9a         9a         9a         9b         c Net income or (loss) from gaming activities         c Net income or (loss) from sales of inventory         b Less: cost of goods sold         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c Net income or (loss) from sales of inventory         c All other revenue         c Total. Add lines 11a-11d		8a Gross income from fundraising		No we want the second		And the second second second	and specific and
1c). See Part IV, line 18   b Less: direct expenses   c Net income or (loss) from fundraising events   9a Gross income from gaming activities, See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   c Net income or (loss) from gaming activities   10a Gross sales of inventory, less returns and allowances   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c All other revenue   e Total. Add lines 11a-11d							
b Less: direct expenses   c Net income or (loss) from fundraising events   9a Gross income from gaming activities, See Part IV, line 19   b Less: direct expenses   b Less: direct expenses   c Net income or (loss) from gaming activities   10a Gross sales of inventory, less returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c All other revenue   e Total. Add lines 11a-11d		of contributions reported on line					
c Net income or (loss) from fundraising events   9a Gross income from gaming activities, See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10a 9a   9b		1c). See Part IV, line 18 8a			CARA AND A		
9a       Gross income from gaming activities, See Part IV, line 19       9a         b       Less: direct expenses       9b         c       Net income or (loss) from gaming activities		b Less: direct expenses			Part and a second	States Carlos	
activities, See Part IV, line 19   b Less: direct expenses   c Net income or (loss) from gaming activities   10a   10a   10a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   c Net income or (loss) from sales of inventory   c Interpret in the inventory   c		c Net income or (loss) from fundraising events	· · · ·				and the second sec
b Less: direct expenses   c Net income or (loss) from gaming activities   10a   10b     10a     10b     11a     b   c   d   d    d    d   d    d    d    d   d    d    d   d   d   d   d   d   d   d   d    d   d							
c Net income or (loss) from gaming activities   10a   10b   10b   10b   10b   11a   b   c   d All other revenue   e Total. Add lines 11a-11d		b Less: direct expenses	1	E L'I ST VIC	Martin Contraction	CALL STREET	
10a       Gross sales of inventory, less returns and allowances       10a         b       Less: cost of goods sold       10b         c       Net income or (loss) from sales of inventory       Image: Code         11a       Business Code       Image: Code         b       Image: Code       Image: Code         c       Image: Code       Image: Code         d       All other revenue       Image: Code         e       Total. Add lines 11a-11d       Image: Code         12       Total revenue       Image: Code		G Net income or (loss) from coming activitie					
returns and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory     11a   b   c   c   d All other revenue   e Total. Add lines 11a-11d			•••••				
b Less: cost of goods sold       10b         c Net income or (loss) from sales of inventory       Image: Code         11a       Business Code         b       Image: Code         c       Image: Code         d All other revenue       Image: Code         e Total. Add lines 11a-11d       Image: Code         12       Total revenue		and a same of the state of the					
c Net income or (loss) from sales of inventory       Image: Contract of the sale of th							
11a     Business Code     a     a       b     a     a     a       c     a     a     a       d All other revenue     a     a     a       e Total. Add lines 11a-11d     a     a     a		C Not income and the N.C.				THE REAL PROPERTY OF	
11a							
c	1	11a			And a second		AND
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue See instructions							
	1	10					A Real Col

Form	990	(2020

Se	ction 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other organiza	ations must complete c	olumn (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX		••••••••••••••••••••••••••••••••••••••	v
	o not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
1000	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	of and other assistance to domestic organizations			general experiese	expenses
020	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			The second s	COLUMN STREET
223	individuals. See Part IV, line 22			E SALE CONTRACTOR	
3	Grants and other assistance to foreign			CONTRACTOR OF THE O	State State State State State
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				TO GATESTAR
4	Benefits paid to or for members			THE REAL PROPERTY OF THE	
5	Compensation of current officers, directors,			the burney of the track state of the	
-	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	77,580	41,504	18,038	10 020
8	Pension plan accruals and contributions (include		11/004	10,030	18,038
	section 401(k) and 403(b) employer contributions)	2,165	1,082	EAT	
9	Other employee benefits	5,520	2,760	541	542_
10	Payroll taxes	879	481	1,380	1,380
11	Fees for services (nonemployees):		401	199	199
a	Management				
b	Legal				
С	Accounting	8,000		0.000	
d	Lobbying	0,000		8,000	
е	Professional fundraising services. See Part IV, line 17	100		AND THE REAL PROPERTY OF	
f	Investment management fees			ALL CONTRACT OF CONTRACT	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	3,500	2 500		
12	Advertising and promotion	3,300	3,500		
13	Office expenses	3,503			
14	Information technology	2,871		3,503	
15	Royalties	2,011		2,871	
16	Occupancy	15,374	10.000		
17	Travel	15,374	12,300	1,537	1,537
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,602			
24	Other expenses. Itemize expenses not covered	3,602		3,602	Contractor of the local day of the local day
	above (List miscellaneous expenses on line 24e. If		Contraction of the second		
	line 24e amount exceeds 10% of line 25, column		E MARKEN STREET		國際部署部設計
	(A) amount, list line 24e expenses on Schedule O.)			and the second	
а	CLASSROOM STAFFING	000 515			
b	MARKETING AND PROMOTION	232,717	232,717		
с	CHILD CARE	1,812		1,812	
d	SCHOLARSHIPS	459	459		
е	All other expenses	21,387	21,387		
25	Total functional expenses. Add lines 1 through 24e	43,792	25,557	17,590	645
26	Joint costs. Complete this line only if the	423,161	341,747	59,073	22,341
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	fundraising solicitation. Check here Fifthere following SOP 98-2 (ASC 958-720)				

EEA

Form 990 (2020)

 Form 990 (2020)
 A STEPPING STONE FOUNDATION

 Part IX
 Statement of Functional Expenses

Form 990 (2020)

74-2567068

Page 10

	n 990 ( rt X	Balance Sheet		74-2	567068 Pag
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)	<del></del>	(B)
	1	October 1 1	Beginning of year		End of year
	1	Cash - non-interest-bearing	25,383	3 1	
	2	Savings and temporary cash investments	815,848	1 1 1 1 1 1	36,2
	3	rieuges and grants receivable, net	010,040	3	799,1
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director		AL MARKE	6,0
		trustee, key employee, creator or founder, substantial contributor, or 35%		and the second	
		controlled entity or family member of any of these persons	100mm年12月1日日1月1日1月1日日1月1日日日	5	Estimate and a state of the state
	6	Loans and other receivables from other disgualified persons (as defined			A CARLEND THE A CARLEND
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
ASSets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges	2.007	9	
	10a	cand, buildings, and equipment: cost or other	3,807	9	3,7
		basis. Complete Part VI of Schedule D 10a		the second	
	b	Less: accumulated depreciation		A CARGE AND	
	11	Investments - publicly traded securities		10c	
	12	Investments - other securities. See Part IV, line 11	400,261	11	507,7
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		15	
	17	Accounts payable and accrued expenses	1,245,299	16	1,352,8
	18	Grants payable	86,392	17	77,44
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21			20	
	22	Loans and other payables to any current or former officer, director,		21	
		trustee, key employee, creater or foundation of the state		Services	and the second second
		trustee, key employee, creator or founder, substantial contributor, or 35%		3.5	
	23	controlled entity or family member of any of these persons		22	
	24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties		24	
	53.	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
			166	25	16 46
+	20	Total liabilities. Add lines 17 through 25	86,558	26	<u>    16,46</u> 93,90
		Organizations that follow FASB ASC 958, check here		1.5260 0	93,90
	27	and complete lines 27, 28, 32, and 33.			
	28	Net assets without donor restrictions	964,286	27	1 000 07
Ľ		Net assets with donor restrictions	194,455	28	1,090,07
		Organizations that do not follow FASB ASC 958, check here	104,400	Same in	168,89
	20	and complete lines 29 through 33.			
	29 (	Capital stock or trust principal, or current funds		20	
1	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
	31	Retained earnings, endowment, accumulated income, or other funds		30	
	52	Iotal net assets or fund balances	1.150.54	31	a particular
	33 7	fotal liabilities and net assets/fund balances		32	1,258,964
			1,245,299	33	1,352,87

	m 990 (2020) A STEPPING STONE FOUNDATION art XI Reconciliation of Net Assets	74-256	7068		Page 12
1	Check if Schedule O contains a response or note to any line in this Part XI	····		• • •	••
2	Total expenses (must equal Part IX, column (A), line 25)	. 1		527	,548
3	Revenue less expenses. Subtract line 2 from line 1	. 2		423	,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 3		104	,387
5	Net unrealized gains (losses) on investments	. 4	1	,158	,741
6	Donated services and use of facilities	. 5			_
7	Investment expenses	. 6			
8	Prior period adjustments	. 7		(4	,164)
9	Other changes in net assets or fund balances (explain on Schedule O)	. 8			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	. 9			0
Pa	rt XII Financial Statements and Reporting	. 10	1	,258	,964
	Check if Schedule O contains a response or note to any line in this Part XII				_
		• • • • •			÷Π
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other" evaluation		(二) 有效	and a	
	Schedule O.			-	All and
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		N35=10	1321	E HE
	the very shock a box below to indicate whether the financial statements for the year word compiled an		• 2a	Londerte	X
	reviewed on a separate basis, consolidated basis, or both:			Interest	ALL PRO
	Separate basis Consolidated basis Both consolidated and soperate basis		TEN:		
b	vere the organization's financial statements audited by an independent accountant?		a a la	1031	These a
	in res, check a box below to indicate whether the financial statements for the year were audited on a	• • • • •	• 2b	X	formation of the
	separate basis, consolidated basis, or both:		1	No.	PANE.
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			PERM	No.
	the audit, review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on		· 2c		<u>x</u>
	Schedule O.		Sale of the		
Ba	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			1 dest	110
	Single Audit Act and OMB Circular A-133?				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • • • •	. 3a		x
	required addit of addits, explain why on Schedule Q and describe any stops taken to underse and the				
ł	in conclusion of and describe any steps taken to undergo such audits		. 3b		

SCHEDULE A	
(Form 990 or 990-EZ)	

Department of the Treasury

## 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.

2020 Open to Public Inspection

OMB No. 1545-0047

Interna	l Rev	enue Service F GO to	www.irs.gov/ror	m990 for instructions a	nu the lat	estimonia	T	moposition
Name	of the	organization					Employer identification	
-	_	PING STONE FOUNDATION			1.1-1	u	74-256706	3
Pai	t I,	Reason for Public Charity	Status. (All or	ganizations must co	omplete	this part.	) See instructions	
The o	orga	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	one box.)			
1		A church, convention of churches, or a	association of churc	hes described in <b>section</b>	170(b)(1)	(A)(i).		
2		A school described in section 170(b)(	1)(A)(ii). (Attach So	hedule E (Form 990 or 99	90-EZ).)			
3		A hospital or a cooperative hospital set	rvice organization of	lescribed in section 170(	b)(1)(A)(iii	i).		
4		A medical research organization opera	ted in conjunction	with a hospital described	in section	170(b)(1)(	A)(iii). Enter the	
		hospital's name, city, and state:						
5	П	An organization operated for the benef	fit of a college or u	niversity owned or operate	ed by a go	vernmental	unit described in	
		section 170(b)(1)(A)(iv). (Complete Pa		interently entitled of operation	ou oy u go	· on internet		
6		A federal, state, or local government of		described in eastion 17	0/6//4//0/	<b>(</b> )		
6	Н		0				the new real workline	
7	П	An organization that normally receives		of its support from a gove	emmentari	unit or from	the general public	
•		described in section 170(b)(1)(A)(vi).						
8	Н	A community trust described in section						
9	П	An agricultural research organization d						
		or university or a non-land-grant colleg	ge of agriculture (se	e instructions). Enter the	name, city	, and state	of the college or	
	_	university:						
10	х	An organization that normally receives	: (1) more than 33	1/3% of its support from	contributio	ns, membe	rship fees, and gross	
		receipts from activities related to its ex	empt functions - su	ubject to certain exception	ns; and (2)	no more th	nan 33 1/3% of its	
		support from gross investment income	and unrelated bus	siness taxable income (le	ss section	511 tax) fro	om businesses	
		acquired by the organization after June	e 30, 1975. See <b>se</b>	ction 509(a)(2). (Comple	te Part III.)			
11		An organization organized and operate	ed exclusively to tes	st for public safety. See se	ection 509	(a)(4).		
12	Π	An organization organized and operate	ed exclusively for th	ne benefit of, to perform th	ne function	is of, or to d	carry out the purposes	
		of one or more publicly supported orga						
		Check the box in lines 12a through 12						a
	а	<b>Type I.</b> A supporting organization						9.
	a	the supported organization(s) the						
					y of the un			
	•	supporting organization. You mus					dian(a) by baying	
	b	<b>Type II.</b> A supporting organization				-		
		control or management of the sup			sons that c	control or m	anage the supported	
		organization(s). You must comple	ete Part IV, Sectio	ns A and C.				
	С	Type III functionally integrated.	A supporting organ	ization operated in conne	ction with,	and function	onally integrated with,	
		its supported organization(s) (see	instructions). You	must complete Part IV, S	Sections A	A, D, and E	•	
	d	Type III non-functionally integra	ted. A supporting o	rganization operated in c	onnection	with its sup	ported organization(s)	
		that is not functionally integrated.	The organization g	enerally must satisfy a dis	stribution re	equirement	and an attentiveness	
		requirement (see instructions). Yo	u must complete	Part IV, Sections A and	D, and Pa	rt V.		
	е	Check this box if the organization	received a written	determination from the IR	S that it is	a Type I, T	ype II, Type III	
		functionally integrated, or Type III						
	f	Enter the number of supported organiz						
	a	Provide the following information about						·
	3	) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	ragnization	(v) Amount of monetary	(vi) Amount of
	(	I varie of supported organization		(described on lines 1-10		r governing	support (see	other support (see
			<i>v</i>	above (see instructions))	docum	ent?	instructions)	instructions)
					Vee	Na		
-				-	Yes	No		
(A)								
	_							
(B)								
						·		v
(C)								
(D)								
(E)								
(E)			R.R. State of the		NEWS AND	distant and the		
Total	_	www.ada Da datafian Ant Al Al Al		000	1.11	AND STORE		
For F	ape	rwork Reduction Act Notice, see the	Instructions for F	orm 990 or 990-EZ.			Schedule	A (Form 990 or 990-EZ) 2020

	lule A (Form 990 or 990-EZ) 2020 A STEPPIN	G STONE FOU	NDATION			74-25670	
Pa	rt II Support Schedule for Organiz	ations Desci	ribed in Sect	tions 170(b)(	1)(A)(iv) and	170(b)(1)(A)(	VI)
	(Complete only if you checked th	he box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n falled to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	ction A. Public Support		1	1	1	1	
Cal	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2					
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf	<u>1</u>					
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		-				
	Total. Add lines 1 through 3	The second second second	The second second		31.10		
5	The portion of total contributions by	Not an all the	mean frank				
	each person (other than a		A CONTRACTOR		a complete state		
	governmental unit or publicly			the loss of the state	State State		
	supported organization) included on		and the second second				
	line 1 that exceeds 2% of the amount		The second second		State Barris	Martin Stat	
c	shown on line 11, column (f)	Contraction of the			Barriel Barriel		
	Public support. Subtract line 5 from line 4 stion B. Total Support	1. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Sume 20	and the second	
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(b) 2017	(0) 2010	(u) 2019	(e) 2020	(1) 10141
8	Gross income from interest, dividends,						
0	payments received on securities loans,			_			
	rents, royalties, and income from similar sources						
0							
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
44	(Explain in Part VI.)	Tel Marca Recola Average Land	TALL CONTRACTOR AND	A CONTRACTOR OF THE	In the second	The second second	
	<b>Total support.</b> Add lines 7 through 10		C. C. Honoren	a marine a parte política a succeso		42	
	Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is for the o					12 501/c	)/3)
13	organization, check this box and stop here	•					
Sec	tion C. Computation of Public Suppo				<u>n bonsbistus a s</u>	8 S. S	· · · · · ·
	Public support percentage for 2020 (line 6,			column (f))		14	%
	Public support percentage from 2019 Sched					15	% %
	33 1/3% support test - 2020. If the organiza					la manage de la ma	
104	box and <b>stop here.</b> The organization qualified						
h	33 1/3% support test - 2019. If the organization						
	this box and <b>stop here.</b> The organization qu						
17a	10%-facts-and-circumstances test - 2020.		• • • •	•			
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the fact					•	
	organization			-	•	• • • •	
b	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fa						
	organization			•	•		
18	<b>Private foundation.</b> If the organization did r						40.154253/04 <sup>7</sup> 1
·	instructions						· · · · ► □
EEA							m 990 or 990-EZ) 2020
							,,

Sche	dule A (Form 990 or 990-EZ) 2020 A STEPPINO	G STONE FOUR	NDATION			74-256706	8 Page 3
in the second se	rt III Support Schedule for Organiz			ion 509(a)(2)			
10.0109-00	(Complete only if you checked the					to qualify und	der Part II.
	If the organization fails to qualify						
Sec	ction A. Public Support	,		, , , , , , , , , , , , , , , , , , , ,			
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(u/ 2010	(1) 2011	(0) = 0.0			
	received. (Do not include any "unusual grants.")	381,839	306,143	512,759	895,257	412,788	2,508,786
2	Gross receipts from admissions, merchandise		300,143	512,159		412,700	2,300,100
2	sold or services performed, 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 business under section 513						
4							
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	381,839	306,143	512,759	895,257	412,788	2,508,786
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year					-	
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from	Look at Carlot	The way and the	18 - 20 - 10 - 2 IV - 1	A MARTINE MARTINE	Sector And States	
Ŭ		De Charles	STATISTICS.	THE GOLDER			0 500 706
Se	ction B. Total Support			And the second second	the second s		2,508,786
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
		381,839	306,143	512,759	895,257	412,788	2,508,786
108	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	54,479	19,859	7,528	3,113	8,105	93,084
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	54,479	19,859	7,528	3,113	8,105	93,084
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	436,318	326,002	520,287	898,370	420,893	2,601,870
14	First 5 years. If the Form 990 is for the orga				ax year as a se		
	organization, check this box and stop here					C 600065	zacata 🕨 🗌
Se	ction C. Computation of Public Suppor	rt Percentage	9				
	Public support percentage for 2020 (line 8, c			column (f))		15	96.42 %
	Public support percentage from 2019 Sched					16	96.23 %
	ction D. Computation of Investment In						50,20 %
_	Investment income percentage for 2020 (line			ne 13 column	(f))	17	4.00 %
	Investment income percentage from 2019 Se				STREET STREET,	18	4.00 %
	<b>33 1/3% support tests - 2020.</b> If the organiz						
190							_
	17 is not more than 33 1/3%, check this box		-				
b	33 1/3% support tests - 2019. If the organiz						
20	line 18 is not more than 33 1/3%, check this		-				
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and		
EEA						Schedule A (Forn	n 990 or 990-EZ) 2020

## Schedule B

(Form 990, 990-EZ, or 990-PF)

### Department of the Treasury

Internal Revenue Service

Name of the organization

## A STEPPING STONE FOUNDATION

#### Organization type (check one):

Filers of:	Section:				
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				

Schedule of Contributors

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

#### Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

# 2020

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

mployer identification number 74–2567068

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2020

Name of organization

Page 2

Employer identification number

A STEPPING STONE FOUNDATION

74-2567068

Part I	Contributors (see instructions). Use duplicate copies of P	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	THUNDERBIRD CHARITIES 7226 N 16 STREET Phoenix AZ 85020	\$ <u>83,184</u>	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	NINA MASON PULLIAM CHARITABLE TRUST 2201 E CAMELBACK ROAD Phoenix AZ 85016	\$25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	PONA, C/O MICHAEL MOLLER 9898 SCENIC PINE DRIVE Parker CO 80134	\$84,000	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
4	SEASON FOR SHARING 2201 E CAMELBACK RD, 405B Phoenix AZ 85016	\$15,000	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
		\$	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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

EEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

**Open to Public** Inspection

Employer identification number

OMB No 1545-0047

2020

74-2567068

Name of the organization

#### A STEPPING STONE FOUNDATION

#### Form 990 governing body review (Part VI, line 11) 01.

ELECTRONIC COPY OF FORM 990 PROVIDED TO ALL BOARD MEMBERS FOR REVIEW BEFORE FILING

#### 02. Conflict of interest policy compliance (Part VI, line 12c)

ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW THE POLICY AND SIGN A STATEMENT OF

COMPLIANCE

#### 03. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD PRESIDENT CONDUCTS A REVIEW BY MEETING WITH THE EXECUTIVE DIRECTOR AND SOLICITS

INPUT FROM THE OTHER BOARD MEMBERS. WHEN PREPARING A PROPOSED BUDGET, THE FINANCE

COMMITTEE INCLUDES A SALARY RECOMMENDATION, WHICH IS THEN DICUSSED BY THE BOARD IN

EXECUTIVE SESSION AND A VOTE IS TAKEN.

#### 04. Governing documents, etc, available to public (Part VI, line 19)

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATION OFFICE.

#### 05. List of other expenses (Part IX, line 24e)

AUDIT FEES	8500	
COMPUTER TECHNOLOGY	2871	
COMPOTER TECHNOLOGI	2071	
WEBSITE	3404	
BANK CHARGES	1502	
NEWSLETTERS	1664	
MISC.	25851	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. FFA

Schedule O (Form 990 or 990-EZ) (2020)

### SCHEDULE M (Form 990)

Department of the Treasury

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs

OMB No. 1545-0047
2020
Open to Public
Inspection

74-2567068

Internal Revenue Service	
Name of the organization	

s.gov/r-orm990 for instructions and the latest information.		1
	Employer identification	n number

	EPPING STONE FOUNDATION			74-256	/068			
Par	t II Types of Property			1	·			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> hod of dete h contributi		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household				6			
	goods				l			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property						_	
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other			,				
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other						-	
18	Collectibles							
19	Food inventory		1					
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens			1				
24	Archeological artifacts							
25	Other ► (RENT )	v		17 696	TANDIC		тылт	2
26	Other (SERVICES)	X	1	17,686			IMAIL	
27	Other ►(	X	2	10,300	LSTIM	TE.		
28	Other ► ()			1		_	-	7
29	Number of Forms 8283 received by the o	rappization	during the tax year for contributi	ons for			_	
25		•	• •		20			
	which the organization completed Form 8	203, Fait V,	Donee Acknowledgement		29		Yes	No
200	During the upon did the energiastics area	in a land a second of		Dent L lines d through		0.5.3.0	res	NO
30a	During the year, did the organization rece	•		-		19.3	dan's	A SUL
	28, that it must hold for at least three yea					20.	MARTIN	aser.
h	to be used for exempt purposes for the e		period?			• 30a	a contra attacto	X
b	If "Yes," describe the arrangement in Part		had a second	eventee de ad		1.85	1.196	
31	Does the organization have a gift accepta					102569	S STITUT	lan iel
				*************		• 31	X	
32a	Does the organization hire or use third pa							1
			*****			• 32a	and the second	X
b	If "Yes," describe in Part II.					1		EQ. W
33	If the organization didn't report an amoun describe in Part II	t in column (	c) for a type of property for which	ch column (a) is checked,			1	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

EEA

Statement of Program Service Acco	omplishments	2020         PG01           Your Social Security Number	
A STEPPING STONE FOUNDATION	74-2567068		
Form 990-Part III(a Statement of Service Accom	•	Statement #4	
Program Service Code			
Program Service Expenses	\$1000		
Grants and allocations included in above expense	\$0		
	\$0		

#### Explanation

HELD TWO TWO-GENERATION-EDUCATION AFFINITY GROUP SESSIONS FOR PRACTITIONERS, ELECTED OFFICIALS, FUNDERS, AND POLICY-MAKERS TO CREATE SYNERGY AND A FORUM FOR IDEA EXCHANGE REGARDING TWO-GENERATION EDUCATION.