Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150

Open to Public Inspection

Α	For t	he 2013 calendar year, or tax year beginning , 2013, and ending		,
<u>B_</u>	Check	if applicable: C	Employer	identification number
-	ł	change DOWN SYNDROME ASSOCIATION OF THE	45-53	23200
H	Initial i	NODTH BAV	Telephone	
H	Termir	1275 FOURTH STREET #121	707-5	37-8001
H	i	ISANTA ROSA, CA 95404		
H		Pr	Number.	xemption
G			X if the	organization is not
ĺ				Schedule B (Form
J		cempt status (check only one) — X 501(c)(3) 501(c)(3) 501(c)(1) 4947(a)(1) or 527 527 990, 990-		
K	Form	of organization: X Corporation Trust Association Other		
L	Add asset	lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	otal ► \$	162,718.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions 1	
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received		2,174.
	2	Program service revenue including government fees and contracts.		2,1,1,
	3	Membership dues and assessments		
	4	Investment income.	. 4	156.
	5 a	Gross amount from sale of assets other than inventory		150.
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events	. 33	
R	_	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
V		Gross income from fundraising events (not including \$ of contributions		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum		
Ĕ		of such gross income and contributions exceeds \$15,000)		
		30,30).	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6d	100,932.
	7.	Gross sales of inventory, less returns and allowances	. Ou	100,932.
		Less: cost of goods sold		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	. 7c	
	8	Other revenue (describe in Schedule Q)		
	9			102 262
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		103,262.
	10 11	Benefits paid to or for members		
Ε	12	Salaries, other compensation, and employee benefits	. 12	
X P E		Professional fees and other payments to independent contractors.		1 216
E N	13	· ·		1,316.
N S E S	14	Occupancy, rent, utilities, and maintenance		420
Š	15	Other expenses (describe in Schedule O). SEE SCHEDULE O	-	430.
	16	Total expenses Add lines 10 through 16	. 16 ► 17	18,537.
	17 18	Total expenses. Add lines 10 through 16	10	20,283.
Ą				82,979.
NS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye		06 067
A NS EE T T S	20	figure reported on prior year's return)		86,967.
	20	Other changes in net assets or fund balances (explain in Schedule O).		160 046
<u> </u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	▶ 21	169,946.
ВA	A FO	r Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2013)

Par	Check if the organization used Sche	tructions for Part II) edule O to respond to any qu	estion in this Part II			X
				(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			86,967.	22	169,432.
23	Land and buildings	cee coneput		•	23	·
24			<u> </u>		24	3,514.
25	Total assets	CEE CCHEDIII	 F	86,967.		172,946.
26	Total liabilities (describe in Schedule O)	<u> </u>	0.	26	3,000.
27	Net assets or fund balances (line 27 of		•	86,967.	27	169,946.
Par	t III Statement of Program Service And Check if the organization used So				(Rea	Expenses uired for section 501
What	s the organization's primary exempt purpose? SE:		quostion in tino i air		(c)(3)) and 501(c)(4)
Desc	ribe the organization's program service a sured by expenses. In a clear and concis	accomplishments for each of	its three largest pro	gram services, as		nizations and section (a)(1) trusts; optional
meas	sured by expenses. In a clear and concis fited, and other relevant information for ϵ	e manner, describe the servi each program title.	ces provided, the ni	umber of persons		hers.)
28	WE ARE HERE TO GREET NEW	· · ·	S ARE BORN; A	CTING AS		
	FRIENDS WHO LEND HELP AND					
	GATHERINGS, AND EDUCATION	NAL PURSUITS.				
	(Grants \$) If th	nis amount includes foreign g	rants, check here		28 a	12,114.
29						
	(Grants \$) If the	nis amount includes foreign g	ranta shook horo	- <u>/</u>	29 a	
30	(Grants \$) If the	ils amount includes loreign g	iants, check here		23 a	
30						
				-1		
	(Grants \$) If th	nis amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch			<u> </u>		
		nis amount includes foreign g			31 a	
	Total program service expenses (add li				32	12,114.
Par						
	Check if the organization used So			1		
	(a) Name and Title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099-MIS (If not paid, enter -0-	(d) Health benefits contributions to emplo benefit plans, and defe	yee	(e) Estimated amount of other compensation
		position	(If not paid, enter -0-	compensation	iiieu	other compensation
	<u> NE_HOBAUGH</u>	(
	SIDENT	2		0.	0.	0.
	NIFER RICHARDSON				^	0
	E PRESIDENI IN BUSICK			0.	0.	0.
	ASURER	, 2	,	0.	0.	0.
	RIA GEARY				•	
	RETARY			0.	0.	0.
CLP	Y MAURITSON					
DIF	RECTOR	2	2	0.	0.	0.
		 				
		-				
		-				
		_				
		-				
		1				
		1				
BAA		TEEA0812L	11/27/13		_	Form 990-EZ (2013)

Pa	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			. X
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		_^
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Χ
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. 7 a 0.	37 b		37
	b Did the organization file Form 1120-POL for this year?	3/ D		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 .; section 4912 ► 0 .; section 4955 ► 0.			
	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 did it engage in an excess benefit transaction in a prior year that has not been reported			
	on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		Χ
	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			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
	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	40 e		Х
41				
42	a The organization's			
	books are in care of MARIA GEARY Telephone no. (707)	<u>573</u>	<u>-713</u>	<u>8</u>
	Located at ► 1275 FOURTH STREET #121 SANTA ROSA CA ZIP + 4 ► 95404	_I	Yes	No
	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)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country:	72.0		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		Χ
	If 'Yes,' enter the name of the foreign country:►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		-	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	N/A No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a	162	X
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
	instead of Form 990-EZ	44 b 44 c		X
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
45	If 'No,' provide an explanation in Schedule O a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	44 d 45 a		Х
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes.'	75 a		Λ
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Χ

						Yes	No	
46 Did t	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political camp	aign activities on behalf of	of or in opposition to	46		X	
Part VI	Section 501(c)(3) organizations				40		Λ	
I alt VI	All section 501(c)(3) organizations		guestions 47-49b an	d 52. and complete	the table	25		
	for lines 50 and 51.	mo made anomo	quostione in 195 an	a oz, ana oomprote	, the table	,,		
	Check if the organization used Schedul	e O to respond to an	y question in this Part VI				. 🔲	
			(1) 1 1	2 16 15/		Yes	No	
	ne organization engage in lobbying activities plete Schedule C, Part II				47		Х	
	e organization a school as described in se						X	
	he organization make any transfers to an		•				X	
b If 'Ye	es,' was the related organization a section	527 organization?			49 b			
	olete this table for the organization's five high				ey			
empl	oyees) who each received more than \$100,0	00 of compensation fro	m the organization. If there	e is none, enter 'None.'	T			
	(a) Name and title of each employee	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee	(e) Estimate			
	(a) Name and the or each employee	to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other com	pensati	on	
NONE								
NONE								
			4					
			\ \					
				y				
• Total	number of other employees paid over \$1	00 000 ►						
	plete this table for the organization's five high		ependent contractors who ex	_ ach received more than \$	100.000 of			
com	pensation from the organization. If there i	s none, enter 'None.'		,	,			
	(a) Name and business address of each independent c	ontractor	(b) Type	of service	(c) Comp	ensatio	n	
NONE								
	<i>-</i>							
			_					
			_					
			_					
d Total	number of other independent contractors	s each receiving over	\$100,000		l			
	he organization complete Schedule A? N				. 🔽	Г	7	
	itable trusts must attach a completed Sch es of perjury, I declare that I have examined this return,				► X Yes	.	No	
true, correct, a	es of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than office	r) is based on all information	n of which preparer has any know	ledge.	liet, it is			
Sign	Signature of officer			Date				
Here	DIANE HOBAUGH Type or print name and title			PRESIDENT				
	Print/Type preparer's name	Preparer's signature	Date		TIN			
		opa. o. o oignaturo	Date	Check if		1		
Paid	SUSAN E GORANSON Firm's name ► GORANSON AND AS	L SOCIATES, INC		self-employed	0004946	4		
Preparer Use Only	Firm's name ► GORANSON AND AS Firm's address ► 446 BEAVER STRE	4555654	160					
USE UIIIY	Inly Firm's address ► 446 BEAVER STREET Firm's EIN ► 4 SANTA ROSA, CA 95404 Phone no. (707)							
May the IF	RS discuss this return with the preparer sh		tructions	, -	7) 542- ∴► X Yes		No	
. ,					Form 99			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DOWN SYNDROME ASSOCIATION OF THE NORTH BAY

Employer identification number 45-5323200

Part		Reason for Publ	ic Charity Status	(All organizations	must c	ompie	te this	part.)	See II	<u> 1struct</u>	ions.	
The o	rga	nization is not a priva	te foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)				
1		A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i)				
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ē.)							
3		A hospital or a coope	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(A	۸)(iii).				
4		A medical research o	rganization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) . Er	nter the hos	pital's
		name, city, and state	:									
5		An organization operat 170(b)(1)(A)(iv). (Con	red for the benefit of a mplete Part II.)	college or university own	ed or ope	erated by	/ a gove	rnmenta	I unit des	scribed in	section	
6		A federal, state, or lo	cal government or go	overnmental unit descri	bed in s	ection 1	70(b)(1)	(A)(v).				
7	Χ	An organization that no in section 170(b)(1)(A	ormally receives a subs A)(vi). (Complete Par	stantial part of its suppor t II.)	t from a	governm	ental uni	it or fron	n the ger	neral pub	lic described	I
8		A community trust de	escribed in section 17	70(b)(1)(A)(vi). (Comple	te Part I	l.)						
9		from activities related to investment income at June 30, 1975. See s	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	Ш		·	exclusively to test for pu		- 4		١.,				
11		more publicly support	ted organizations des	usively for the benefit of, scribed in section 509(a tion and complete lines)(1) or s	ection 5	509(a)(2	of, or ca). See s	rry out th section 5	ne purpos 5 09(a)(3)	ses of one or Check the	box that
		a Type I b	Type II c	Type III — Function	nally inte	grated	(: T	Type III	– Non-fi	unctionally	integrated
е		By checking this box, other than foundation r section 509(a)(2).	, I certify that the org managers and other that	anization is not controll an one or more publicly s	led directions	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ified person (1) or	IS
f		` , , ,		nation from the IRS that i	s a Type	I, Type	II or Typ	e III sup	porting o	organizati	ion,	
g		Since August 17, 200	06, has the organizati	on accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	?	
												Yes No
		(i) A person who d	lirectly or indirectly co	ontrols, either alone or oported organization?	together	with pe	ersons d	escribe	d in (ii) i	and (iii)	11 g (i)	
		_		bed in (i) above?								
		• •									11 g (ii)	
		• •		described in (i) or (ii) a							11 g (iii)	
h				e supported organization	1		Т		1			
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz) listed in verning	(v) Did yo the organi column (supp	ization in	organiz colun	s the ation in (i) ed in the S.?	(vii) Amount sup	
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
					1							
(C)												
(D)												
(E)												
Total												

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

Schedule **A** (Form 990 or 990-EZ) 2013

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

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

Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				59,529.	2,174.	61,703.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	0.	0.	0.	59,529.	2,174.	61,703.		
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)				1	,	0.		
6	Public support. Subtract line 5 from line 4				\		61,703.		
Sec	tion B. Total Support								
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	0.	0.	0.	59,529.	2,174.	61,703.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				64.	156.	220.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.		
11	Total support. Add lines 7 through 10						61,923.		
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.		
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	► X		
Sec	tion C. Computation of Pu	blic Support P	ercentage						
14	Public support percentage for 20	•					%		
15	Public support percentage from	2012 Schedule A,	Part II, line 14			15	%		
16 a	33-1/3% support test $-$ 2013. If and stop here. The organization								
t	b 33-1/3% support test — 2012. 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								
17 a	17 a 10%-facts-and-circumstances test − 2013. 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 □								
t	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	est – 2012. If the omeets the 'facts-ad-circumstances' t	organization did n and-circumstance: est. The organiza	ot check a box or s' test, check this ation qualifies as a	n line 13, 16a, 16b box and stop her a publicly support	o, or 17a, and line e. Explain in Part ed organization	15 is 10% IV how the ►		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	is box and see ins	tructions ►		

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	to quality under the tests in			,			
	tion A. Public Support	() 6000	420010	(2) 0011	40.0010	() 0010	
Calen 1	dar year (or fiscal yr beginning in) ► Gifts, grants, contributions	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	Gifts, grants, contributions and membership fees received. (Do not include]					
	any 'unusual grants.')]					
2	Gross receipts from admis-						
	sions, 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						
4	or business under section 513. 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]					
	Total. Add lines 1 through 5				1		
7 a	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]		7			
,	Add lines 7a and 7b				,		
	Public support (Subtract line						
Ü	7c from line 6.)						
Sec	tion B. Total Support					_	
Calen	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6		1				
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from						
ŀ	similar sources		<u> </u>				
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
(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						
	čapital assets (Explain in						
12	Part IV.)						
	Total Support. (Add Ins 9,10c, 11 and 12.)	is for the arrania	ationla first sass	nd third farmer -	r fifth toy	a coation FO1(a)(2	<u> </u>
14	First five years. If the Form 990 organization, check this box and	stop here	auon S IIISt, Secol	, инга, юигтп, о	ı ının ıax year as i	a secuon 501(C)(3	′ ▶ 🏻
	tion C. Computation of Pul						
15	Public support percentage for 20	13 (line 8, columi	n (f) divided by li	ne 13, column (f))		15	%
	Public support percentage from 2					16	%
Sec	tion D. Computation of Inv						
17		•	• •	-			00
	Investment income percentage f					<u> </u>	%
19 a	a 33-1/3% support tests — 2013. If is not more than 33-1/3%, check	the organization this box and sto	did not check the p here. The organ	e box on line 14, a nization qualifies a	and line 15 is more as a publicly suppo	than 33-1/3%, ar orted organization	nd line 17
Ł	33-1/3% support tests - 2012. If	the organization	did not check a b	oox on line 14 or li	ine 19a, and line 1	6 is more than 33	-1/3%, and
	line 18 is not more than 33-1/3%	, check this box a	and stop here. Th	ne organization qu	alifies as a publicl	y supported organ	ization
20	Private foundation. If the organization	zation did not che	ck a box on line	14, 19a, or 19b, c	neck this box and	see instructions	▶ ∐

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization DOWN SYNDROM	E ASSOCIAT	CION OF	Employer identification number						
NORTH BAY	F 1 1 A 1 2 1 O 1 1 2 1								
Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization	raised funds th	rough any	of the foll						
a Mail solicitations			е						
b Internet and email solicitation	S		f	Solicitation of gove	rnment grants				
c Phone solicitations			g	Special fundraising	events				
d In-person solicitations			•						
2a Did the organization have a written of	or oral agroomon	t with any i	individual (including officers, director	re truetone or kov				
employees listed in Form 990, Pa	rt VII) or entity	in connect	tion with p	professional fundraising	services?	Yes No			
b If 'Yes,' list the ten highest paid indicompensated at least \$5,000 by the	viduals or entities he organization	s (fundraise	ers) pursua	ant to agreements under w	which the fundraiser is to	be			
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to			
or entity (fundraiser)		have custo	dy or control ributions?		(or retained by)	(or retained by)			
		of contr	'ibutions?		fundraiser listeď in column (i)	organization			
		Yes	No	1	column (i)				
1				,					
1									
2									
3									
4									
5									
6									
7									
8			1						
9									
10									
Tatal	1	-							
Total				ontributions or has been i	notified it is exempt from	registration			
or licensing.	on is registered	or neerisea	to solicit c	onthibutions of has been i	notifica it is exempt from	rregistration			

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)				
R			PROJECT ZIN (event type)	SET UP FOR DOW (event type)	NONE (total number)	through column (c))				
E V			(event type)	(event type)	(otal hamber)					
REVENUE	1	Gross receipts	137,197.	21,326.		158,523.				
E	2	Less: Charitable contributions								
	3	Gross income (line 1 minus line 2)	137,197.	21,326.		158,523.				
	4	Cash prizes								
<u></u>	5	Noncash prizes								
D R E C T	6	Rent/facility costs	6,376.			6,376.				
	7	Food and beverages	1,232.	363.		1,595.				
E X P	8	Entertainment								
EXPENSES	9	Other direct expenses	41,500.	8,822.		50,322.				
5	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro								
Par		Gaming. Complete if the organiza				,				
		\$15,000 on Form 990-EZ, line 6a.			, , , , ,					
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))				
Ü E	1	Gross revenue								
	2	Cash prizes								
D P E N C E S T S	3	Noncash prizes								
C S T E S	4	Rent/facility costs								
	5	Other direct expenses								
	6	Volunteer labor	Yes 8	Yes%	Yes%					
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		>					
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	>					
а										
	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									

Sche	edule G (Form 990 or 990-EZ) 2013 DOWN SYNDROME ASSOCIATION OF THE 45-53)	Page 3
11	Does the organization operate gaming activities with nonmembers?	· · ·	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	🔲 ,	Yes	No
á	Indicate the percentage of gaming activity operated in: a The organization's facility. b An outside facility. 13:			0/0
	b An outside facility	<u> </u>		6
	Name ►			
15:	Address ►			 ∏No
ł	b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amof gaming revenue retained by the third party ▶ \$ c If 'Yes,' enter name and address of the third party:		_103	Пио
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
	Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	[Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, column and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any adinformation (see instructions).	s (III) i ditiona	and (v) al	,

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DOWN SYNDROME ASSOCIATION OF THE NORTH BAY

Employer identification number 45-5323200

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE DOWN SYNDROME ASSOCIATION NORTH BAY'S MISSION IS TO PROMOTE SELF-ADVOCACY, RAISE AWARENESS, SUPPORT INCLUSION, AND ENRICH THE LIVES OF THE INDIVIDUALS WITH DOWN SYNDROME AND THEIR FAMILIES. DOWN SYNDROME ASSOCIATION NORTH BAY FAMILIES SHARE A COMMON BOND: OUR CHILDREN, STORIES, AND EXPERIENCES. ALL OF US IN THE GROUP ARE PARENTS, GRANDPARENTS, OR FAMILY MEMBERS OF A CHILD WITH DOWN SYNDROME. WE ARE HERE TO GREET NEW FAMILIES AS BABIES ARE BORN; ACTING AS FRIENDS WHO LEND HELP AND OFFER INSIGHT BY SHARING STORIES, SOCIAL GATHERINGS, EDUCATIONAL PURSUITS, AND OUR GIANT PICNIC AND FUNDRAISER, THE BUDDY WALK. 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? DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR DID THE ORGANIZATION ON A PERSONAL BENEFIT CONTRACT?

2013 SCHEDULE O - SUPPLEMENTAL INFORMATION	PAGE 2
DOWN SYNDROME ASSOCIATION OF THE NORTH BAY	45-5323200
9/04/14	07:35AM
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	
ADVERTISING AND PROMOTION \$ BOOKS, SUBSCRIPTIONS, ETC BUSINESS REGISTRATION EXPENSES. CONFERENCES, CONVENTIONS, AND MEETINGS INSURANCE MISCELLANEOUS EXPENSES. MISCELLANEOUS PROJECTS. PROGRAM EXPENSES. SOCIAL EVENTS SUPPLIES. TELELPHONE TRAVEL. WEBSITE EXPENSE	773. 574. 150. 569. 2,902. 212. 243. 5,536. 5,815. 294. 146. 258. 1,065. 18,537.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS BEGINNING	ENDING
ACCOUNTS RECEIVABLE MACHINERY AND EQUIPMENT TOTAL \$ 0. \$ 0. \$ \$ 0. \$	3,000. 514. 3,514.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES ACCOUNTS PAYABLE AND ACCRUED EXPENSES	ENDING 3,000. 3,000.

TAXABLE YEAR

2013

California Exempt Organization Annual Information Return

FORM

199

		ear beginning (mm/dd/yyyy)		, and ending (r	mm/dd/yyy	/y)			
Corporation/Org	ganization Name	WN SYNDROME ASSOCIATION	ON OF TH				(California corporation n	umber
	NC	RTH BAY						3472417	
Address (suite,	room, or PMB no.)						F	FEIN	
1275 FC	URTH STREE	T #121					4	15-5323200	
City					State ZIP	Code Code			
SANTA F	ROSA				CA 95	5404			
B Amended C IRC Section D Final Inform Me Ent E Check accurate 1 X C F Federal re 1 • [G Is this a county of the	Information Return on 4947(a)(1) trust	990 PF 3 ● Sch H (990) ordinates/affiliates? ● Yes tructions exemption?	X No X No X No //ithdrawn) K L X No M X No N	organization durin political campaign legislation or any under R&TC Sect public charities)? If 'Yes,' complete Is the organization If 'Yes,' enter grononmember source If organization is exclusively and is exclusively and is supported contributions, che Is the organization Did the organization Did the organization.	ng the year: In, or (2) att ballot mea- tion 23704.5 and attach on exempt uncons receipts ces exempt uncons religious, exempt uncons primarily (1 eck box. No on a Limited tion file Forr	nder R&TC Sectior	any e e ann elecong by	Yes Yes Yes Yes Yes Yes Yes Yes	X No X No
governing that have If 'Yes,' e	instrument, articles o not been reported to t xplain, and attach cop	hanges in its activities, f incorporation, or bylaws he Franchise Tax Board? Yes ies of revised documents.	X No					CACA1112L	X No
Part I		unless not required to file this form					1		
Receipts and Revenues	 2 Gross dues 3 Gross contr 4 Total gross	s or receipts from other sources. From and assessments from members a ributions, gifts, grants, and similar a receipts for filing requirement test. ust be completed. If the result is led sold	amounts rece Add line 1 th ss than \$50,0	ived	eral Instru	ction B •	2 3 4 7	162	,544. ,174. ,718.
	8 Total gross	income. Subtract line 7 from line 4 ases and disbursements. From Side	2. David II. liv				<u>8</u> 9		<u>,718.</u>
Expenses		eceipts over expenses and disburse				F	10		<u>,739.</u> ,979.
Filing Fee	11 Filing fee \$12 Total paym13 Penalties a14 Use tax. Se	10 or \$25. See General Instruction ents	F				11 12 13 14	02	10.
		jury, I declare that I have examined this return, Declaration of preparer (other than taxpayer) is					of my	knowledge and belief, i	
Sign Here	Signature of officer		s based on all info		D	cany knowledge. Date Check if	7	Telephone 707-537-800 ■ PTIN	
Paid	signature					employed ►		P00049464 • FEIN	
Preparer's Use Only	Firm's name	GORANSON AND ASSOCIAT	ES, INC.						
	(or yours, if self-employed)	446 BEAVER STREET						155565460 ■ Telephone	
	and address	SANTA ROSA, CA 95404						- '	05.5
	Married ETD "		da a coma de la coma d	0.0				(707) 542-1	
	iviay the FTB dis	scuss this return with the preparer s	snown above:	see instructi	ιοπς		. •	X Yes	No

DOWN SYNDROME ASSOCIATION OF THE

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

		1	Gross sales or receipts from al	I business activities. Se	e instru	ctions		, 1		
		2	Interest						156	 5.
Rece		3	Dividends					_		
		4	Gross rents				_			
from Othe		5	Gross royalties							
Sour		6	Gross amount received from sa							
		•	Other income. Attach schedule.						160 200	
		7						8	160,388	
		8	Total gross sales or receipts from other	-					160,544	<u>+ .</u>
		9	Contributions, gifts, grants, and similar							
		10	Disbursements to or for members. Compensation of officers, directors, and trustees. Attach schedule. SEE STATEMENT 2							
		11						11	(<u>).</u>
Evno	nses	12	Other salaries and wages							
and		13	Interest							
	urse-	14	Taxes				•	14		
men	S	15	Rents				•	15		
		16	Depreciation and depletion (Se							
		17	Other Expenses and Disbursen	nents. Attach schedule .	ents. Attach schedule SEE STATEMENT 3 •			17	79,739	<u>-</u>
		18	Total expenses and disbursements. Add	d line 9 through line 17. Enter I	nere and o	on Side 1, Part I, line (18	79,739	
Sch	edule	· I	Balance Sheets	Beginning o				d of tax	xable year	<u> </u>
Asse				(a)		(b) 🛦	(c)		(d)	
1				, ,		86,967.	(3)	(169,432	_
2			receivable			00/307		(• 3,000	
3			eivable						•	÷
4								(•	_
5			tate government obligations					(•	_
6			n other bonds						•	
7			n stock					(•	_
8			18						•	
9	•	•	nents. Attach schedule						•	—
-			ssets.			1		14.		
								14.	E1 /	
			ated depreciation						514	<u> </u>
11									•	—
12			Attach schedule			06.065		`		_
13						86,967.			172,946	<u>. </u>
Liab			et worth							
14			able						3,000	<u>) . </u>
15			, gifts, or grants payable						•	
16	Bonds a	and no	tes payable						•	
17	Mortgag	ges pa	yable					(•	
18	Other li	abilitie	es. Attach schedule							
19			or principle fund					(•	
20			oital surplus. Attach reconciliation					•	•	
21			ings or income fund			86 , 967.		•	• 169 , 946	ĵ.
22			s and net worth			86,967.			172,946	<u>5.</u>
Sch	edule	M-1	Reconciliation of income p Do not complete this schedule	er books with income pe if the amount on Schedu	er retur ıle L, lin	r n e 13, column (d), is	s less than \$50,00	0.		
1	Net inco	ome pe	er books	82,979	7		books this year not inc			
2			ne tax	•			ı sch		•	_
3			ital losses over capital gains	•	8	Deductions in this re				
4			corded on books this year.			against book income				
			ıle	•					•	
5			orded on books this year not deducted		9		d line 8			
_			Attacii sciicadic	00.07/	10	Net income per		-	00.05	
6_	Total. A	dd lin	e 1 through line 5	82 , 979	۱.	Subtract line 9 1	from line 6		82,979	<u>, </u>

059 3652134

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	w	, ,	

9/04/14

CALIFORNIA STATEMENTS

PAGE 1

DOWN SYNDROME ASSOCIATION OF THE **NORTH BAY**

45-5323200

CLIENT 79750

07:35AM

STATEMENT 1 FORM 199, PART II, LINE 7 OTHER INCOME

STATEMENT 2 FORM 199, PART II, LINE 11 COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

NAME AND ADDRESS		MPEN- BUT	ION TO AC	XPENSE COUNT/ OTHER
DIANE HOBAUGH 1275 FOURTH STREET #121 SANTA ROSA, CA 95404	PRESIDENT \$ 2.00	0. \$	0.\$	0.
JENNIFER RICHARDSON 1275 FOURTH STREET #121 SANTA ROSA, CA 95404	VICE PRESIDENT 2.00	0.	0.	0.
JOHN BUSICK 1275 FOURTH STREET #121 SANTA ROSA, CA 95404	TREASURER 2.00	0.	0.	0.
MARIA GEARY 1275 FOURTH STREET #121 SANTA ROSA, CA 95404	SECRETARY 2.00	0.	0.	0.
CLAY MAURITSON 1275 FOURTH STREET #121 SANTA ROSA, CA 95404	DIRECTOR 2.00	0.	0.	0.
	TOTAL \$	0. \$	0. \$	0.

STATEMENT 3 FORM 199, PART II, LINE 17 OTHER EXPENSES

ACCOUNTING FEES	\$ 1,059.
ADVERTISING AND PROMOTION	773.
BOOKS, SUBSCRIPTIONS, ETC	574.
BUSINESS REGISTRATION EXPENSES	150.
CONFERENCES, CONVENTIONS, AND MEETINGS	569.
INSURANCE	2,902.
MISCELLANEOUS EXPENSES.	212.
MISCELLANEOUS PROJECTS	243.
OTHER FEES	257.
POSTAGE AND SHIPPING.	189.
PRINTING AND PUBLICATIONS	241.
PROGRAM EXPENSES	5,536.
SOCIAL EVENTS	5,815.

2013

9/04/14

CALIFORNIA STATEMENTS

PAGE 2

DOWN SYNDROME ASSOCIATION OF THE NORTH BAY

45-5323200

CLIENT 79750

07:35AM

STATEMENT 3 (CONTINUED) FORM 199, PART II, LINE 17 OTHER EXPENSES

SPECIAL EVENT EXPENSES	\$ 59,456.
SUPPLIES	294.
TELELPHONE	146.
TRAVEL.	258.
WEBSITE EXPENSE	1,065.
TOTAL	\$ 79,739.



Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the 'Franchise Tax Board.' Write the corporation number or FEIN and '2013 FTB 3586' on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars drawn against a U.S. financial institution.

WHEN TO FILE: Fiscal Year — See instructions. Calendar Year — File and Pay by March 17, 2014.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time

online registration, corporation can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

_ DETACHHERE _ _ _ IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER

CAUTION: You may be required to pay electronically, see instructions.

_ _ _ DETACH HERE _ _

Payment Voucher for Corps and TAXABLE YEAR

2013 **Exempt Orgs e-filed Returns**

CALIFORNIA FORM 3586 (e-file)

3472417 DOWN 45-5323200 000000000000 13 FORM 3

TYB 01-01-13 TYE 12-31-13

DOWN SYNDROME ASSOCIATION OF THE NORTH BAY

MARIA GEARY

1275 FOURTH STREET 121 STE

95404 SANTA ROSA CA

707-537-8001

10. TOTAL PAYMENT AMT

6181136 059 CACA1201L 12/13/13 FTB 3586 2013 IN

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number CT0189	528	Change of address					
DOWN SYNDROME ASSOCIATION OF		Change of address Amended report					
NORTH BAY Name of Organization		Amended	Тероге				
1275 FOURTH STREET #121		Corporate or	Organization No. 3472417				
Address (Number and Street)			<u> </u>				
SANTA ROSA, CA 95404 City or Town	State ZIP Code	Federal Emp	loyer ID No. 45-5323200				
ANNUAL REGISTRATION R	ENEWAL FEE SCHEDULE (11 Ca k Payable to Attorney General's						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee Gross Annual Revenue					
Less than \$25,000 0	Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10			0 million \$15			
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	Between \$10,000,001 and \$50 million Greater than \$50 million			3225 300		
PART A – ACTIVITIES	I		de outer trium year immen				
For your most recent full accounting per	iod (beginning 1/01/13	ending	12/31/13) list:				
	103,262. Total assets	_	172,946.				
PART B - STATEMENTS REGARDIN	G ORGANIZATION DURING	G THE PER	OD OF THIS REPORT				
			t providing an explanation and details	s for e	ach		
'yes' response. Please review RRF-1	instructions for information req	uired.		Yes	No		
During this reporting period, were there a organization and any officer, director or trust director or trustee had any financial interest.	ny contracts, loans, leases or oth ee thereof either directly or with an est?	er financial tra entity in which	insactions between the any such officer,		X		
2 During this reporting period, was there any t property or funds?	neft, embezzlement, diversion or mit	suse of the orga	nization's charitable		х		
3 During this reporting period, did non-prog	ram expenditures exceed 50% of	gross revenue	es?		x		
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.					x		
5 During this reporting period, were the ser purposes used? If 'yes,' provide an attachme provider.	vices of a commercial fundraiser ent listing the name, address, and te	or fundraising elephone numbe	counsel for charitable r of the service		x		
6 During this reporting period, did the organizathe name of the agency, mailing address			de an attachment listing		х		
7 During this reporting period, did the organizating indicating the number of raffles and the control of the co		oses? If 'yes,' p	rovide an attachment		х		
Does the organization conduct a vehicle don the program is operated by the charity or charitable purposes.	ation program? If 'yes,' provide an a whether the organization contrac	attachment indic ts with a comr	ating whether nercial fundraiser for		x		
9 Did your organization have prepared an a principles for this reporting period?	udited financial statement in acco	ordance with g	enerally accepted accounting		х		
Organization's area code and telephone number 707-537-8001							
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
	NE HOBAUGH	PRESIDEN'	I Data				