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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 private foundations)

OMB No 1545-1150

2014

Open to Public
InspectionDepartment 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-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning

Jan 1

, 2014, and ending

Dec 31

, 20 14

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

DS Support, Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

2328 E Lincoln Hwy

210

City or town, state or province, country, and ZIP or foreign postal code

New Lenox, IL 60451

D Employer identification number

20-4510976

E Telephone number

815-272-1068

F Group Exemption

Number ►

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► dssupport.netJ Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

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 □

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 129237.73
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 40.75
	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	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	of contributions
	c Less: direct expenses from gaming and fundraising events	6b
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6c
	7a Gross sales of inventory, less returns and allowances	6d
	b Less: cost of goods sold	7a
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7b
	8 Other revenue (describe in Schedule O)	7c
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	8 123278.48
	10 Grants and similar amounts paid (list in Schedule O)	9 71125
Net Assets	11 Benefits paid to or for members	10
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13 9172
	15 Printing, publications, postage, and shipping	14 1026
	16 Other expenses (describe in Schedule O)	15 491
	17 Total expenses. Add lines 10 through 16 ►	16 20668
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 102482
	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)	18 20796.48
	20 Other changes in net assets or fund balances (explain in Schedule O)	19 82352.29
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	20 103148

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2014)

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	82352.29	22 103148
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	82352.29	25 103148
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	82352.29	27 103148

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 III.

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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, optional for others.)

28 During our yearly awareness / fundraiser walk we are able to give 3200 + people a way to interact and show society how much potential individuals with Down syndrome have.

(Grants \$ 71125) If this amount includes foreign grants, check here ▶

29

(Grants \$) If this amount includes foreign grants, check here

30 [View all included training grants](#) [Check here](#)

(Grants \$) If this amount includes foreign grants, check here  

31 Other program services (describe in Schedule Q) (If you are not sure what to include for big grants, check here)

(Grants \$) If this amount includes foreign grants, check here □

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV).

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

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant 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** ✓

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **35a** ✓

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O **35b** ✓

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III **35c**

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 **36**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file Form 1120-POL for this year? **37b** ✓

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? **38a** ✓

b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ **40b** ✓

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 **40c**

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **40d**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **40e** ✓

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 **40f**

41 List the states with which a copy of this return is filed ► **Illinois**

42a The organization's books are in care of ► **Jennifer Paganessi** Telephone no. ► **815-462-2065**
Located at ► **22600 S Farm View Rd** 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **42b** ✓

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► **42c** ✓

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 ► **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**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a**

b 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) **45b** ✓

		Yes	No
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	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

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

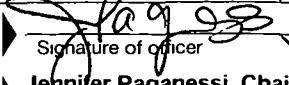
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
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(a) Name and business address of each independent contractor	(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 must attach a completed Schedule A	► <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	► 	Date
	Signature of officer Jennifer Paganessi, Chair Type or print name and title	April 12, 2015

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 ►			Phone no
	Firm's address ►				

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
DS Support, Inc.

Employer identification number
20-4510976

Schedule 1 (part I line 10 Grants and similar amount paid)

\$24,830 - National Down Syndrome Society (NDSS), 666 Broadway, 8th Floor, New York, NY 10012

\$18,070 - National Association for Down Syndrome (NADS), PR Box 206, Wilmette, IL 60091

\$17,300 - GiGi's Playhouse, 1069 West Golf Road, Hoffman Estates, IL 60169

\$5000 - Elmhurst Life Skills Academy 190 Prospect Ave, Elmhurst, IL 60126

\$4000 - Special Gifts Theatre P O BOX 2231 NORTHBROOK, ILLINOIS 60065

\$1995 - Down Syndrome Affiliates in Action, 5010 Fountainblue Drive, Bismarck, ND 58503

SCHEDULE 2 - Part I Line 16 Other Expenses

Supplies -

Other Costs -

Equipment Rental & Maintenance

Insurance

Business Reg Fees

SCHEDULE 3 - Part III Statement of Program Services Accomplishments

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

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	\$28,830	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	\$18,070.00	
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	\$17,300.00	
Monetary Donation to support families and individuals with Down Syndrome	ELSA Point of Contact: Judith Kolar 190 Prospect Avenue Elmhurst, Illinois 60126	\$5,000.00	
Monetary Donation to Parent Support organization for families and individuals with Down Syndrome	Special Gifts Theatre Point of contact: Jenni Von Tobel P.O.BOX 2231 NORTHBROOK ILLINOIS 60065 http://specialgiftstheatre.org	\$4,000.00	
Monetary Donation to support families and individuals with Down Syndrome; NADS offers information, support, and advocacy.	Down Syndrome Affiliates in Action 5010 Fountainblue Drive Bismarck, ND 58503	\$1995.00	