

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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 **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
C Name of organization: **JANUS DEVELOPMENTAL SERVICES INC**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1555 WESTFIELD ROAD
 City or town, state or country, and ZIP + 4
NOBLESVILLE, IN 46062

D Employer identification number
31-0963175

E Telephone number
317-773-8781

G Gross receipts \$ **2,922,679.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

F Name and address of principal officer: **CONNIE SANDERS**
1555 WESTFIELD RD, NOBLESVILLE, IN 46062

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.JANUS-INC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1978** **M** State of legal domicile: **IN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **EDUCATION AND HABILITATION PROGRAMS**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of employees (Part V, line 2a)	5	140
6 Total number of volunteers (estimate if necessary)	6	0
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,631,812.	1,361,803.
9 Program service revenue (Part VIII, line 2g)	984,149.	1,540,669.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,416.	102.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,634.	20,105.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,629,179.	2,922,679.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,495,393.	1,615,701.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 103,867.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	836,673.	921,311.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,332,066.	2,537,012.
19 Revenue less expenses. Subtract line 18 from line 12	297,113.	385,667.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,936,576.	2,324,404.
21 Total liabilities (Part X, line 26)	583,345.	585,506.
22 Net assets or fund balances. Subtract line 21 from line 20	1,353,231.	1,738,898.

Part II 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: *Connie F. Sanders* Date: *11-5-10*
CONNIE SANDERS, PRES
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *David A. Bastin, CPA* Date: **10/04/10**
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BASTIN, DORRELL & SNYDER, LLC**
12 N 9TH ST
NOBLESVILLE, IN 46060
 Check if self-employed Preparer's identifying number (see instructions): **P00120887**
 EIN ▶ Phone no. ▶ **317-773-1897**

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