

**2013 TAX RETURN**

**GOVERNMENT COPY**

**Client:** 20121115

**Prepared for:** DES ACTION USA  
823 PROMENADE WAY SUITE 208  
JUPITER, FL 33458  
561-876-1224

**Prepared by:** SELLERSCONSULTANT.COM INC.  
156 MORNING DEW CIRCLE  
JUPITER, FL 33458  
(772) 538-3576

**Date:** DECEMBER 11, 2014

**Comments:**

**Route to:** \_\_\_\_\_

**SELLERSCONSULTANT.COM INC.  
156 MORNING DEW CIRCLE  
JUPITER, FL 33458  
(772) 538-3576**

December 11, 2014

DES ACTION USA  
823 PROMENADE WAY Suite 208  
JUPITER, FL 33458

Dear Client:

Enclosed is your 2013 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page four. No tax is payable with the filing of this return. Mail your Federal return on or before February 17, 2015 to:

DEPARTMENT OF TREASURY  
INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

## 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)

# 2013

▶ Do not enter Social Security numbers on this form as it may be made public.

**Open to Public Inspection**

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 10/01, 2013, and ending 9/30, 2014

|   |  |  |
|---|--|--|
| <p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <p><b>C</b></p> <p>DES ACTION USA<br/>823 PROMENADE WAY #208<br/>JUPITER, FL 33458</p> | <p><b>D</b> Employer identification number<br/><u>94-2597706</u></p> <p><b>E</b> Telephone number<br/><u>561-876-1224</u></p> <p><b>F</b> Group Exemption Number . . . . . ▶</p> |
|---|--|--|

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ WWW.DESACTION.ORG

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

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

**K** 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 . . . . . ▶ \$ 75,456.

**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 . . . . .

| <b>R<br/>E<br/>V<br/>E<br/>N<br/>U<br/>E</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .   | <b>1</b>       | 75,158.        |          |
|---|---|----------------|----------------|----------|
|   | <b>2</b> Program service revenue including government fees and contracts. . . . .   | <b>2</b>       |                |          |
|   | <b>3</b> Membership dues and assessments. . . . .   | <b>3</b>       |                |          |
|   | <b>4</b> Investment income. . . . .   | <b>4</b>       | 122.           |          |
|   | <b>5a</b> Gross amount from sale of assets other than inventory. . . . .  | <b>5a</b>      |                |          |
|   | <b>b</b> Less: cost or other basis and sales expenses. . . . .  | <b>5b</b>      |                |          |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). . . . .   | <b>5c</b>      |                |          |
|   | <b>6</b> Gaming and fundraising events  |                |                |          |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | <b>6a</b>      |                |          |
|   | <b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | <b>6b</b>      |                |          |
| <b>c</b> Less: direct expenses from gaming and fundraising events . . . . .   | <b>6c</b>   |                |                |          |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . . | <b>6d</b>   |                |                |          |
| <b>7a</b> Gross sales of inventory, less returns and allowances. . . . .  | <b>7a</b>   |                |                |          |
| <b>b</b> Less: cost of goods sold. . . . .  | <b>7b</b>   |                |                |          |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). . . . .                      | <b>7c</b>   |                |                |          |
| <b>8</b> Other revenue (describe in Schedule O). . . . .  | <b>8</b>  | SEE SCHEDULE O | 176.           |          |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. . . . .  | <b>9</b>  |                | 75,456.        |          |
| <b>E<br/>X<br/>P<br/>E<br/>N<br/>S<br/>E<br/>S</b>  | <b>10</b> Grants and similar amounts paid (list in Schedule O). . . . .   | <b>10</b>      |                |          |
|   | <b>11</b> Benefits paid to or for members . . . . .   | <b>11</b>      |                |          |
|   | <b>12</b> Salaries, other compensation, and employee benefits. . . . .  | <b>12</b>      | 56,836.        |          |
|   | <b>13</b> Professional fees and other payments to independent contractors. . . . .  | <b>13</b>      | 1,605.         |          |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance. . . . .  | <b>14</b>      |                |          |
|   | <b>15</b> Printing, publications, postage, and shipping . . . . .   | <b>15</b>      | 809.           |          |
|   | <b>16</b> Other expenses (describe in Schedule O). . . . .  | <b>16</b>      | SEE SCHEDULE O | 24,794.  |
|   | <b>17 Total expenses.</b> Add lines 10 through 16. . . . .  | <b>17</b>      |                | 84,044.  |
| <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9). . . . .                                    | <b>18</b>   |                | -8,588.        |          |
| <b>A<br/>S<br/>S<br/>E<br/>T<br/>S</b>  | <b>19</b> 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) . . . . .  | <b>19</b>      |                | 143,035. |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O). . . . .   | <b>20</b>      |                |          |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. . . . .  | <b>21</b>      |                | 134,447. |

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.



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

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.
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.
35 a 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)?
35 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
35 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37 b Did the organization file Form 1120-POL for this year?
38 a 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?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40 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?
40 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
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of: FRAN HOWELL Telephone no.: 561-876-1224
Located at: 823 PROMENADE WAY # 208 JUPITER FL ZIP + 4: 33458

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)?
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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.

44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 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)?

**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  
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.

**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. Yes No  
47

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48

**49 a** Did the organization make any transfers to an exempt non-charitable related organization? 49 a

**b** If 'Yes,' was the related organization a section 527 organization? 49 b

**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.'

| (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 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: \_\_\_\_\_ Date: \_\_\_\_\_  
 Type or print name and title: **FRAN HOWELL EXECUTIVE DIR.**

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Firm's name ▶ **SELLERSCONSULTANT.COM INC.** Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's address ▶ **156 MORNING DEW CIRCLE JUPITER, FL 33458** Firm's EIN ▶ \_\_\_\_\_  
 Phone no. **(772) 538-3576**

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

|   |   |
|---|---|
| Name of the organization<br><b>DES ACTION USA</b> | Employer identification number<br><b>94-2597706</b> |
|---|---|

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) A family member of a person described in (i) above? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? |    | (v) Did you notify the organization in column (i) of your support? |    | (vi) Is the organization in column (i) organized in the U.S.? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                                  |
| (A)                                |          |   |   |    |  |    |   |    |                                  |
| (B)                                |          |   |   |    |  |    |   |    |                                  |
| (C)                                |          |   |   |    |  |    |   |    |                                  |
| (D)                                |          |   |   |    |  |    |   |    |                                  |
| (E)                                |          |   |   |    |  |    |   |    |                                  |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                                  |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3.   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4.   |          |          |          |          |          |                          |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  |          |          |          |          |          |                          |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |          |                          |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   |          |          |          |          |          |                          |
| 11 <b>Total support.</b> Add lines 7 through 10.   |          |          |          |          |          |                          |
| 12 Gross receipts from related activities, etc (see instructions).   |          |          |          |          | 12       |                          |
| 13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                          |   |
|---|--------------------------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).  | 14                       | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14.  | 15                       | % |
| 16a <b>33-1/3% support test – 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.   | <input type="checkbox"/> |   |
| b <b>33-1/3% support test – 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.  | <input type="checkbox"/> |   |
| 17a <b>10%-facts-and-circumstances test – 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.    | <input type="checkbox"/> |   |
| b <b>10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.   | <input type="checkbox"/> |   |



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.) . . . . .   | 71,750.  | 77,339.  | 80,196.  | 74,527.  | 75,157.  | 378,969.  |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . . | 339.     | 2,268.   | 83.      | 106.     | 176.     | 2,972.    |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |          |          |          |          |          | 0.        |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |          |          |          |          |          | 0.        |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |          |          |          |          |          | 0.        |
| <b>6 Total.</b> Add lines 1 through 5. . . . .   | 72,089.  | 79,607.  | 80,279.  | 74,633.  | 75,333.  | 381,941.  |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .           | 0.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>c</b> Add lines 7a and 7b. . . . .  | 0.       | 0.       | 0.       | 0.       | 0.       | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          | 381,941.  |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .  | 72,089.  | 79,607.  | 80,279.  | 74,633.  | 75,333.  | 381,941.  |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . . | 793.     | 992.     | 307.     | 202.     | 122.     | 2,416.    |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .                          |          |          |          |          |          | 0.        |
| <b>c</b> Add lines 10a and 10b. . . . .  | 793.     | 992.     | 307.     | 202.     | 122.     | 2,416.    |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .     |          |          |          |          |          | 0.        |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV. . . . .                    | 339.     | 2,268.   |          |          |          | 2,607.    |
| <b>13 Total Support.</b> (Add lns 9,10c, 11 and 12.) . . . . .   | 73,221.  | 82,867.  | 80,586.  | 74,835.  | 75,455.  | 386,964.  |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | 98.70 % |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15. . . . .                      | <b>16</b> | 97.70 % |

**Section D. Computation of Investment Income Percentage**

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)). . . . . | <b>17</b> | 0.62 % |
| <b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17. . . . .                        | <b>18</b> | 1.24 % |

**19a 33-1/3% support tests – 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**b 33-1/3% support tests – 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶



## PART III, LINE 12 - OTHER INCOME

| NATURE AND SOURCE | 2013         | 2012         | 2011         | 2010             | 2009           |
|-------------------|--------------|--------------|--------------|------------------|----------------|
| OTHER INCOME      |              |              |              | \$ 2,268.        | \$ 339.        |
| TOTAL             | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> | <u>\$ 2,268.</u> | <u>\$ 339.</u> |

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

PUBLIC DISCLOSURE COPY  
**Schedule of Contributors**

OMB No. 1545-0047

**2013**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**  
▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

DES ACTION USA

Employer identification number

94-2597706

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

- 501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ,** Schedule B (Form 990, 990-EZ, or 990-PF) (2013)  
**or 990-PF.**

|  |  |
|--|--|
| Name of organization<br>DES ACTION USA | Employer identification number<br>94-2597706 |
|--|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>Number | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|---------------|-----------------------------------|-------------------------------|---|
| 1             | -----<br>-----<br>-----           | \$ 9,500.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| ---           | -----<br>-----<br>-----           | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----           | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----           | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----           | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| ---           | -----<br>-----<br>-----           | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Name of organization

Employer identification number

DES ACTION USA

94-2597706

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------|---|--|-------------------|
| -----               | N/A<br>-----<br>-----<br>-----            | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                  | -----             |

Name of organization: DES ACTION USA  
 Employer identification number: 94-2597706

**Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I               | (b)<br>Purpose of gift | (c)<br>Use of gift                       | (d)<br>Description of how gift is held |
|---|------------------------|--|--|
|   | N/A                    |  |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |
| (e)<br>Transfer of gift                 |                        |  |  |
| Transferee's name, address, and ZIP + 4 |                        | Relationship of transferor to transferee |  |
| -----                                   |                        | -----                                    |  |
| -----                                   |                        | -----                                    |  |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2013**

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DES ACTION USA

Employer identification number

94-2597706

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

PROVIDE SUPPORT TO AND ADVOCATE FOR DES EXPOSED PEOPLE AND TO EDUCATE HEALTH CARE  
PROFESSIONALS

**FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

NATIONAL NON-PROFIT CONSUMER GROUP PROVIDING A NEWSLETTER, PHYSICIAN REFERRALS,  
UPDATED HEALTH INFORMATION AND ADVOCACY FOR INCREASED RESEARCH FOR THOSE EXPOSED  
TO THE SYNTHETIC ESTROGEN DES, WHICH WAS PRESCRIBED TO PREVENT MISCARRIAGE.

**FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO



DES ACTION USA

94-2597706

**FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

|                        |    |             |
|------------------------|----|-------------|
| TOOLKIT SALES.....     | \$ | 128.        |
| PUBLICATION SALES..... |    | 48.         |
| TOTAL                  | \$ | <u>176.</u> |

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

|                                     |    |                |
|-------------------------------------|----|----------------|
| BANK FEES.....                      | \$ | 24.            |
| BOARD MEETING EXPENSE.....          |    | 1,768.         |
| COMPUTER SUPPLIES.....              |    | 420.           |
| DUES AND SUBSCRIPTIONS.....         |    | 50.            |
| FEES AND PERMITS.....               |    | 425.           |
| INFORMATION TECHNOLOGY.....         |    | 3,178.         |
| INSURANCE.....                      |    | 1,133.         |
| NEWSLETTER EXPENSE.....             |    | 7,030.         |
| OFFICE EXPENSES.....                |    | 526.           |
| PAYROLL PROCESSING FEES.....        |    | 1,108.         |
| PRINTING AND REPRODUCTION.....      |    | 2,558.         |
| PRINTING TOOLKITS.....              |    | 55.            |
| PROGRAM EXPENSE.....                |    | 2,450.         |
| SHIPPING SUPPLIES.....              |    | 73.            |
| TELEPHONE EXPENSE.....              |    | 1,021.         |
| TRAVEL.....                         |    | 2,495.         |
| TRAVEL REIMBURSEMENT.....           |    | 135.           |
| WORKERS COMPENSATION INSURANCE..... |    | 345.           |
| TOTAL                               | \$ | <u>24,794.</u> |

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

|                        | <u>BEGINNING</u> | <u>ENDING</u>  |
|------------------------|------------------|----------------|
| INTANGIBLE ASSETS..... | \$ 0.            | \$ 325.        |
| TOTAL                  | \$ <u>0.</u>     | \$ <u>325.</u> |