

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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

Part I Summary: B Check if applicable: C Name of organization: DOWN SYNDROME ASSOC OF GRTER CNTY; D Employer identification no. 31-1051378; E Telephone number (513) 761-5400; F Name and address of principal officer: PATRICK MCNICKLE; G Gross receipts \$ 597,892; H(a) Is this a group return for affiliates? No; H(b) Are all affiliates included? No; H(c) Group exemption number; I Tax-exempt status: 501(c) (3); J Website: DSAGC.COM; K Form of organization: Corporation; L Year of formation: 1981; M State of legal domicile: OH

Part II Summary: 1 Briefly describe the organization's mission or most significant activities: THE DSAGC IS A NON-PROFIT ORGANIZATION ESTABLISHED IN 1981 WITH A HISTORY OF RESPONDING TO THE CHANGING NEEDS OF INDIVIDUALS WITH DOWN SYNDROME. 2-7a: Governing body and revenue information. 7b: Net unrelated business taxable income. 8-12: Revenue (Prior Year: 677,564; Current Year: 544,876). 13-19: Expenses (Prior Year: 645,388; Current Year: 573,262). 20-22: Net assets or fund balances (Beginning of Current Year: 680,889; End of Year: 647,638).

Part III Signature Block

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: PATRICK MCNICKLE, PRESIDENT

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 09-17-2010, Check if self-employed: [], Preparer's identifying number: [], Firm's name: Berninger Maddox Inc, address: 3863 Glenmore Avenue, Cincinnati, OH 45211, Phone no.: 513-481-7727

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: THE DSAGC IS A NON-PROFIT ORGANIZATION ESTABLISHED IN 1981 WITH A HISTORY OF RESPONDING TO THE CHANGING NEEDS OF INDIVIDUALS WITH DOWN SYNDROME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 55,191 including grants of \$) (Revenue \$) OUTREACH & PUBLIC AWARENESS - THE OUTREACH PROGRAM AIMS TO ASSIST EDUCATORS, HEALTHCARE PROFESSIONALS AND OTHER COMMUNITY MEMBERS BY EXPANDING THEIR UNDERSTANDING OF THE UNIQUE CONTRIBUTIONS AND CAPABILITIES OF PEOPLE WITH DOWN SYNDROME.

4b (Code:) (Expenses \$ 52,642 including grants of \$) (Revenue \$) SCHOOL AGE MATTERS - ADDRESSES THE UNIQUE CONCERNS OF FAMILIES WITH CHILDREN AGES 6 THROUGH 17 WITH SOCIAL OPPORTUNITIES, EDUCATION AND ADVOCACY.

4c (Code:) (Expenses \$ 42,740 including grants of \$) (Revenue \$) ADULT MATTERS - DESIGNED FOR ADULTS AGES 18 AND UP. OFFERS OPPORTUNITIES FOR SHARING, SOCIALIZING AND LEARNING EXPERIENCES.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 267,211 including grants of \$) (Revenue \$)

4e Total program service expenses 417,784

Part VII Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational requirements and schedules, with 'Yes' or 'No' marked in the respective columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, loans, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, sub-column (e.g., 1a, 1b), and Yes/No columns. Rows include questions about U.S. Information Returns, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and deductible contributions.



Part VII 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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	18
b	Enter the number of voting members that are independent	1b	18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the form?	11	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	X
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	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **OH**
- 18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **LISA STEELE (513) 761-5400**

544 LINN ST SUITE 1128 CINCINNATI, OH 45203-1734

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JANET GORA EXECUTIVE DIRECTOR	40.00				X	X	61,065	0	0	
ROBEN DIXON TRUSTEE	1.00	X								
JEFF GRAHAM TRUSTEE	1.00	X								
LUCINDA HURST SECRETARY	1.00	X		X						
DOUG KAMMERER TRUSTEE	1.00	X								
SCOTT MACBACHEN VICE PRESIDENT	1.00	X		X						
BILL MCCLOY TRUSTEE	1.00	X								
PATRICK MCNICKLE PRESIDENT	1.00	X		X						
MELISSA KLINE SKAVLEM TRUSTEE	1.00	X								
TAYLOR TUZON TREASURER	1.00	X		X						
KRISTEN VONDERBRINK TRUSTEE	1.00	X								
CHRISTINA YEAGER PELATTI TRUSTEE	1.00	X								
DEREK FLETCHER TRUSTEE	1.00	X								
FRAN PALERMO TRUSTEE	1.00	X								
MATT SWENDIMAN TRUSTEE	1.00	X								
MIGUEL GARCIA TRUSTEE	1.00	X								

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director	Individual trustee or director	Officer	Key employee	Highest compensated employee	Former	Former			
LISA ARNOLD TRUSTEE	1.00	X									
JENNY MOTLEY TRUSTEE	1.00	X									
KECIA PRINGLE TRUSTEE	1.00	X									
1b Total 61,065 0 0											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	326,197				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	137,293				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		463,490				
Program Service Revenue	2a PROGRAM INCOME	Business Code 900099	11,947	11,947			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		11,947				
O t h e r R e v e n u e	3 Investment income (including dividends, interest, and other similar amounts)		10,913			10,913	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 326,197 of contributions reported on line 1c). See Part IV, line 18	a	109,862				
		b Less: direct expenses	b	53,016			
		c Net income or (loss) from fundraising events		56,846	56,846		
	9a Gross income from gaming activities. See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS	900099	1,680	1,680				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		1,680					
12 Total revenue. See instructions		544,876	70,473	0	10,913		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 5b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,283	5,283		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,065	39,082	8,549	13,434
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	239,542	152,705	32,033	54,804
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,229	2,590	804	845
9	Other employee benefits	7,054	4,333	1,343	1,378
10	Payroll taxes	23,835	15,207	3,218	5,410
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	31,553	29,385	1,380	788
12	Advertising and promotion				
13	Office expenses	33,195	30,154	1,504	1,537
14	Information technology				
15	Royalties				
16	Occupancy	44,484	30,563	5,253	8,668
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	75,169	72,047	875	2,247
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,253	4,253		
23	Insurance	4,229	2,825	537	867
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	SUPPLIES	7,715	6,340	553	822
b	BANK CHARGES/MERCHANT FEES	8,241	5,566	2,575	
c	BOARD ACTIVITIES	844		844	
d	DUES & MEMBERSHIPS	15,115	11,565	2,529	1,021
e	OTHER	7,456	5,796	1,660	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	573,262	417,784	63,657	91,821
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
A s s e t s	1	Cash - non-interest-bearing	26,372	1	98,628
	2	Savings and temporary cash investments	618,412	2	592,158
	3	Pledges and grants receivable, net	30,000	3	15,000
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(o)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	43,467		
	b	Less: accumulated depreciation	43,467	4,253	10c
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,852	18	1,852
16	Total assets. Add lines 1 through 15 (must equal line 34)	680,889	16	647,638	
L i a b i l i t i e s	17	Accounts payable and accrued expenses	9,677	17	6,184
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	9,677	26	6,184	
N e t A s s e t a n c e s	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	671,212	27	641,454
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	671,212	33	641,454	
34	Total liabilities and net assets/fund balances	680,889	34	647,638	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its methods of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	3a	X
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 in Schedule O and describe any steps taken to undergo such audits	3b	

Part I

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 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 furnished 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 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	<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 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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 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 any "unusual grants.")	539,242	562,241	642,251	663,232	475,437	2,882,403
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
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	539,242	562,241	642,251	663,232	475,437	2,882,403
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						2,882,403

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	539,242	562,241	642,251	663,232	475,437	2,882,403
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,022	16,930	22,240	18,336	10,913	73,441
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,022	16,930	22,240	18,336	10,913	73,441
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 lines 9, 10a, 11, and 12.)						2,955,844
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 <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	97.52	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.62	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.48	%
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 - 2009. If the organization did not check a box on line 14 or line 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

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

Schedule of Contributors
▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Name of the organization DOWN SYNDROME ASSOC OF GREATER CINTI	Employer identification number 31-1051378
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
6 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment (with values 43,467), e Other. Total row at the bottom.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	544,876
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	573,262
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	(28,386)
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	(28,386)

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	543,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	(1,385)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	(1,385)
3	Subtract line 2e from line 1	3	544,876
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	544,876

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	573,262
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	573,262
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)	5	573,262

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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	(b) Event #2	(c) Other Events	(d) Total Events	
		BUDDY WALK (event type)	GOLF (event type)	2 (total number)	Add col. (a) through col. (c)	
Revenue	1	Gross receipts	326,197	97,557	12,305	436,059
	2	Less: Charitable contributions	326,197			326,197
	3	Gross revenue (line 1 minus line 2)		97,557	12,305	109,862
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	23,387	21,134	8,495	53,016
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(53,016)
	11	Net income summary. Combine line 3, column (d), and line 10				56,846

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 tab instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		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 line 1, column (d), and line 7				

	Yes	No
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?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009



Department of the Treasury
Internal Revenue Service
Name of the organization

▶ Attach to Form 990.

Employer identification number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

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

A PDF COPY OF THE 990 WAS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING, AND WAS DISCUSSED
AT THE SEPTEMBER 2010 BOARD MEETING.

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

THE ORGANIZATION HAS ADOPTED A WRITTEN CONFLICT OF INTEREST POLICY, AND REQUIRES ALL BOARD
MEMBERS & KEY EMPLOYEES TO COMPLY WITH THE POLICY.

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

THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND
COMPENSATION ON AN ANNUAL BASIS

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

FORM 990 IS AVAILABLE ONLINE AT GUIDESTAR.COM

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (D)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$40347
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

EARLY MATTERS - PROVIDES SUPPORT, SOCIAL CONNECTIONS AND INFORMATION FOR FAMILIES WITH CHILDREN AGES BIRTH (AND PRENATALLY DIAGNOSED) THROUGH AGE 5.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Federal Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (I)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$35309
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

DS PRESS - THE D.S. PRESS SHARES CURRENT INFORMATION ON A VARIETY OF TOPICS RELATING TO DOWN SYNDROME. THESE TOPICS INCLUDE MEDICAL, EDUCATIONAL, AND A "PAGE FOR EVERY AGE". THE NEWSLETTER ALSO PUBLICIZES THE MEETINGS AND EVENTS SPONSORED BY THE DSAGC. THE D.S. PRESS IS PUBLISHED 6 TIMES PER YEAR AND CURRENTLY REACHES OVER 3,000 INDIVIDUALS INCLUDING PARENTS, PROFESSIONALS AND INDIVIDUALS WITH DOWN SYNDROME.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (O)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$35070
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

FAMILY EVENTS - THE DSAGC HOSTS A VARIETY OF EVENTS THROUGHOUT THE YEAR. THESE EVENTS ARE PURELY SOCIAL OPPORTUNITIES FOR OUR FAMILIES AND FRIENDS TO GATHER AND ENJOY FOOD, FELLOWSHIP AND FUN, SUCH AS THE ANNUAL HOLIDAY PARTY. THESE ARE REFERRED TO AS FAMILY EVENTS WHICH ARE HOSTED BY THE DSAGC.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (V)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$31387
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

NATIONAL ADOPTION AWARENESS PROGRAM - PROVIDES INFORMATION AND SUPPORT TO BIRTH PARENTS,
ADOPTIVE PARENTS AND ADOPTION AGENCIES THROUGHOUT THE UNITED STATES.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (~)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$25516
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

WEB PAGE - THIS UNIQUE, COMMUNITY WEBSITE GIVES ADULTS WITH DOWN SYNDROME A SAFE VENUE TO CHAT, VISIT AND LEARN ABOUT EACH OTHER'S INTERESTS SO PEER RELATIONSHIPS CAN DEVELOP ONLINE AND IN PERSON. THE PRIMARY GOAL OF THE WEBSITE IS TO INCREASE SOCIAL SUPPORT AND INCLUSION IN THE COMMUNITY IN ORDER TO DECREASE THE SOCIAL ISOLATION IDENTIFIED BY ADULTS WITH DOWN SYNDROME.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (+)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$23776
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

VOLUNTEER DEVELOPMENT - OUR ORGANIZATION CANNOT EFFECTIVELY SERVE THE NEEDS OF OUR FAMILIES AND COMMUNITY WITHOUT A STRONG BASE OF VOLUNTEER LEADERSHIP AND SUPPORT. WE HAVE MANY VOLUNTEER OPPORTUNITIES FOR PEOPLE WHO WANT TO BECOME INVOLVED IN OUR ORGANIZATION BY SHARING THEIR TIME AND TALENT.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (')

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$17510
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

ADVOCACY - EMPOWER INDIVIDUALS WITH DOWN SYNDROME BY PROMOTING SELF-DETERMINATION AND SELF-ADVOCACY AS THEY MAKE CHOICES IN LIFE, WORK AND RELATIONSEIPS.

EDUCATE FAMILIES BY PROVIDING QUALITY SUPPORT AND INFORMATION THROUGH INSPIRATION, NETWORKING OPPORTUNITIES AND EDUCATIONAL PROGRAMS.

ENHANCE COMMUNITIES BY CULTIVATING THE COMMUNITY OF PROFESSIONALS, LEADERS AND OTHERS SO THAT ANYONE WHO IMPACTS THE LIVES OF INDIVIDUALS WITH DOWN SYNDROME WILL WELCOME THEM WITH FAIRNESS, ENTHUSIASM AND ENCOURAGEMENT.

Statement of Program Service Accomplishments

2009 01

Name(s) as shown on return

Your Social Security Number

DOWN SYNDROME ASSOC OF GRTER CINTI

31-1051378

FORM 990, PART III (G)

PROGRAM SERVICE CODE	
PROGRAM SERVICE EXPENSES	\$58296
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE	\$0
PROGRAM SERVICES REVENUE	\$0

EXPLANATION

ALL OTHER PROGRAMS - THE DSAGC HAS CREATED A WIDE VARIETY OF PROGRAMS TO MEET THE NEEDS OF OUR FAMILIES AND PROFESSIONALS.