

Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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)

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

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JANUS DEVELOPMENTAL SERVICES INC		D Employer identification number 31-0963175
	Doing Business As		E Telephone number 317-773-8781
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or country, and ZIP + 4 NOBLESVILLE IN 46062		G Gross receipts \$ 2,791,383

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527
J Website: ▶ **WWW.JANUS-INC.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1978** **M** State of legal domicile: **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION PROVIDES INDIVIDUALS WITH DISABILITIES THE OPPORTUNITY TO BECOME PARTICIPATING AND CONTRIBUTING MEMBERS OF THEIR COMMUNITIES.	
	2 Check this box <input type="checkbox"/> 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 13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 140
	6 Total number of volunteers (estimate if necessary)	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 25,295
7b Net unrelated business taxable income from Form 990-T, line 34	7b 8,763	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,361,803 Current Year: 1,798,425
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 1,540,669 Current Year: 910,739
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 102 Current Year: 3,722
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 20,105 Current Year: 27,224
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 2,922,679 Current Year: 2,740,110
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year: 1,615,701 Current Year: 1,746,303
	14 Benefits paid to or for members (Part IX, column (A), line 4)	Prior Year: 921,311 Current Year: 918,023
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Prior Year: 2,537,012 Current Year: 2,664,326
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,711	Prior Year: 385,667 Current Year: 75,784
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Prior Year: 2,324,404 Current Year: 2,214,608
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Prior Year: 585,506 Current Year: 399,926
	19 Revenue less expenses. Subtract line 18 from line 12	Prior Year: 1,738,898 Current Year: 1,814,682
	20 Total assets (Part X, line 16)	End of Year: 2,214,608
21 Total liabilities (Part X, line 26)	End of Year: 399,926	
22 Net assets or fund balances. Subtract line 21 from line 20	End of Year: 1,814,682	

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 SANDERS	Date PRESIDENT
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name DAVID R. BASTIN, CPA	Preparer's signature DAVID R. BASTIN, CPA
	Date 11/08/11	Check <input type="checkbox"/> if self-employed PTIN P00120887
	Firm's name BASTIN, DORRELL & SNYDER	Firm's EIN ▶ 35-1468156
Firm's address ▶ 12 N 9TH ST NOBLESVILLE, IN 46060-2203		Phone no. 317-773-1897

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