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Short Form 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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization DS Support, Inc. Number and street (or P.O. box, if mail is not delivered to street address) 2328 E. Lincoln Highway Room/suite City or town, state or country, and ZIP + 4 New Lenox, IL 60451	D Employer identification number 20 4510976 E Telephone number (815) 272-1068 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► www.dssupport.net

J Organization type (check only one) – 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **96,559**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/> a Gross revenue (not including \$ _____ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ►) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ► 96,559	1 96,484 2 3 4 75 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 96,559 10 85,000 11 12 13 1,775 14 330 15 1,309 16 19,426 17 107,840 18 (11,281) 19 91,584 20 21 80,303
Expenses 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► supplies, insurance, equipment, rental,) 17 Total expenses. Add lines 10 through 16 ►	
Net Assets 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 ► 80,303	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ►) 25 Total assets 26 Total liabilities (describe ►) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	(A) Beginning of year 91,584 22 80,303 23 24 91,584 25 80,303 26 91,584 27 80,303	(B) End of year 22 23 24 25 26 27
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P
J

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	35a	✓
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35b	✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	36	✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	37a	0
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ►	37b	✓
b	Did the organization file Form 1120-POL for this year?	38a	✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38b	✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	✓
39	Section 501(c)(7) organizations. Enter:	39b	✓
a	Initiation fees and capital contributions included on line 9	40a	0
b	Gross receipts, included on line 9, for public use of club facilities	40b	✓
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► <u>0</u> ; section 4912 ► <u>0</u> ; section 4955 ► <u>0</u>	40c	0
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40d	✓
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40e	✓
d	Enter amount of tax on line 40c reimbursed by the organization	41	ILLINOIS
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.	42a	Telephone no. ► (815) 272-1068
41	List the states with which a copy of this return is filed. ► <u>ILLINOIS</u>	42a	ZIP + 4 ► <u>60451</u>
42a	The books are in care of ► <u>Jennifer Paganessi</u>	42b	✓
	Located at ► <u>2338 E. Lincoln Highway, New Lenox, IL</u>	42c	✓
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)?	43	► <input type="checkbox"/>
	If "Yes," enter the name of the foreign country: ► <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	44	✓
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	45	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u>	44	✓
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	46	✓

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

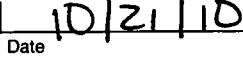
			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		46	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47	✓
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	✓
b	If "Yes," was the related organization(s) a section 527 organization?		49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

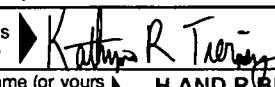
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ►		

Sign Here 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  Date 10/21/10
 Jennifer Paganessi, Chair
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature 	Date 10-21-10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instructions) P00479423
	Firm's name (or yours if self-employed), address, and ZIP + 4 	H AND R BLOCK 1816 E. Lincoln Highway, New Lenox, IL 60451	EIN ► 27	1091791
			Phone no ► (815)	463-1208

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

DS Support, Inc. 20-451976 Form 990-EZ 2008

Schedule 1 (Part I line 10 Grants and similar amounts paid)

Class of Activity	Name and Address of Grantee	Amount Given	Relationship of the Grantee
Monetary Donation to support families and individuals with Down Syndrome; NDSS advocates for the value, acceptance and inclusion of people with Down Syndrome	National Down Syndrome Society (NDSS) Point of Contact: Rebecca Switalski 666 Broadway, 8 th Floor New York, NY 10012 www.ndss.org	\$37,000.00	DS Support is a member of NDSS
Monetary Donation to support families and individuals with Down Syndrome; NADS offers information, support, and advocacy.	National Association for Down Syndrome (NADS) Point of Contact: Diane Urhausen Post Office Box 206 Wilmette, IL 60091 www.nads.org	\$15,000.00	
Monetary Donation to support families and individuals with Down Syndrome; GiGi's Playhouse Down Syndrome Awareness Centers provide Down Syndrome educational and support programs	GiGi's Playhouse Point of Contact: Nancy Gianni 1069 West Golf Road Hoffman Estates, IL 60169 www.gigisplayhouse.org	\$16,000.00	
Monetary Donation to parent support group for families and individuals with Down Syndrome	West Suburban Parent Support Group Point of Contact: Sara Hellman 1404 Middlebury Drive Aurora, IL 60504	\$3,500.00	
Monetary Donation to support families and individuals with Down Syndrome	Down in the Southland Point of Contact: Juliette De Nova 17225 71 st Ave Tinley Park, IL 60477	\$3,500.00	
Monetary Donation to Parent Support organization for families and individuals with Down Syndrome	Elmhurst Life Skills Academy Elmhurst, IL	\$5,000.00	
Monetary Donation to support families and individuals with Down syndrome	UPS for DownS Hartford Plaza 1070 S. Roselle Road Schaumburg, IL 60193	\$5,000.00	

DS Support, Inc. 20-451976 Form 990-EZ 2008

Schedule 2 Part III Statement of Program Service Accomplishments

Primary Purpose: To support individuals with Down syndrome and their families through education, social activities and advocacy.