



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , 2009, **and ending** ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization EASTERN PENNSYLVANIA DOWN SYNDROME CENTER	D Employer identification number 23-2828404
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 6900 HAMILTON BLVD PO BOX 60	E Telephone number (610) 402-0184
		City or town, state or country, and ZIP + 4 ALLENTOWN PA 18104	F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) _____

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

I Website: N/A

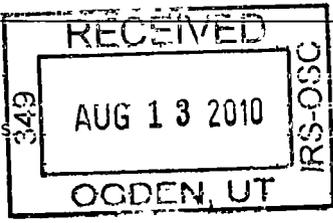
J Tax-exempt status (check only one) - 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 124,407.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	97,862.
2 Program service revenue including government fees and contracts	2	16,451.
3 Membership dues and assessments	3	1,860.
4 Investment income	4	266.
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ 97,862. of contributions reported on line 1)	6a	7,968.
b Less direct expenses other than fundraising expenses	6b	6,463.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	1,505.
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	117,944.
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	41,061.
13 Professional fees and other payments to independent contractors	13	16,250.
14 Occupancy, rent, utilities, and maintenance	14	9,956.
15 Printing, publications, postage, and shipping	15	990.
16 Other expenses (describe ▶ See Other Expenses Statement)	16	26,145.
17 Total expenses. Add lines 10 through 16	17	94,402.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	23,542.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	159,823.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	183,365.



SCANNED AUG 30 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	159,823.	183,365.
23 Land and buildings	0.	0.
24 Other assets (describe _____)	0.	0.
25 Total assets	159,823.	183,365.
26 Total liabilities (describe _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	159,823.	183,365.

238

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PROVIDE INFO AND MED EVALS ON DOWN SYNDROME		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	HUMAN SERVICES - PERFORM MEDICAL EVALUATIONS ON INFANTS, ADOLESCENTS AND ADULTS WITH DOWN SYNDROME (0-60 CLIENTS) (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	14,996.
29	HUMAN SERVICES - SPONSOR VARIOUS WORKSHOPS, PUBLISH A QUARTERLY NEWSLETTER, RESPOND TO QUESTIONS RELATED TO ISSUES/CONCERNS RELATED TO DS, MAINTAIN LIBRARY (0-200) (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,459.
30	EDUCATION - SPONSOR A ONE DAY CONFERENCE IN THE LEHIGH VALLEY AND BEGIN THE PROCESS OF ESTABLISHING A POST SECONDARY EDUCATION PROGRAM AT LOCAL UNIVERSITY. (0-150) (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4,959.
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	25,414.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
ANN MARIE DOLINISH-MELTZER 3226 FALLOW DRIVE ALLENTOWN PA 18104	STAFF 10.00	7,940.	0.	
BARBARA WURTH 525 6TH AVENUE BETHLEHEM PA 18018	BOARD MEMBER 1.00	0.	0.	
CHRIS FARRELL 3306 MORAVIAN COURT BETHLEHEM PA 18020	BOARD MEMBER 1.00	0.	0.	
DON LEVICK, MD, MBA 6900 HAMILTON BLVD TREXLERTOWN PA 18104	MEDICAL DIRECTOR 4.00	0.	0.	
KATE TOUZEAU 3563 STONEGATE DRIVE CENTER VALLEY PA 18034	BOARD MEMBER 1.00	0.	0.	
JASON ANDERSON 6900 HAMILTON BLVD TREXLERTOWN PA 18104	BOARD MEMBER 1.00	0.	0.	
STEVE NEARY 3940 HAMLOCK PLACE BETHLEHEM PA 18017	TREASURER 1.00	0.	0.	
LILYAN FRISCH 313 DEKA ROAD FLEETWOOD PA 19522	BOARD MEMBER 1.00	0.	0.	
KEITH FRISCH 313 DEKA ROAD FLEETWOOD PA 19522	PRESIDENT 4.00	0.	0.	
MARIA FLORYSHAK 2022 BROOK CIRCLE MACUNGIE PA 19062	STAFF 15.00	11,340.	0.	
PATTI MERTZ 388 GRIM ROAD KUTZTOWN PA 19530	STAFF 20.00	16,900.	0.	
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter.		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of **▶** STEVE NEARY Telephone no **▶** (610) 402-0184
 Located at **▶** 3226 FALLOW DRIVE ALLENTOWN PA ZIP + 4 **▶** 18104

		Yes	No
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶** **43** | _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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

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

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

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

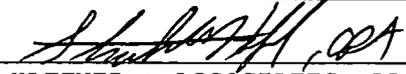
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

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

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

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

Sign Here
 ▶  Signature of officer
 ▶ 8-7-10 Date
 ▶ Stephen Neury Treasurer
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶  Date 07/20/10
 Check if self employed
 Preparer's Identifying Number (See instructions)
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HAFFNER & ASSOCIATES, LLC
 128 E MAIN ST
 MACUNGIE PA 18062-1311
 EIN ▶
 Phone no ▶ (610) 966-5137

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization EASTERN PENNSYLVANIA DOWN SYNDROME CENTER	Employer identification number 23-2828404
--	---

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

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives (1) more than 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	64,325.	40,900.	54,151.	98,062.	99,722.	357,160.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	11,631.	9,292.	14,109.	12,284.	16,451.	63,767.
3 Gross receipts from activities that are not an unrelated trade or business under section 513	1,555.	2,608.	2,939.	1,668.	266.	9,036.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	77,511.	52,800.	71,199.	112,014.	116,439.	429,963.
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						429,963.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	77,511.	52,800.	71,199.	112,014.	116,439.	429,963.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						429,963.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

CONTENTS

	<u>PAGE</u>
ACCOUNTANT' S REPORT	1
FINANCIAL STATEMENTS	
Statements of Assets, Liabilities and Fund Balances - Cash Basis	2
Statements of Support, Revenue And Expenses - Cash Basis	3
Changes in Net Assets - Cash Basis	4
Statement of Cash Flows - Cash Basis	5
Notes to Financial Statements	6 - 7

Phone 610-966-5137
Fax 610-966-0592
E-mail haffcpa@ptd.net
128 E. Main Street
Macungie PA 18062

Haffner & ASSOCIATES

Certified Public Accountants



To the Board of Trustees of
Eastern Pennsylvania Down Syndrome Center

We have reviewed the accompanying statement of assets, liabilities, and net assets-cash basis of Eastern Pennsylvania Down Syndrome Center (EPDSC) (a nonprofit organization) as of December 31, 2009 and 2008, and the related statement of revenues, expenses, and other changes in net assets-cash basis for the years then ended, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. All information included in these financial statements is the representation of the management of EPDSC.

A review consists principally of inquiries of EPDSC personnel and analytical procedures applied to financial data. It is substantially less in scope than an audit in accordance with generally accepted auditing standards, the objective of which is the expression of an opinion regarding the financial statements taken as a whole. Accordingly, we do not express such an opinion.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the cash basis of accounting, as described in Note 1.

Haffner & Associates, LLC

Macungie, Pennsylvania
August 1, 2010

Service, Value and Communication - Simply Separates Us from the Rest!

Member of the American Institute of Certified Public Accountants and the Pennsylvania Institute of Certified Public Accountants

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER
 STATEMENTS OF ASSETS, LIABILITIES AND FUND BALANCES-CASH BASIS
 DECEMBER 31, 2009 AND 2008

ASSETS

	December 31,	
	<u>2009</u>	<u>2008</u>
CURRENT ASSETS		
Cash - Investment	\$ 72,351	\$ 72,204
Cash - Checking	<u>111,014</u>	<u>87,619</u>
TOTAL ASSETS	<u>\$ 183,365</u>	<u>\$ 159,823</u>

LIABILITIES AND NET ASSETS

LIABILITIES	<u>\$ -</u>	<u>\$ -</u>
FUND BALANCE	<u>\$ 183,365</u>	<u>\$ 159,823</u>

The accompanying notes are an integral part of these financial statements.

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER
 STATEMENTS OF SUPPORT REVENUE AND EXPENSES-CASH BASIS
 FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

REVENUES	<u>2009</u>	<u>2008</u>
Contributions	\$ 97,862	\$ 95,800
Fund Raising Income	7,968	10,818
Fees-Services	13,170	10,994
Conference Fees	3,281	1,290
Membership Dues	1,860	2,262
Investment Income	266	1,668
TOTAL REVENUES	<u>\$ 124,407</u>	<u>\$ 122,832</u>
EXPENSES		
Wages	\$ 41,061	\$ 25,979
Rents	9,600	9,336
Medical Doctor Fees	14,250	12,900
Fund Raising Expenses	6,463	7,099
Payroll Taxes	2,842	3,439
ADP Processing Fee	910	1,026
New Parent Expense	357	569
Library Expenses	148	101
Internet Costs	-	195
Insurance	1,172	743
Conferences	2,608	1,075
Newsletter	576	459
Postage	414	788
Professional Expenses	2,000	750
Social Functions	3,964	1,539
Miscellaneous	470	973
Office Supplies	630	1,918
Buddy Walk/Expense and Donation to NDSS	9,597	20,506
Post Secondary Education Expense	2,352	630
Telephone	356	366
License and permits	150	125
Bank Service Charges	-	124
Advertising	198	-
Medical Supplies	747	-
TOTAL EXPENSES	<u>100,865</u>	<u>90,640</u>
CHANGE IN NET ASSETS	<u>\$ 23,542</u>	<u>\$ 32,192</u>

The accompanying notes are an integral part of these financial statements.

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER
Changes in Net Assets-Cash Basis
For the Years Ended December 31, 2009 and 2008

Balance - December 31, 2007	\$ 127,631
Excess of Revenues over Expenses- Year ended December 31, 2008	\$ 32,192
Balance - December 31, 2008	\$ 159,823
Excess of Revenues over Expenses- Year ended December 31, 2009	<u>\$ 23,542</u>
Balance - December 31, 2009	<u>\$ 183,365</u>

The accompanying notes are an integral part of these financial statements.

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER
Statement of Cash Flows-Cash Basis
For the Years Ended December 31, 2009 and 2008

	2009	2008
Change in Net Assets	\$ 23,542	\$ 32,192
Cash and Cash Equivalents at beginning of year	\$ 159,823	\$ 127,631
Cash and Cash Equivalents at end of year	183,365	159,823

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2009 AND 2008

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

NATURE OF ACTIVITIES:

Eastern Pennsylvania Down Syndrome Center (EPDSC) is a not-for-profit organization whose purpose is to provide comprehensive medical evaluations for infants, children, adolescents and adults with Down syndrome in a family centered model; provide consultative services to area physicians, health care providers and family; provide medical services locally for persons with Down syndrome and to serve as a community resource for families, service providers, service agencies, practitioners and the general public.

Basis of Accounting

The EPDSC's policy is to prepare its financial statements on the cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles. Under this basis, which it uses for its tax reporting, revenues are recognized when received rather than when earned. And the expenditures are recognized when paid rather than when incurred.

Estimates

The preparation of financial statements on the cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Recognition of Income from Investments

Income from investments is recognized on the cash basis. Security transactions, if applicable, are accounted for on a trade date basis.

Donated Services

During the years ended December 31, 2009 and 2008, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the EPDSC, but these services do not meet the criteria for recognition as contributed services.

EASTERN PENNSYLVANIA DOWN SYNDROME CENTER
 NOTES TO FINANCIAL STATEMENTS
 YEARS ENDED DECEMBER 31, 2009 AND 2008

Income Taxes

The EPDSC has qualified for tax exemption under Section 501(c)(3) of the Internal Revenue code and is classified by the Internal Revenue service as other than a private foundation. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

NOTE 2 - INVESTMENTS:

Investments are stated at fair value (which also represents carrying value) and are summarized as follows as of December 31, 2009:

	Fair Value
Schwab Money Market	\$ 11,234
Schwab Value Advantage	60,070
Total	\$ 72,204

NOTE 3 - LEASING ARRANGEMENTS

EPDSC conducts its operations from facilities that are leased under a five-year noncancelable operating lease expiring in October 2013. There is an option to renew the lease for an additional five years at an increased monthly rental.

The following is a schedule of future minimum rental payments required under the above operating leases as of December 31, 2009:

Year Ending December 31,	Amount
2010	\$ 11,669
2011	12,379
2012	11,660
2013	10,660
	\$ 46,308

Rental expense amounted to \$9,600 in 2009 and \$9,336 in 2008.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization EASTERN PENNSYLVANIA DOWN SYNDROME CENTER	Employer identification number 23-2828404
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions 6900 HAMILTON BLVD PO BOX 60	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ALLENTOWN PA 18104	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ STEVE NEARY -----

Telephone No ▶ (610) 402-0184 ----- 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 box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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