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Short Form  
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No. 1545-1150

2010

Open to Public  
Inspection

A For the 2010 calendar year, or tax year beginning		Jan 1	, 2010, and ending	Dec 31	, 2010
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		DS Support, Inc		20-4510976	
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		2328 E Lincoln Hwy		815-272-1068	
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4		F Group Exemption Number ►	
<input type="checkbox"/> Amended return		New Lenox, IL 60451			
<input type="checkbox"/> Application pending					
G Accounting Method		<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► <a href="http://www.dsssupport.net">www.dsssupport.net</a>					
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				75798 ► \$	
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)					
Check if the organization used Schedule O to respond to any question in this Part I. <input type="checkbox"/>					
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	75732	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4	66	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events	6		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b	Gross income from fundraising events (not including \$ SEP 22 2011 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	75798		
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
	12	Salaries, other compensation, and employee benefits	12		
	13	Professional fees and other payments to independent contractors	13	3985	
	14	Occupancy, rent, utilities, and maintenance	14	2000	
	15	Printing, publications, postage, and shipping	15	1489	
	16	Other expenses (describe in Schedule O)	16	84516	
17	<b>Total expenses.</b> Add lines 10 through 16 ►	17	91990		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(7474)	
	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)	19	66618	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►	21	59144	

**Part II Balance Sheets. (see the instructions for Part II.)**

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66618	22 59144
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
<b>25 Total assets</b>	<b>66618</b>	<b>25 59144</b>
26 Total liabilities (describe in Schedule O)		26
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	<b>66618</b>	<b>27 59144</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part

What is the organization's primary exempt purpose? **see attached schedule**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts, optional  
for others)

28	Through our new parent hospital packet we help 20-30 families each year by providing free information and support to new families of babies born with Down syndrome		
	(Grants \$ <input style="width: 100px;" type="text" value="none"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	572
29	During our yearly awareness / fundraiser walk we are able to give 1900 + people a way to interact and show society how much potential individuals with Down syndrome have.		
	(Grants \$ <input style="width: 100px;" type="text" value="63000"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	91418
30	During 2009 we also provided educational seminars to help parents learn more about Down syndrome. This accomplishment was achieved with volunteer speakers and donated use of facilities		
	(Grants \$ <input style="width: 100px;" type="text" value="none"/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	0
31	Other program services (describe in Schedule O) . . . . .		
	(Grants \$ <input style="width: 100px;" type="text" value=""/> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .		32

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV.) Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jennifer Paganessi 22600 S Farm View Rd, New Lenox, IL 60451	Chair, 5	0	0	0
Andrea Prochaska 3512 Harris Dr, Joliet, IL 60431	Treasurer, 1	0	0	0
Sandi Skoneiczny 2414 Chippewa Ct, Lisle, IL 60532	Member, 1	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)  
 Check if the organization used Schedule O to respond to any question in this Part V.

	<b>Yes</b>	<b>No</b>
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
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	✓
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, explain in Schedule O why the organization did not report the income on Form 990-T	35a	✓
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	✓
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	36	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	✓
a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file <b>Form 1120-POL</b> 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 outstanding at the end of the tax year 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	✓
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 ► 0, section 4912 ► 0, section 4955 ► 0	40c	✓
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	40d	✓
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 ► 0	40e	✓
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0		
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.		
41 List the states with which a copy of this return is filed. ► Illinois		
42a The organization's books are in care of ► Jennifer Paganssi	Telephone no ► 815-462-2065	
Located at ► 22600 S Farm View Rd, New Lenox, IL	ZIP + 4 ► 60451	
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)?	42b	✓
If "Yes," enter the name of the foreign country: ►	42c	✓
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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 ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	44d	✓

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?  
 a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		✓
45a		✓
46		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  47 ✓

48 Is the organization 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 a section 527 organization?  49b ✓

50 Complete this table for the organization's 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				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's 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		

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ►  Yes  No

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 <b>Jennifer Pagadessi, Chair</b> Type or print name and title			Date 19/15/2011

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions

## 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 <sup>th</sup> Floor New York, NY 10012  <a href="http://www.ndss.org">www.ndss.org</a>	\$17,000.00	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  <a href="http://www.nads.org">www.nads.org</a>	\$20,000.00	
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  <a href="http://www.gigisplayhouse.org">www.gigisplayhouse.org</a>	\$12,000.00	
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	\$500.00	
Monetary Donation to support families and individuals with Down Syndrome	Down in the Southland Point of Contact: Juliette De Nova 17225 71 <sup>st</sup> Ave Tinley Park, IL 60477	\$3,500.00	
Monetary Donation to Parent Support organization for families and individuals with Down Syndrome	United Parent Support for Down Syndrome (UPS for DownS) Hartford Plaza 1070 S. Roselle Road Schaumburg, IL 60193	\$5,000.00	

Schedule 2 Part I Line 16 Other Expenses

Description	Amount
Supplies	\$14,064
Other Costs	\$3962
Equipment Rental and Maintenance	\$2000.00
Insurance – Liability, D and O	\$300.00
Business Registration Fees	\$13.00

Schedule 3 Part III Statement of Program Service Accomplishments

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