

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE TRIANGLE DOWN SYNDROME NETWORK
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 37305
 City or town, state or province, country, and ZIP or foreign postal code
RALEIGH NC 27627

D Employer identification number
31-1630412

E Telephone number
919-803-0515

F Name and address of principal officer:
PO BOX 37305
RALEIGH NC 27627

G Gross receipts \$ **161,498**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: **N/A** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1998** **M** State of legal domicile: **NC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ESTABLISH AND MAINTAIN NETWORK OF PARENTS AND PROFESSIONALS IN THE FIELDS OF EDUCATION, MEDICINE, AND PARENTING TO PROMOTE THE WELFARE AND BENEFIT OF CHILDREN.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	12,482	62,328
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,275	5,431
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	182	139
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	82,700	63,278
		100,639	131,176
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58,292	60,336
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	64,718	69,023
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,010	129,359	
19 Revenue less expenses. Subtract line 18 from line 12	-22,371	1,817	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	169,799	184,122
	22 Net assets or fund balances. Subtract line 21 from line 20	0	12,506
		169,799	171,616

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: *Todd Rodeniser* Date: **5.12.17**
 Type or print name and title: **Treasurer, Elizabeth Lahierre**

Paid Preparer Use Only
 Print/Type preparer's name: **TODD RODENISER** Preparer's signature: **TODD RODENISER** Date: **05/04/17** Check if self-employed PTIN: **P00641953**
 Firm's name: **WALKER RODENISER & WELCH LLP** Firm's EIN: **56-1738715**
 Firm's address: **5400 TRINITY RD STE 201 RALEIGH, NC 27607** Phone no.: **919-787-8233**