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Form **990-EZ****Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service**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.

**Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning** 7/01, **2009, and ending** 6/30, **2010****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C**  
**DOWN SYNDROME ASSOCIATION OF WISCONSIN**  
**INC**  
**3211 S LAKE DR #113**  
**SAINT FRANCIS, WI 53235-3719**

**D** Employer identification number

39-1681338

**E** Telephone number

414-327-3729

**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) ►**I** Website: ► WWW.DSAW.ORG**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**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

► \$ 206,235.

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

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	52,405.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	5,515.
	4	Investment income	4	2,370.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less: cost or other basis and sales expenses		
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	139,821.
6b	b Less: direct expenses other than fundraising expenses	6b	40,774.	
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	99,047.	
7a	a Gross sales of inventory, less returns and allowances	7a		
7b	b Less: cost of goods sold	7b		
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► SEE STATEMENT 1)	8	6,124.	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	165,461.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach schedule)	10	2,590.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	88,872.
	13	Professional fees and other payments to independent contractors	13	6,289.
	14	Occupancy, rent, utilities, and maintenance	14	9,458.
	15	Printing, publications, postage, and shipping	15	15,564.
	16	Other expenses (describe ► SEE STATEMENT 3)	16	63,265.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	186,038.
<b>ASSETS</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20,577.
	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	353,300.
	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	332,723.

**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	353,300.	332,123.
23 Land and buildings		
24 Other assets (describe ► SEE STATEMENT 4)		600.
25 <b>Total assets</b>	353,300.	332,723.
26 <b>Total liabilities</b> (describe ► SEE STATEMENT 5)	0.	0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	353,300.	332,723.

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

Form 990-EZ (2009)

02062011

TEEA0803L 01/30/10

INTERNAL REVENUE SERVICE  
KANSAS CITY, MO

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SCANNED MAR 10 2011

**Part III Statement of Program Service Accomplishments** (See the instructions.)What is the organization's primary exempt purpose? SEE STATEMENT 5

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

**Expenses**  
(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

<b>28</b>	<b>MEMBER EVENTS</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	40,043.
<b>29</b>	<b>MEMBER FUNCTIONS</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	34,407.
<b>30</b>	<b>OUTREACH</b>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	15,025.
<b>31</b>	Other program services (attach schedule)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32</b>	<b>Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	89,475.

**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
HEIDI DAUER 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	PAST PRESIDENT 4.00	0.	0.	0.
TOM O'DAY 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	VICE PRESIDENT 10.00	0.	0.	0.
RON MALLOY 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	EXECUTIVE DIREC 50.00	40,000.	0.	0.
NICOLE COOK 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	TREASURER 6.00	0.	0.	0.
ANDREW GERBITZ 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	MEMBER 2.00	0.	0.	0.
BEA GERBITZ 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	MEMBER 10.00	0.	0.	0.
BRIAN PERHACH 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	MEMBER 1.00	0.	0.	0.
ANGIE MAYER-FECH 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	PROGRAM DIR. 35.00	30,833.	0.	0.
DAVE LOEFFEL 3211 S LAKE DR, STE 113 SAINT FRANCIS, WI 53235-3719	MEMBER 1.00	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 6**

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	X	
<b>35</b> 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.		
<b>a</b> 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
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> 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
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> 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
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
<b>b</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. <b>40b</b>		X
<b>c</b> 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 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> 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 <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		

**42a** The organization's books are in care of **RITZ HOLMAN LLP** Telephone no. **414-271-1451**  
 Located at **330 E KILBOURN SUITE 550 MILWAUKEE WI** ZIP + 4 **53202**

	Yes	No
<b>b</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.		
<b>c</b> 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** ☐ N/A ☒ N/A

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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
<b>46</b> 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
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</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 ▶

<b>Sign Here</b>	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.	
	Signature of officer	Date
	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	RITZ HOLMAN LLP	N/A		(414) 271-1451
	330 E. KILBOURN STE. 550	N/A		
	MILWAUKEE, WI 53202-3144			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 ▶ <input type="checkbox"/>						

**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 <b>33-1/3 support test – 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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'.)	82,366.	71,472.	36,255.	63,025.	57,920.	311,038.
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						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 <b>Total.</b> Add lines 1 through 5	82,366.	71,472.	36,255.	63,025.	57,920.	311,038.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 <b>Public support.</b> (Subtract line 7c from line 6.)						311,038.

**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	82,366.	71,472.	36,255.	63,025.	57,920.	311,038.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,550.	4,967.	4,998.	5,294.	2,370.	20,179.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	2,550.	4,967.	4,998.	5,294.	2,370.	20,179.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 <b>Total support.</b> (add lines 9, 10c, 11, and 12.)						331,217.
14 <b>First five years.</b> 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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	93.9 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	94.7 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	6.1 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	5.3 %

- 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 ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

[illegible]

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 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. ▶ See separate instructions.**

OMB No 1545 0047

2009

**Open to Public Inspection**

Name of the organization DOWN SYNDROME ASSOCIATION OF WISCONSIN  
INC

Employer identification number  
39-1681338

## Part I

**Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Mail solicitations               | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Internet and email solicitations | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations              | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations          |  |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

[illegible]

**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 AWARENESS WALK (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	96,690.	39,217.		135,907.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	96,690.	39,217.		135,907.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,460.	16,383.		37,843.
	10 Direct expense summary Add lines 4- through 9 in column (d)				37,843.
	11 Net income summary. Combine lines 3, column (d) and line 10				98,064.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 1, column (d) and line 7					

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

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?

	YES	NO
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** 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 contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_**c** If 'Yes,' enter name and address of the third party

Name ▶

Address ▶

**16** Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided. ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****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 ▶ \$ \_\_\_\_\_

2009

## FEDERAL STATEMENTS

PAGE 1

DOWN SYNDROME ASSOCIATION OF WISCONSIN  
INC

39-1681338

STATEMENT 1  
FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE

MEMBER EVENT INCOME	\$	5,736.
MISCELLANEOUS		388.
<b>TOTAL</b>	<b>\$</b>	<b><u>6,124.</u></b>

STATEMENT 2  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	VARIOUS - LESS THAN \$5,000 INDIVIDUALLY	
CASH AMOUNT GIVEN:		\$ 2,590.

STATEMENT 3  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	871.
BANK CHARGES		1,037.
COMPUTER RELATED EXPENSES		2,812.
CONFERENCES, CONVENTIONS, AND MEETINGS		4,541.
CVC EXPENSE		8,509.
EQUIP RENTAL & MAINTENANCE		1,430.
FOX CITIES EXPENSE		3,789.
INSURANCE		1,415.
MEMBER EVENT EXPENSE		13,933.
MISCELLANEOUS		3,464.
MOVING EXPENSE		10,176.
OFFICE EXPENSES		1,517.
OUTREACH PROGRAM		3,621.
RESOURCE MATERIALS		794.
TELEPHONE		2,045.
TRAVEL		1,031.
WEBSITE		2,280.
<b>TOTAL</b>	<b>\$</b>	<b><u>63,265.</u></b>

STATEMENT 4  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
SECURITY DEPOSITS	\$ 0.	\$ 600.
<b>TOTAL</b>	<b>\$ <u>0.</u></b>	<b>\$ <u>600.</u></b>

2009

**FEDERAL STATEMENTS**  
**DOWN SYNDROME ASSOCIATION OF WISCONSIN**  
**INC**

**PAGE 2**

39-1681338

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

AWARENESS, ACCEPTANCE AND ASSISTANCE TO FAMILIES AND PEOPLE WITH DOWN SYNDROME  
THAT LIVE IN WISCONSIN.

**STATEMENT 6**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### WISCONSIN SUPPLEMENT TO FINANCIAL REPORT ON FORM OTHER THAN FORM #308

This form requires a Federal Form 990 or other supporting document, and 2 different signatures.

#### PLEASE TYPE OR PRINT IN INK

NAME OF ORGANIZATION DOWN SYNDROME ASSOCIATION OF WISCONSIN, INC.	WISCONSIN REGISTRATION NUMBER
ADDRESS (NUMBER AND STREET) OR P.O. BOX 3211 S. LAKE DRIVE, SUITE 113	FEDERAL EMPLOYER I.D. NUMBER 39-1681338
CITY OR TOWN, STATE, ZIP CODE SAINT FRANCIS, WI 53235	ORGANIZATION'S DAYTIME PHONE NUMBER 414-327-3729
INDICATE ORGANIZATION TYPE <input type="checkbox"/> Civic & Social Action <input type="checkbox"/> Health Services <input type="checkbox"/> Culture <input type="checkbox"/> Education & Research <input checked="" type="checkbox"/> Human Services <input type="checkbox"/> Other	ACCOUNTING METHOD <input type="checkbox"/> Cash <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Accrual

ACCOUNTING PERIOD    Beginning Date 7/1/09    Ending Date 6/30/10

1    Public Support .....	1	52,405
(Enter total direct public support such as: contributions, gifts, grants-but not government grants-and bequests received directly from the public. This line includes indirect public support, such as: contributions received through solicitation campaigns conducted by federated fund-raising agencies like United Way, or affiliate organizations.)		
2    Other Revenues .....	2	113,056
3    Total Revenue (line 1 plus line 2) .....	3	165,461.00
4    Expenses:		
a    Expenses Allocated to Program Services .....	4a	89,476
b    Expenses Allocated to Management and General .....	4b	69,902
c    Expenses Allocated to Fund-raising .....	4c	26,660
d    Expenses Allocated to Payments to Affiliates .....	4d	
e    Total Expenses .....	4e	186,038.00
5    Excess or Deficit (line 3 minus line 4e) .....	5	(20,577.00)
6    Net Worth at Beginning of Year .....	6	353,300
7    Other Changes in Net Assets .....	7	
8    Net Worth at End of Year .....	8	332,723

#### PLEASE TYPE OR PRINT IN INK

NAME OF INDIVIDUAL TO CONTACT REGARDING INFORMATION ON THIS FORM RON MALLOY	DAYTIME TELEPHONE NUMBER 414-327-3729
ADDRESS (NUMBER AND STREET) 3211 S. LAKE DRIVE, SUITE 113	
CITY OR TOWN, STATE, ZIP CODE SAINT FRANCIS, WI 53235	

# Wisconsin Department of Regulation & Licensing

ADDITIONAL QUESTIONS	YES	NO
9. Did your organization receive contributions over \$400,000 during the fiscal year? If so, you <b>must</b> file an audited financial statement and the opinion of an independent certified public accountant on the financial statement. If your organization received over \$200,000 in contributions, a review by an independent certified public accountant is required.		X
10. Have you <b>attached a list</b> of all officers, directors, trustees and the principal salaried employees? Include their name, address, title, and the date their term ends. <b>Compensation must be clearly stated.</b>	X	
11. For solicitation in Wisconsin, did your organization use a professional fund-raiser or fund-raising counsel or did your organization pay a person to solicit contributions, other than a salaried officer or employee of your organization? <b>If yes, indicate name and address.</b>		X
12. Has there been a <b>name change</b> of the organization, <b>change of address</b> of the principal office or any branch office located in Wisconsin, <b>change in the accounting period</b> , change in the names of the persons within the organization who have final authority for custody or final distribution of contributions, or change in the articles, by-laws or statement of purpose? If yes, and not already submitted within 30 days, as required, give changes and attach document. <b>If a corporation, and the name has changed, you must attach a copy of the name change amendment.</b>		X
13. Is your organization authorized by any other governmental authority to solicit contributions? If yes, provide name and address of governmental authority.		X
14. Has your organization ever had its authority to solicit contributions denied, suspended, revoked or enjoined by a court or other governmental authority? <b>If yes, attach an explanation.</b>		X
15. Do you intend to accumulate an increasing surplus in net worth, rather than spend current revenue on the organization's stated purpose? <b>If yes, attach an explanation.</b>		X
16. Did the organization make a grant, award, or contribution to any organization in which any of its officers or directors hold an interest; or was it a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director receive anything of value not reported above as compensation? <b>If yes to any of the above, attach an explanation.</b>		X
17. Does your organization solicit contributions under any name other than the name listed in the first blank space on the reverse side? <b>If yes, list here any additional name(s).</b>		X

DESCRIBE THE CHARITABLE PURPOSES FOR WHICH CONTRIBUTIONS WILL BE USED OR ATTACH A DOCUMENT WHICH PROVIDES SUCH INFORMATION. SEE FORM 990

## CERTIFICATION - TWO DIFFERENT SIGNATURES ARE REQUIRED BY LAW

We swear and affirm that we have reviewed this report, including the accompanying schedules and statements, and to the best of our knowledge the information furnished is true, correct and complete.

Date	Title	Signature of President or Authorized Officer

Date	Title	Signature of Chief Fiscal Officer