COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Inspection

Α	For the	e 2021 calendar year, or tax year beginning OCT 1, 2021 and end	ding SI	EP 30, 2022			
В	Check if applicabl	C Name of organization		D Employer identific	cation number		
	□Addre	22					
늗	chang Name			46-2857532			
F	chang		om/suite				
F	return Fiṇal	340 N Eggondido Plyd	UIII/Suite	E Telephone number 858-722-2067			
	—lreturn, termin ated			G Gross receipts \$	1,525,390.		
Г	Amen	ded Barandida GN 02025		H(a) Is this a group re			
F		,		for subordinates			
	pendi	same as C above		H(b) Are all subordinates in			
$\overline{\mathbf{T}}$	Tax-ex	empt status: X 501(c)(3)	527	1	list. See instructions		
		re: ► A-Step-Beyond.org		H(c) Group exemption			
			L Year	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	1 State of legal domicile: CA		
		Summary	•	•	<u> </u>		
_	1	Briefly describe the organization's mission or most significant activities: To assist	low i	ncome youth break	:		
Governance		from poverty using programs proven to prepare them for college.					
rns	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	sets.		
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	22		
ত		Number of independent voting members of the governing body (Part VI, line 1b)			20		
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	26		
ĬŢ	6	Total number of volunteers (estimate if necessary)		6	100		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		1,276,313.	1,471,183.		
ē		Program service revenue (Part VIII, line 2g)		0.	1,112.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	📙	-33,635.	-45,727.		
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,242,678.	1,426,568.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,198.	6,523.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		790,682.	838,643.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25) 212,386		400 453	400 854		
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		400,153. 1,239,033.	488,754.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,645.	1,333,920.		
700	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year		
ets (20	Total assets (Part X, line 16)	DC	1,957,071.	2,065,690.		
ASS	21	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)		31,486.	47,457.		
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,925,585.	2,018,233.		
	art II	Signature Block		, , ,			
Unc	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	nd stateme	ents, and to the best of my	/ knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which i	preparer	has any knowledge.			
		James Wright		08/14/2023			
Sig	ın	Signature of officer		Date			
He	re	James Wright, CEO/Executive Director					
		Type or print name and title					
		Print/Type preparer's name Preparer's signative.		Date Check	PTIN		
Pai	d	Print/Type preparer's name Ashley Peabody Firm's name Capin Crouse LLP	20dy 13	8/14/2023 if self-employed P01385870			
	parer	Firm's name Capin Crouse LLP		Firm's EIN ▶	36-3990892		
Use	Only	Firm's address 3200 Guasti Road, Suite 230	U				
		Ontario, CA 91761		Phone no.505			
Ма	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No		

ŀc	(Code:) (Expenses \$;)					
	Family Service programs trea	t children in crisis, assist	families in						
	crisis, conduct group therap	y for students, and provide p	parent						
	training. Participants recei	ve daily mentoring from staff	and						
volunteers and engage regularly in counseling groups that promote									
	essential skills to meet soc	ial and emotional needs. Fam	llies also						
	receive crisis intervention	support as needed.							
ŀd	Other program services (Describe on	Schedule O.)							
	(Expenses \$	including grants of \$) (Revenue \$)					
ŀe	Total program service expenses ▶	925,082.							
				Form 990 (2021)					
200:	2 12-09-21			,					

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Form 990 (2021) A Step Beyond 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	Ť		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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		Х
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,	Ť		
•	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	<u> </u>
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	44.1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	116		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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	4.	v	
10	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,"	40		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2021) A Step Beyond

Part IV Checklist of Required Schedules (continued) 46-2857532

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	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		Х
	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		
25 a	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		Х
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			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
200	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?	000		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	x	
Pai	Note: All Form 990 filers are required to complete Schedule O	_ 30	L **	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Sofiedule O Contains a response of flote to any line in this Part V		Yes	No
1.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 25	,	162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	
	(garriering) the minings to prize without	10		

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46-2857532 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,									
	filed for the calendar year ending with or within the year covered by this return 26									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	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			۱,,						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5 0		Eo.		Х						
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 00								
ou	any contributions that were not tax deductible as charitable contributions?	6a		x						
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou								
~	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	0.0								
a	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							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
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:									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
12a	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	IZU								
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								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	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									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	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		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, any disqualified person, or mine operator 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 (2021)

A Step Beyond

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
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) avail	able
	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, are	ıd fina	ncial	
	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			
	James Wright - 760-670-3250			

340 N Escondido Blvd., Escondido, CA 92025

Form 990 (2021) A Step Beyond 46-2857532 Page **7**

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, 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.

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

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

(A)	(B)	(C)					ilout	(D)	(E)	(F)
Name and title	Average	Position			sition			Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week	_			recto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	Institutional trustee		yee	mper		1099-NEC)	,	and related
	below	ridual	tution	ia	Key employee	est co loyee	Je.	,		organizations
	line)	Indiv	Instii	Officer	Key 6	Highest compensated employee	Former			
(1) James Wright	40.00									
CEO/Executive Director		Х		Х				106,096.	0.	23,456.
(2) Jennifer Oliver	40.00									
Artistic Director/Director		Х						74,620.	0.	12,600.
(3) Leslie Culbertson	10.00									
Chairman / Director	1	Х		Х				0.	0.	0.
(4) Dan Platt	10.00									
Vice Chair / Director		Х		Х				0.	0.	0.
(5) Steve Gosselin	1.50									
Vice Chair (part year) / Director		Х		Х				0.	0.	0.
(6) Bonnie Platt	1.00									
Secretary/Director		Х		Х				0.	0.	0.
(7) Jonathan Fikse	1.00									
Treasurer/Director		Х		Х				0.	0.	0.
(8) Jay Culbertson	1.00									
Director		Х						0.	0.	0.
(9) Brian Bedford	1.00									
Director		Х						0.	0.	0.
(10) Kimberly Mayes-Bedford	1.00									
Director		Х						0.	0.	0.
(11) Frank Foster	1.00							_	_	_
Director		Х						0.	0.	0.
(12) Janet Foster	1.00							_	_	_
Director		Х						0.	0.	0.
(13) Candise Holmlund	1.00									
Director	1 00	Х						0.	0.	0.
(14) Jacqueline Loiaza	1.00									
Director	1 00	Х						0.	0.	0.
(15) Anna Punzalan	1.00									
Director	1 00	Х						0.	0.	0.
(16) Jeffre Segall	1.00									_
Director	1 00	Х						0.	0.	0.
(17) Claudia Briseno	1.00	ļ "							2	•
Director		Х						0.	0.	0.

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Form 990 (2021)

A Step Beyond

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

(E) Page 8

(A) Name and title	(B) Average hours per week was a conficer and a director/trustee)							(D) (E) Reportable Reportable compensation compensation				(F) stimate nount	
	week (list any hours for related organizations below line)	tee or director					stee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	d s SC/	com fr org	other pensa om th anizat d relat anizati	ation e tion ted
(18) Dave Smith	1.00												
Director		Х						0.		0.	<u> </u>		0.
(19) Janean Stripe	1.00	ļ											•
Director	1 00	Х				-		0.		0.			0.
(20) Jose Villarreal Director	1.00	x						0.		0.			0.
(21) Vicki Zeiger	1.00	^				+		0.		٠.			0.
Director	1.00	x						0.		0.			0.
(22) Vishal Mehta	1.00					1							••
Director		x						0.		0.			0.
(23) Martha Rodriguez	1.00							-					
Director (part year)		х						0.		0.			0.
(24) Emerita Silva	1.00												
Director (part year)		х						0.		0.			0.
		-											
4. 0.1							Ļ	100 716				- 26	056
1b Subtotal								180,716.		0.			,056. 0.
c Total from continuation sheets to Part VI								180,716.		0.		36	,056.
d Total (add lines 1b and 1c)							ho r	· · · · · · · · · · · · · · · · · · ·	000 of reportab				,050.
compensation from the organization	ot illilited to ti	1030	iiott	ou a	DOV	C) W	1101	cocived more than \$100	,000 or reportab				1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу (emp	loye	e, o	r hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		х
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							relat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	per	son					5		Х
Section B. Independent Contractors									ф., оо оо о				
1 Complete this table for your five highest co the organization. Report compensation for	•	•							·	ipens	ation	rom	
(A)	ine calendar y	eai	enui	ng v	VILII	OI W	111111	(B)	year.		(0	<u> </u>	
Name and business address NONE Description of services										С	ompe		n
2 Total number of independent contractions (noludina but :-	o+ 1:	mitc	d +c	the	100 II	etee	d abovo) who received	noro than				
Total number of independent contractors (i \$100,000 of compensation from the organization from the organi		iUL II	iiile	u iO	. 1110	ose II	sieC	above, who received if	IOIE HIAH			000	

46-2857532

Form 990 (2021) A Step Beyo
Part VIII Statement of Revenue

		Check if Schedule O contains a re	enonea	or note to any line	a in this Part VIII			
		Check if Schedule O contains a re	sponse	or note to any line	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	from tax under sections 512 - 514
<u>(0 (0 </u>								Sections 512 - 514
Ints			а	$\overline{}$				
윤일			b					
Contributions, Gifts, Grants and Other Similar Amounts			С	158,950.				
ia gi		·····-	d					
ns,		J \ ⊢	е	179,900.				
e ë	f	All other contributions, gifts, grants, and		- 1				
호취		similar amounts not included above 1	f	1,132,333.				
gu	g	Noncash contributions included in lines 1a-1f	g \$	33,773.				
<u>a Ö</u>	h	Total. Add lines 1a-1f			1,471,183.			
				Business Code				
9	2 a	Dance Concert		711120	1,112.	1,112.		
e Ž	b	,						
S I	С	:						
eve	d							
Program Service Revenue	е	,						
<u> </u>	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,112.			
	3	Investment income (including dividend						
		other similar amounts)						
	4	Income from investment of tax-exemp						
	5	Royalties						
			Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
	c	- · · · · · · · · · · · · · · · · · · ·						
		Not rental income or (loss)						
		· · · · · · · · · · · · · · · · · · ·	urities	(ii) Other				
	, u	· · ·	6,295.	(.,,				
	h	Less: cost or other basis	,					
<u>o</u>	b		6,295.					
eur	_	Gain or (loss) 7c	0.					
ev.		. ,		•	0.			
her Revenue		Net gain or (loss)			٠.			
O th	8 a	•						
٠								
		contributions reported on line 1c). See		24 050				
		Part IV, line 18		34,850. 82,527.				
		Less: direct expenses			-47,677.			47 677
		Net income or (loss) from fundraising e		>	-47,077.			-47,677.
	у а	Gross income from gaming activities.						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming active	/ities	>				
	10 a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
\rightarrow	С	Net income or (loss) from sales of inve	ntory					
<u> </u>				Business Code				
eo e	11 a	·						
Miscellaneous Revenue	b							
Se	С							
ĭä⊤		All other revenue		900099	1,950.			1,950.
	е	Total. Add lines 11a-11d		>	1,950.			
	12	Total revenue See instructions			1 426 568.	1 112.	0.	-45 727.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon			<u> </u>	Х
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotai expenses	expenses	general expenses	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	6,523.	6,523.		
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	250,814.	143,852.	46,776.	60,186.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	7.50			6.5
_	persons described in section 4958(c)(3)(B)	750.	544.	141.	65.
7	Other salaries and wages	502,065.	376,929.	30,076.	95,060.
8	Pension plan accruals and contributions (include	16 204	10 200	2 202	2 504
_	section 401(k) and 403(b) employer contributions)	16,304.	10,320.	2,393.	3,591. 325.
9	Other employee benefits	9,848. 58,862.	7,740. 42,916.	1,783. 5,107.	10,839.
10	Payroll taxes	50,002.	42,910.	5,107.	10,639.
11	Fees for services (nonemployees):				
	Management	419.		419.	
b		17,413.		17,413.	
	Accounting	17,413.		17,413.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	133,458.	115,663.	3,495.	14,300.
12	Advertising and promotion	38,497.	6,339.	9,994.	22,164.
13	Office expenses	46,993.	7,830.	37,915.	1,248.
14	Information technology	10,920.	7,915.	2,060.	945.
15	Royalties	,	,		
16	Occupancy	76,634.	67,648.	7,900.	1,086.
17	Travel	7,786.	7,786.	,	·
18	Payments of travel or entertainment expenses	·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,509.	31.	3,478.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	50,113.	33,807.	14,821.	1,485.
23	Insurance	18,432.	11,930.	5,814.	688.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	Prgm materials/supplies	72,835.	67,839.	4,996.	
b	Staff development	11,745.	9,470.	1,871.	404.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,333,920.	925,082.	196,452.	212,386.
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)				F 000 (2024)

Form 990 (2021)
Part X Balance Sheet 46-2857532 A Step Beyond Page **11**

Га	IL A	Check if Schodule O centains a reasons or	noto to -	ny lina in thia Dart V			
		Check if Schedule O contains a response or	поте то а	ny iine in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,014,127.	1	1,053,917.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			62,500.	3	88,500.
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
ξ	7	Notes and loans receivable, net		The state of the s		7	
Assets	8	Inventories for sale or use				8	17,478.
¥	9	Prepaid expenses and deferred charges			7,339.	9	72,804.
	10a	Land, buildings, and equipment: cost or other					·
		basis. Complete Part VI of Schedule D	I	1,012,857.			
	b	Less: accumulated depreciation			873,105.	10c	832,991.
	11	Investments - publicly traded securities			11	· ·	
	12	Investments - other securities. See Part IV, li			12		
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	1,957,071.	16	2,065,690.		
	17	Accounts payable and accrued expenses	_		31,486.	17	47,457.
	18	Grants payable				18	· ·
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
ģ	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
abi		controlled entity or family member of any of				22	
Ï	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel		_		24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I					
		of Schedule D		,		25	
	26	Total liabilities. Add lines 17 through 25			31,486.	26	47,457.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			1,829,139.	27	1,914,917.
Ва	28	Net assets with donor restrictions			96,446.	28	103,316.
pur		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29		
set	30	Paid-in or capital surplus, or land, building, o		F		30	
As	31	Retained earnings, endowment, accumulate				31	
Net	32	Total net assets or fund balances			1,925,585.	32	2,018,233.
_	33	Total liabilities and net assets/fund balances			1,957,071.	33	2,065,690.

Form **990** (2021)

A Step Beyond 46-2857532 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,426,568. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 1,333,920. 92,648. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,925,585. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 2,018,233. column (B)) Part 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: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis X Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b 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 c 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? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-2857532 A Step Beyond Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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

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

Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 966,964. 1,006,093. 1,103,323. 1,276,313. 1,471,183. 5,823,876. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9,022. 5,730. 1,556. 1,950. 18,258.	Sec	ction A. Public Support						
membership flees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities turnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Javasca line 5 from line 4 8 Gross income from Indeed. 9 A Total Support 6 Public support. Services or facilities to the unit of the organization of the publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 6 Public support. Javasca line 5 from line 4 9 Ross income from Indeed. 9 Ross income from Indeed. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 9 Anounts from increated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI). 9 Anounts from increated business activities, whether or not include gain or loss from the sale of capital assets (Explain in Part VI). 9 A received the companies of the organization of Public Support Percentage 9 Net income from unrelated business activities, whether or not the organization of Public Support Percentage for 2021 line 6, column (f), divided by line 11, column (f)). 10 It is 19 years. If the Form 990 is for the organization did not check the box on line 13, and line 14 is 33 1/9% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10 10 Years—and—circumstances test—2021. If the organization of ind not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, had been contained and the position of and check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here.	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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	172							
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organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·				•		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	•				•		

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	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on 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.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2021 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly s	supported organiz	ation	▶□
ł	33 1/3% support tests - 2020. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19b check t	his box and see in	structions	

Schedule A (Form 990) 2021 A Step Beyond 46-2857532 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 design					
	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		
	3с		
	4a		
	4b		
	713		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	0-		
	9с		
	10a		
	10b		
_			

Pa	rt IV Supporting Organizations (continued)			
	(oshandod)		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		
Sec	ction 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 officers,			
	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 supported			
	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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction 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		
Sec	ction 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		
3	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		
Sec	ction 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 yea(see instructions)	-		
а				
b				
С		structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	0-		
ل	that these activities constituted substantially all of its activities.	2a		
a	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	Oh.		
2	these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 32 and 3b below.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jd		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	11 3			

 Schedule A (Form 990) 2021
 A Step Beyond
 46-2857532
 Page 6

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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):				
а	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 integra	ted Type III supporting org	anization (see	

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	าร	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 t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	Section E - Distribution Allocations (see instructions) (i) Excess Distributions Underdistribut Pre-2021			ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 A Step Beyond 46-2857532 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,

Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
Schedule A, Part II, Line 10, Explanation for Other Income:					
Other Income					
2017 Amount: \$ 9,022.					
2018 Amount: \$ 5,730.					
2019 Amount: \$ 1,556.					
2021 Amount: \$ 1,950.					

Schedule B (Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Name of the organization

A Step Beyond

46-2857532

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	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						
	s covered by the General Rule or a Special Rule . (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), 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							
answer "No" on Part IV, line	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must inswer "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).						

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

A Step Beyond

46-2857532

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) (d) Total contributions Type of contribution			
1		Person X Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
4		\$ 96,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
5		\$ 90,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution			
6		Person X Payroll Noncash (Complete Part II for			

Name of organization

Employer identification number

A Step Beyond

46-2857532

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		
7		\$ 75,000.	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		
8		\$ 58,577.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$\$	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		
10		\$\$	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		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

A Step Beyond 46 - 2857532Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Clothing 1 17,478. 09/30/22 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of or	rganization		Employer identification number			
A Step B	evond		46-2857532			
Part III) through (e) and the following line er charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Ī		(e) Transfer of gi	ft			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
_	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gi	ft Relationship of transferor to transferee			

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

Open to Public Inspection

Name of the organization

A Step Beyond

Employer identification number

46-2857532

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		s or Accounts. Complete if the
	organization answered Tes Off Official 330, Fartiv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	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 str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Tracquires or C	Other Similar Assets
Ра	till Organizations Maintaining Collections or Complete if the organization answered "Yes" on Form		Other Sillinar Assets.
10			and balance sheet works
ıa	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	•	
	,	,	'
	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in turn	therance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		L
•			
2	If the organization received or held works of art, historical tre		ai gairi, provide
_	the following amounts required to be reported under FASB A	-	•
a	Revenue included on Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		🖊 🔻

	dule D (Form 990) 2021 A Step Beyo							46-28575		Pag	<u>е 2</u>
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Oth	er Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	c		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Par			J				, ,	,		
	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
_	, ee, expram the arrangement in rail and								Amount		
С	Beginning balance						1c				_
	Additions during the year										
e	Distributions during the year										
f	Ending balance										—
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.	· · ·								H.	140
Pai											
	2 Indextillers and complete	(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears ba	ick
10	Beginning of year balance	(a) carrett year	(2):	,	(0)		()		(5)	,	
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
Ť	Administrative expenses										
g	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr	rent year end baland	•	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	·	%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for t	he organi	zation	г,		
	by:									Yes 1	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered		-		1						
	Description of property	(a) Cost or o			t or other		ccumulate		(d) Book	value	
		basis (investr	ment)	basis	(other)	de	preciation				
	Land										
	Buildings				830,340.			092.		740,2	
	Leasehold improvements				59,239.			689.		34,5	
d	Equipment				64,611.			633.		32,9	
	Other				58,667.		33,	452.		25,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)			▶		832,9	91.

Scriedule D (Form 990) 2021 In Beep Beyond		10 /	2037332 Fage 0
Part VII Investments - Other Securities.	n Form 000 Dort IV line	11h Coo Form 000 Port V line 10	
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	l-of-vear market value
(A) El Colo de	(b) Book value	(c) Mothod of Valuation. Cost of one	Toryour market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) 7
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	,,,		(b) Book value
(1) Federal income taxes			. ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2 Liability for uncertain tax positions. In Part XIII. provide t		-	that reports the

Schedule D (Form 990) 2021 A Step Beyond 46-2857532 Page **4**

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	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	Dona	ted services and use of facilities	2b		
С	Reco	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3		act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		tment expenses not included on Form 990, Part VIII, line 7b	·· 		
		(Describe in Part XIII.)	<u>- </u>		
_		ines 4a and 4b			
5 D 2		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial States			
Га	I L AII	· · ·	-	nises per neturn.	
_	Total	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		1	
1		expenses and losses per audited financial statements			
2 a		ınts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities	2a		
		year adjustments			
c		losses			
		(Describe in Part XIII.)			
		ines 2a through 2d		2e	
3		act line 2e from line 1			
4		ints included on Form 990, Part IX, line 25, but not on line 1:			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	·· 		
С	Add li	nes 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIII	Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pad 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac		Part V, line 4; Part X, line 2; Part XI	,

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Schedule G (Form 990) 2021

Name of the organization Employer identification number 46-2857532 A Step Beyond Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Pa	ıπ	of fundraising events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
		or furidialsing event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			Wine Tasting	Community	None	(d) Total events
			Benefit	Reception	110110	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Jue			(overit type)	(overne type)	(total Harrison)	
Revenue	1	Gross receipts	181,800.	12,000.		193,800.
	2	Less: Contributions	148,650.	10,300.		158,950.
	3	Gross income (line 1 minus line 2)	33,150.	1,700.		34,850.
	4	Cash prizes				
"	5	Noncash prizes				
pense	6	Rent/facility costs		6,899.		6,899.
Direct Expenses	7	Food and beverages	46,225.	903.		47,128.
ā	8	Entertainment	600.			600.
	9	Other direct expenses		960.		27,900.
	10	Direct expense summary. Add lines 4 through				82,527.
	11	Net income summary. Subtract line 10 from I				-47,677.
Pa						•
		\$15,000 on Form 990-EZ, line 6a.				
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(4) 590	bingo/progressive bingo	(e) earler garring	col. (a) through col. (c))
3ev						
_	1	Gross revenue				
S	2	Cash prizes				
pense	3	Noncash prizes				
Direct Expenses						
Ö	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
			,(=)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	· · · · · · · · · · · · · · · · · · ·		year?	Yes No
N.		100, 6APIGIII.				

Sch	edule G (Form 990) 2021 A Step Beyond 46-28	857532		Page 3
11	Does the organization conduct gaming activities with nonmembers?	\Box	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. \square	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	: If "Yes," enter name and address of the third party:			
	Name ▶			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	<u> </u>			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	'art III, li	nes 9,	9b, 10b,
	rob, 100, 10, and 175, as applicable. 7 los provide any additional information. See instructions.			
Sch	edule G			
Par	t II, Line 11 is showing that the fundraising events generated a			
los	s of \$47,677. In accordance with the instructions, the portion of			
Gro	ss Receipts represented by charitable contributions is excluded from			
the	net income summary reported on Line 11. If contribution revenue			
	e included, the events would result in net income of \$111,273.			
WET	o included, one evenes would lessife in net income of pill,2/3.			

Schedule (G (Form 990)	A Step Beyond	46-2857532	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
A Step Beyond 46-2857532					46-2857532		
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or ass	istance?						Yes No
2 Describe in Part IV the organization's p	rocedures for moni	toring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to recipient that received more than					anization answered "`	Yes" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization			ne line 1 table				>

Schedule I (Form 990) 2021 A Step Beyond 46-2857532 Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
irect assitance, rent, and utility support	7	6,523.	0.		
Part IV Supplemental Information. Provide the information					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Many ASB families became unemployed or saw a dramatic reduction in work

hours as a result of the pandemic. In fact, a survey of our families in

January of 2022 showed that 69% of families had at least one adult in the

home that was unemployed or saw a dramatic reduction in work hours as a

result of the pandemic. As a result, we saw a big increase in the need for

crisis intervention support. Therefore, ASB raised new, restricted funding

to provide additional emergency food, rent, and utility assistance to these

families in crisis, following a rigorous intake process. Grant recipients

Schedule I	(Form 990) A Step Beyond	46-2857532	Page 2
Part IV	(Form 990) A Step Beyond Supplemental Information		
were cho	se based on a detailed assessment of the specific need. Ongoing		
case man	agement meetings were conducted on an as needed basis.		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number Name of the organization A Step Beyond 46-2857532

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods			17 478.	Selling Price			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2	16,295.	Selling Price			
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • (_)						
26	Other • ()						
27	Other • ()						
28	Other ()						
29	Number of Forms 8283 received by the o	organization durin	g the tax year for o	contributions				
	for which the organization completed For	m 8283, Part V, [Donee Acknowledg	jement 29			0	
					,		Yes	No
30a	During the year, did the organization rece	•			-			
	must hold for at least three years from th		al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding p					30a		X
b	If "Yes," describe the arrangement in Par							
31	Does the organization have a gift accepta					31	Х	
32a	Does the organization hire or use third pa	arties or related of	rganizations to soli	cit, process, or sell noncash				
						32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amour	nt in column (c) fo	or a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Schedule	e M, Part I, Column (b):
	per of contributions represent the number of contributions
	l, not the number of items donated.
	·/ ···································

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

A Step Beyond

Inspection **Employer identification number** 46-2857532

Form 990, Part VI, Section A, line 2:
Family relationship - Frank Foster and Janet Foster
Family relationship - Jay Culbertson and Leslie Culbertson
Family relationship - Dan Platt and Bonnie Platt
Family relationship - Brian Bedford and Kimberly Mayes-Bedford
Form 990, Part VI, Section A, line 8b:
The organization has no committees with authority to act on behalf of the
governing body. Therefore, this line was answered no in accordance with
the instructions.
Form 990, Part VI, Section B, line 11b:
Form 990 is prepared by an independent CPA firm, reviewed in detail by the
organization's executive committee, and reviewed and approved by the
organization's finance committee. The public disclosure copy of the Form
990 is then provided to the board of directors prior to filing with the
IRS.
Form 990, Part VI, Section B, Line 12c:
Board members and staff are annually asked to fill out a Conflict of
Interest form which are reviewed by the CEO/Executive Director. An
independent board member reviews the CEO/Executive Director's form.
Transactions are monitored by leadership. Should any potential conflicts
of interest be disclosed, the board member or officer would be asked to
refrain from participation in any deliberation or decision with regard to
matters affected by the relationship

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization A Step Beyond	Employer identification number 46-2857532
	•
Form 990, Part VI, Section B, Line 15a:	
The independent board is responsible for annually establishing the	
CEO/Executive Director's compensation. The Governance, Nominations, and	
Compensation Committee of the board compiles a compensation analysis using	
comparability data from various sources and presents this information to	
the board. The independent board then examines the data and votes to	
approve the compensation of the CEO. The process is documented in the	
board minutes, applicable personnel file, and the Executive Compensation	
Policy.	
Form 990, Part VI, Section B, Line 15b:	
The organization does not compensate any other officers or key employees.	
Therefore, this line was answered no in accordance with the instructions.	
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents, conflict of interest policy, and	
financial statements are made available to the public upon request.	
Form 990, Part IX, Line 11g, Other Fees:	
Tutoring:	
Program service expenses 42,990.	
Management and general expenses 0.	
Fundraising expenses 0.	
Total expenses 42,990.	
Dance Instructors:	
Program service expenses 42,941.	
	Cabadala 0 (Farma 000) 000

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** A Step Beyond 46-2857532 0. Management and general expenses Fundraising expenses 0. Total expenses 42,941. Other: 29,732. Program service expenses Management and general expenses 3,495. Fundraising expenses 14,300. Total expenses 47,527. Total Other Fees on Form 990, Part IX, line 11g, Col A 133,458.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print A Step Beyond 46-2857532 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 340 N Escondido Blvd. return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Escondido, CA 92025 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 07 James Wright Telephone No. ► 760-670-3250 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 」. If it 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 August 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: or ► X tax year beginning OCT 1, 2021 , and ending SEP 30, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period

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 instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

any nonrefundable credits. See instructions.

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Form **8868** (Rev. 1-2022)

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