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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2013

Open to Public

Department of the Treasury Internal Revenue Service

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

rs.gov/form990. Inspection

A	For th	e 2013 cale	ndar year, or tax year beginning	g January 1 , 2	013, and er	nding	Decem	ber 31	<b>,20</b> 13	
В	Check	f applicable	C Name of organization Foundation	n to Decrease World Suck				D Employ	er identification number	
	Addres	s change	Doing Business As						45-3782765	
	Name o	hange	Number and street (or P.O box if ri	nail is not delivered to street address	s) Roor	n/surte		E Telepho	ne number	
	Initial re	eturn	PO Box 8147						(406) 207-6999	
	Termina	ated	City or town, state or province, cou	intry, and ZIP or foreign postal code	)				· · · · · · · · · · · · · · · · · · ·	
	Amende	ed return	Missoula, MT 59807					G Gross re	eceipts \$ 442,613.58	
	Applica	tion pending	F Name and address of principal office	cer.			H(a) is this a or		subordinates? Yes No	
	••		John Green,					-	s included? Yes No	
ī	Tax-exe	empt status	501(c)(3) 501(c)	( ) ◀ (insert no.) ☐ 4947(a)	(1) or 52	7			a list (see instructions)	
J	Websit		w fightworldsuck org	1	.,		H(c) Group	exemption	number ▶	
K	Form of	organization:	Corporation Trust Associa	ation Other ►	L Year of fo	mation		<del></del>	of legal domicile: MT	
P	art I	Summ						<u> </u>		
	1		escribe the organization's miss	sion or most significant activ	vities:					
9		-	areness and funds for charitable o	<del>-</del>						
Governance					· <b></b>					
Ē	2	Check th	is box ▶☐ if the organization	discontinued its operations	or dispose	ed of	nore than	25% of	its net assets	
ŏ	3		of voting members of the gove					3	6	
	4		of independent voting membe			1b)		4	6	
9	5		mber of individuals employed i			,		5	0	
Activities &	6		mber of volunteers (estimate if	· ·	-			6	45	
Act	7a		elated business revenue from	<del>-</del> -				7a	0	
	b		lated business taxable income	• •				7b	0	
	<del>                                     </del>			,	· · · · · · · · · · · · · · · · · · ·	Ť	Prior Ye		Current Year	
_	8	Contribut	2,923 04	435,628 38						
ž	9	Program	0	0						
Révenue	10	Investme	0	0						
ď	11		venue (Part VIII, column (A), lin		3,837 60	6,985 20				
	12		enue-add lines 8 through 11 (i	3	6,760 64					
_	13		nd sımılar amounts paid (Part				7	4,951 95	364,500	
•	14		paid to or for members (Part I					0	0	
) ) ຫ	15		other compensation, employee	• • •	lines 5-10)			0	0	
Expenses	16a		onal fundraising fees (Part IX, o					0	0	
<u> </u>	b		draising expenses (Part IX, co		0					
ũ	17		penses (Part IX, column (A), lir		· · · · ·			2110 94	56982 43	
	18		penses. Add lines 13–17 (must	· · · · · · · · · · · · · · · · · · ·	ine 25) .		7	7062 89	421482 43	
	19		less expenses. Subtract line		<b>-</b> ,		-4	0302 25	21131 15	
ats or				TEOFIVED		Beg	inning of Cu	rrent Year	End of Year	
8 g	20	Total ass	ets (Part X, line 16) 🔒 . 🗼		Չ		2	25005 74	46136 89	
Net Asse Find Rate	21		pilities (Part X, line 26)	NOV 1 8 2014	š!			0	0	
훒	22	Net asset	ts or fund balances. Subtract	line 21 from line 20	2		2	5005 74	46136 89	
Р	art II	Signat	ture Block	00000	·					
Ur	nder pen	alties of perju	ry, I declare that I have examined this	return, including accompanying scl	hedules and s	tateme	nts, and to th	ne best of	my knowledge and belief, it is	
tr	ie, corre	ct, and compl	lete. Declaration of preparer (other that	n officer) is based on all information	rôf which prep	parer ha	s any knowle	edge.		
		1							11/12/2014	
Sig	_	,,	ature of officer				Dat	e		
He	ere		chael Gardner, Secretary							
			or print name and title							
Pa	aid	Print/Ty	pe preparer's name	Preparer's signature		Date		Check	☐ if PTIN	
	epar	er			··· ··· · · · · · · · · · · · · · · ·	<u> </u>		self-em	oloyed	
	se On	1 — .	iame ►				Firm	's EIN ▶		
		Firm's a	ddress >				Pho	ne no		
_	-		s this return with the preparer		ions)	• •	• • •	• • •	Yes No	
Fo	r Paper	work Redu	ction Act Notice, see the separa	ate instructions.	C	at No. 1	11282Y		Form <b>990</b> (2013)	

) (Revenue \$

(Expenses \$

Total program service expenses

including grants of \$

421,482 43

	0 (2013)			Page :
Part	Checklist of Required Schedules		T	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2`	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	1	
3	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	3		1
4	Section 501(c)(3) organizations. 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	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		*
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		,
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		•
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		4
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		V
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a		*
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	-	-
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		*
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2		†	Ť

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20a

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	•
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		•
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		•
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		•
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		4
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		•
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			<del>                                     </del>
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		•
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		•
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b		<i>y</i>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>y</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>V</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		·
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		•
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		_
35a	or IV, and Part V, line 1	34		4
ათa b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		~
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		•
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	
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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		• .	. 🗆
			Yes	No
1ą	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	]	]	]
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		4
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		ŀ	1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country:	·		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_	_	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		4
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<b>.</b>	<b>}</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			İ .
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	4
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	<b> </b>	ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
	·	7c		
d e	<u> </u>	7e		
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		-
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		•
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<del>  '''</del>	├─	<del> </del>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		}	
	organization, have excess business holdings at any time during the year?	8	-	-
9	Sponsoring organizations maintaining donor advised funds.	┝┷	<b></b> -	<del>                                     </del>
а	Did the organization make any taxable distributions under section 4966?	9a	ł	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	<del> </del>	<b></b> -	
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		1
11	Section 501(c)(12) organizations. Enter:	1		İ
а	Gross income from members or shareholders		[	ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		1
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	l		
	the organization is licensed to issue qualified health plans	J		
С	Enter the amount of reserves on hand	L		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		4
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part VI

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
C4:	Check if Schedule O contains a response or note to any line in this Part VI	<del>· · ·</del>		. 🔽
Secti	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a	5 <del>( ) ( )</del>	105	NO
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			, ;
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	· · · · ·	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint			V V
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,	,
a b 9	The governing body?	8a 8b	1	_
<del></del>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C		
100	Did the organization have local chapters, branches, or affiliates?	400	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<b>/</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	100	$\vdash$
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	_	<del> </del> :
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	~	
13	Did the organization have a written whistleblower policy?	13		4
14 15	Did the organization have a written document retention and destruction policy?	14	,	•
a b	The organization's CEO, Executive Director, or top management official	15a		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		_	
b	with a taxable entity during the year?	16a		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Montana  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	✓ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Michael Gardner, 127 East Main Street Suite 214, Missoula, MT 59082, (406) 207-6999	of the	<b>;</b>	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	-
Dago	7

Form 990 (2013)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	, and
	Independent Contractors	

·	
Check if Schedule O contains a response or note to any line in this Part VII	
Chack it Schadula () contains a response or note to any line in this Dart VIII	1 1
Check is observed to consume a response of note to any line in this ran vir	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	aniz			ompe	nsa	ated any currer	t officer, directo	r, or trustee.
	1	(C)						1		
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box,	box, unless person is both an			า ลก	Reportable	Reportable	Estimated	
	hours per week (list any	officer and a director/trustee)				d from I	compensation from related	amount of other		
	hours for	Individual trustee or director	İnst	Officer	<b>₹</b>	휡	Former	the	organizations	compensation
	related organizations	irect	Institutional trustee	ĕ	Key employee	l oyest	릴	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호류	<u>ă</u>		8	1 g S		(1. 2 1000 111100)		and related
	line)	ıste	trus		8	Pen	1			organizations
		•	8			Highest compensated employee				
(1) John Green	1									
President	<del> </del>	ł	1				l	0	o	o
(2) William Green	1	<del> </del>	<del>                                     </del>	~	<del>                                     </del>	<del>                                     </del>	$\vdash$	<del>            </del>	<del>                                     </del>	
Vice President	<del> </del>								0	0
(3) Michael Gardner	1			<u> </u>		!	-			
Secretary	1	1		•				0	0	o
(4) Michael Green	1									
Treasurer				~				0	0	0
(5) Valerie Barr	1									
Board Member		1		Ĺ		Ĺ		0	0	0
(6) Benny Fine	1 1	1	1							,
Board Member		4	L			ļ	<u> </u>	0	0	0
	ļ									
(8)	<u> </u>							<del> </del>		
						<u> </u>	1_	1		
(9)	<b></b>									
(10)	<u> </u>		t		-		-			
(11)						ļ	-			
	<u> </u>									
(12)	ļ	{								
(13)					<u> </u>	-	$\vdash$		,	
(14)		<del>                                     </del>	$\vdash$	$\vdash$	<del> </del>	-	$\vdash$			
	1	j	Į .	l	l	l	1		ł	

Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	(C) Position (do not check more the box, unless person is officer and a director/from institutional trustee or director		than o	han Reportable		(E) Reportable compensation from related organizations (W-2/1099-MISC)		rom amount of other s compensati		fí Ion Ion		
		line)	ustee	trustee		/ <del>0</del> 0	npensated					orga	nizatio	ns
(15)														
(16)										-				
(17)					-						+			
(18)								_			+			<del></del>
(19)	And the state of t					-		_		·	-			
(20)			ļ 								$\perp$			
											$\perp$			
(21)														
(22)														
(23)														
(24)							L				1			
(25)											+			<del></del>
1b	Sub-total			Ш •		L	L	<b>▶</b>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	•			-			<b>▶</b>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi	not limited							<u> </u>	ore than \$100,		of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc	tor, o	r tn	uste	ee,	key e	mp	loyee, or high	est compensa	ated		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal an \$1	ole d	com	per	nsatio	n a	nd other comp	ensation from		3	b	
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individual	dual	5	-	-
Section 1	on B. Independent Contractors		- d		!						400	000		
	Complete this table for your five highest of compensation from the organization. Repyear.	oort compe	nsatio	n fo	or th	ent ne c	alend	acto ar y	rear ending wit	nd more than \$ h or within the	orga	000 of anızatio	on's t	:ax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compens		
<del></del>	7 At													
		· · · · · · · · · · · · · · · · · · ·		_										
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who		-		

Dar	VIII	Statement of Revenue				rage 3					
ı eı		Check if Schedule O contains a response or note to any line in this Part VIII									
•	•	Office if Schedule O Contains a response of note i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts its	1a	Federated campaigns 1a 0									
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b 0									
	C	Fundraising events 1c 0	1								
ar /	d	Related organizations 1d 0	1								
S, E	е	Government grants (contributions) 1e 0			1	1					
S S	f	All other contributions, gifts, grants,	1			,					
but		and similar amounts not included above 1f 435,628 38				·					
	a	Noncash contributions included in lines 1a-1f: \$ 0	4 1								
S C	h	Total. Add lines 1a–1f	435,628 38								
_		Business Code				,					
ven	2a										
æ	b										
ice	С					<del> </del>					
Şe	d										
Ē	е										
Program Service Revenue	f	All other program service revenue									
<u>g</u>	g	<b>Total.</b> Add lines 2a–2f	0			. ,					
	3	Investment income (including dividends, interest,									
		and other similar amounts) ▶	0								
	4	Income from investment of tax-exempt bond proceeds ▶	0								
	5	Royalties <u></u>	6,985 20								
		(i) Real (ii) Personal									
	6a	Gross rents 0 0	]								
	b	Less: rental expenses 0 0	]								
	С	Rental income or (loss) 0		***** - 0 -							
	d	Net rental income or (loss) ▶	0	<del></del>							
	7a	Gross amount from sales of (i) Securities (ii) Other	1 1								
	_	assets other than inventory 0 0	l i		:	i					
	b	Less: cost or other basis	1			)					
		and sales expenses . O O	]		i						
	C .	Gain or (loss) 0 0				· · · · · · · · ·					
	d	Net gain or (loss)	0	<del></del>							
venue	8a	Gross income from fundraising events (not including \$ 0									
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a 0				r c					
₹		Less: direct expenses <b>b</b> 0	4 1								
		Net income or (loss) from fundraising events	0								
	ya	Gross income from gaming activities.			ļ	t					
	_	See Part IV, line 19 a 0	1								
		Less. direct expenses b 0	4 _1		1	,					
		Net income or (loss) from gaming activities	0								
	iva	Gross sales of inventory, less returns and allowances a 0			:	,					
	_		1			;					
		Less: cost of goods sold b 0  Net income or (loss) from sales of inventory ▶			-						
		Miscellaneous Revenue Business Code	<del> </del>	<del></del>	<del></del>						
	11a	Bank Credit	01		} -	- 1					
	b				<del></del>						
	C				ļ	· · · · · · · · · · · · · · · · · · ·					
	d	All other revenue	<del>                                     </del>								
1	_	Total. Add lines 11a–11d	01	<del></del>							
	12	Total revenue. See instructions.	442,613 58								

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organizatior	ns must complete co	
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	364,500			-
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	О			-
4	Benefits paid to or for members	0		r *	,
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	o	:		
9	Other employee benefits	0			
10	Payroll taxes	0			
11 a	Fees for services (non-employees):  Management	اه			
b	Legal	0			
c	Accounting	0		- <del></del>	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	666 94			
14	Information technology	0	-		
15 16	Royalties	0		······································	
17	Occupancy	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	О			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization . Insurance	0	<del></del>	<del></del>	
24	Other expenses. Itemize expenses not covered				<del></del>
27	above (List miscellaneous expenses in line 24e. If			i e	
	line 24e amount exceeds 10% of line 25, column			•	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Annual reporting fee	15			
b	Shipping	28641 52			
C	Printing  Manufacturing	14546 32 13076 65			
d e	All other expenses merchant fees	36			
25	Total functional expenses. Add lines 1 through 24e	421482 43			
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

	n 990 (20				Page <b>11</b>
Ŀ	art X				
	,	Check if Schedule O contains a response or note to any line in this Par		<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	25,005 74	1	46,136 89
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	0	5	0
ध	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
ĕ	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	Ō
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,005 74	16	46,136 89
_	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
Ē	ŀ	disqualified persons. Complete Part II of Schedule L	0	22	0
<u>.</u>	200	<u> </u>	0		0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23 24	0
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	0
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25		26	0
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	0	27	0
3aji	28	Temporarily restricted net assets	0	28	0
Ā	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	,		
ğ	30	Capital stock or trust principal, or current funds	0	30	0
Š	31	Pald-in or capital surplus, or land, building, or equipment fund	0	31	0
Ą	32	Retained earnings, endowment, accumulated income, or other funds .	0	32	0
ě	33	Total net assets or fund balances	25,005 74	33	46,136 89
_	34	Total liabilities and net assets/fund balances	25,005 74	34	46,136 89

	( )			raye	C 14
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		442,613	3 58
2	Total expenses (must equal Part IX, column (A), line 25)	2		421,482	2 43
3	Revenue less expenses Subtract line 2 from line 1	3		21,131	1 15
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25,005	5 74
5	Net unrealized gains (losses) on investments	5			Ō
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	46,136	6 89
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in		
	Schedule O.				
2a	and the second control of the second control		. 2a	<u> </u>	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or		
	reviewed on a separate basis, consolidated basis, or both.				P i
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		. 2t	) 4	<b>/</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 🎒		
	separate basis, consolidated basis, or both:			<b>2</b> 232 7	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				建到
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account			;	
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain	in 🔯	學者們才	1
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		
	the Single Audit Act and OMB Circular A-133?		. 3a	a     4	<b>/</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıudits.	. 3t	)	
			Fr	orm <b>990</b> (2	2013)

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

## **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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Foun	dation to Decrease World Suck					45-37	82765
Par	t I Reason for Public Char	rity Status (All	organizations must	comple	ete this p	art.) See instruction	ns.
The c	organization is not a private founda	tion because it i	s: (For lines 1 through	11, che	ck only or	ne box.)	
1	A church, convention of church	•		ibed in s	ection 17	O(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E.)				
3	A hospital or a cooperative hos					,, ,, ,	
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	cribed in s	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned d	or operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern☐ An organization that normally	•					n the general public
	described in section 170(b)(1)	(A)(vi). (Complet	te Part II.)				
8	A community trust described in			-			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and	functions—subject to unrelated business	certain taxable i	exception income (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10	An organization organized and	operated exclus	sively to test for public	c safety.	See secti	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11a	l organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com	) the power to re	gularly appoint or ele	•		• ,,,,	
b		-		nection w	rith rts sur	nnorted organization	o(s) by baying
_	control or management of the organization(s). You must co	e supporting org	anization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	□ Type III non-functionally integrated is not functionally integrated requirement (see instructions.)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е		ation received a	written determination	from the	IRS that	rt is a Type I, Type I	I, Type III
f	Enter the number of supported of		onany integrated supp	orang or	gameano		
g			orted organization(s).				• •
	(i) Name of supported organization	(ti) EIN	(iii) Type of organization (described on ilnes 1-9 above or IRC section (see instructions))	(iv) is the a	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			, "	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
					· · · · · · · · · · · · · · · · · · ·		

Total

18

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	, quality arras	<u> </u>	5.04 50.041, p	iodoc compi	oto r art mij	·
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")				(4) = 0.0		
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	Total. 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	Public support. Subtract line 5 from line 4.						
	on B. Total Support	γ		<u>r:</u>			
Caler 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
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 VI.)						
11	Total support. Add lines 7 through 10			<u> </u>			
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for the						
Soot	organization, check this box and stop he		<u> </u>	<u> </u>	· · · · ·	<u> </u>	· · • L
14	on C. Computation of Public Suppor			141 (0)			
15	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					14	<u>%</u>
16a	331/a% support test—2014. If the organization qua	zation dıd not	check the box	on line 13, and	d line 14 is 331		
b	331/a% support test—2013. If the organ check this box and stop here. The organ	nization did no	ot check a box	k on line 13 or	r 16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization"	ets the "facts-	and-circumsta umstances" te	inces" test, che	eck this box ar	nd <b>stop here</b> . E	line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the eets the "facts	e "facts-and-c s-and-circums	ircumstances" tances" test. T	test, check th he organizatio	nis box and <mark>st</mark> n qualifies as a	op here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

## 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.)

Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 (f) Edit 3 (f) Edit 3 (f) Edit 4 (f) Edit 5 (f) Edit 5 (f) Edit 6 (f) Ed	Secti	on A. Public Support		0.00 110.00 100.00	,, picaco co	mpioto i ait i	,	
1 Giffs, grants, contributions, and membership less received (Donn Include any musual grants.) 2 Gross receipts from admissions, merchandles sold or services performed, or faulities from the provision of the p			(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
2 Gross receipts from admissions, merchandes sold or services performed or facilities furnished in any activity that is related to the organization's tax-eventy purpose	1	•				435 630 38		
sold or services performed, or facilities furnished havy activity that is related to the organization's tax-exempt purpose	2			07,957.04	32,323 04	435,029 30		330,304 20
3 Gross recepts from activities that are not an unrelated vated or business under section 513		sold or services performed, or facilities furnished in any activity that is related to the		o	0	o		0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an		0	0	0		0
to or expended on its behalf . 5 The value of services or facilities furnished by a governmental unit to the organization without charge	4	Tax revenues levied for the					<del></del>	
furnished by a governmental unit to the organization without charge		organization's benefit and either paid to or expended on its behalf		0	0	0		0
organization without charge	5							
8 Total. Add lines 1 through 5. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons .  b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b .  8 Public support (Subtract line 7c from line 6).  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 9 Amounts from line 6 .  6 7.951 84 32.923 04 435.629 38 536.504 26  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 9 Amounts from line 6 .  6 7.951 84 32.923 04 435.629 38 536.504 26  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 9 Amounts from line 6 .  5 6 7.951 84 32.923 04 435.629 38 536.504 26  Section S. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 9 Amounts from line in 5 (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 9 Amounts from line in smilar sources 0 0 14 3.837 60 6.985 20 10.822 94  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				ا ا				
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	6	•	ļ					
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 0 0 0 0 0 0 0 0 0 0 0 0 0		<u> </u>		07,95104	02,320 04	433,029 30		330,304 20
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 0 0 0 0 0 0 0 0 0 0 0 0 0				ol	o	О		o
persons that exceed the greater of \$5,000	ь	Amounts included on lines 2 and 3	<del> </del>					
c Add lines 7a and 7b		received from other than disqualified		i				
c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6)								
8 Public support (Subtract line 7c from line 6.)				1		1		
Inne 6.)   536,504 26	_			0		٥		0
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6  Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  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  15 Public support percentage from 2013 Schedule A, Part III, line 15  Computation of Investment Income Percentage  16 Public support percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Schedule A, Part III, line 17  Investment income percentage from 2013 Sch	•			ł				536 504 26
Calendar year (or fiscal year beginning in)    Amounts from line 6	Secti			L	k	l		555,554 25
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  d 14 3,837 60 6,985 20 10,822 94  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 0 0 0 0 0  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.)			(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
payments received on securities loans, rents, royalties and income from similar sources .  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .  c Add lines 10a and 10b			, ,	<del></del>				
section 511 taxes) from businesses acquired after June 30, 1975	10a	payments received on securities loans, rents,		0 14	3,837 60	6,985 20		10,822 94
C Add lines 10a and 10b	b	section 511 taxes) from businesses		0	0	o		
activities not included in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	С			0 14	3,837 60	6,985 20		10,822 94
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11	activities not included in line 10b, whether		0	0	0		0
loss from the sale of capital assets (Explain in Part VI.)	12			<del> </del>				
Total support. (Add lines 9, 10c, 11, and 12.)		loss from the sale of capital assets				]		
and 12.)		(Explain in Part VI.)		0	0	01		01
organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	13							547,327 21
Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	14		=			~		
Public support percentage from 2013 Schedule A, Part III, line 15								
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))								
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)					<u>· · · · · · · · · · · · · · · · · · · </u>	<u></u>	16	<u>%</u>
Investment income percentage from 2013 Schedule A, Part III, line 17					ulina 40 materia	(6)	147	
33¹/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ □  b 33¹/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □							<del></del>	
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization .   b 33½% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization								
b 331/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
	b	331/a% support tests 2013. If the organiz	ation did not o	check a box on I	line 14 or line 1	9a, and line 16	is more than 3	331/3%, and
	20			_				_

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Secti	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	5	r -
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	λ.	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	18,5	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	,	-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		-
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
<b>9</b> a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	-	
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	106		

Part	Supporting Organizations (continued)			<del></del>
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ĺ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
þ	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	on B. Type I Supporting Organizations		,	
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ļ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sact	on C. Type II Supporting Organizations	2		L
<del>56</del> 00	on or 13ho ii onbhorang organizadolia		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 53	1.40
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	on D. All Type III Supporting Organizations			<del></del>
4	Did the executively any side to each of its supported executively as he had do not the Efficiency to the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			)
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	i		
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally-Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netnu	ction	e)·
a	☐ The organization satisfied the Activities Test. Complete line 2 below.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>-</b> y.
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			-
b	·	2a		<del>                                     </del>
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		l
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this perent	3h		;

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T	-	
instructions for short tax year or assets held for part of year):	1		•
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		•
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	izations (continued)	_		
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to supported organizations to accomplish exempt purposes  Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızations			
4	Amounts paid to acquire exempt-use assets	·				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
	7 Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	ch the organization is res	sponsive			
	(provide details in Part VI). See instructions.					
9_	Distributable amount for 2014 from Section C, line 6					
<u>10</u>	Line 8 amount divided by Line 9 amount	<del></del>				
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
a	· · · · · · · · · · · · · · · · · · ·					
<u>b</u>						
C	·		:			
d	1					
	From 2013					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2014 distributable amount					
<u>i</u>	Carryover from 2009 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.					
4	Distributions for 2014 from Section					
	D, line 7: \$	ļ.				
<u>a</u>	Applied to underdistributions of prior years					
ь	Applied to 2014 distributable amount					
_ <u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		**			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а						
b						
С						
d						
е	Excess from 2014	-				

Schedule A (F	m 990 or 990-EZ) 2014	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
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	***************************************	
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#### **SCHEDULE I** (Form 990)

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#### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

(12)

Foundation to Decrease World Suck

▶ Attach to Form 990.

Open to Public Inspection

45-3782765

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation book, FMV, appraisal other) 1 (a) Name and address of organization or government (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance (b) EIN (1) Wildlife Waystation 95-3190812 \$40 500 00 \$0 operating funds (2) American Friends of Un Techo Para Mi Pais Inc 27-1479398 \$40,500 00 SO operating funds (3) Not Forgotten, Inc 26-0734351 \$40 500 00 \$0 operating funds (4) Love 146 20-1168284 \$40 500 00 \$0 operating funds (5) Save the Children 06-0726487 \$40,500 00 \$0 operating funds (6) The Office of Letters and Light 65-1282653 \$40 500 00 \$0 operating funds (7) Mercy Children's Hospital 44-0605373 \$40 500 00 \$0 operating funds (8) Harry Potter Alliance 20-8045792 \$40,500 00 \$0 operating funds (9) CAF American 43-1634280 \$40,500 00 SO operating funds (10) (11)

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Cat No 50055P

0 Schedule I (Form 990) (2014)

	(Form 990) (2014)					Page 2
Part III				e organization answ	vered "Yes" to Form 990,	Part IV, line 22
	Part III can be duplicated if addition		<del></del>		, <del></del>	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(7) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provi	de the information re	equired in Part I, I	ne 2, Part III, columi	n (b), and any other additi	onal information.
Part I 2						
We rely o	in the sound judgement of the board and director	ors of these nonprofits				
			14-1-4			·
			*****	***************************************		
				***************************************		
				***************************************		
					**************************************	**************************************
_						Schedule I (Form 990) (2014)

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

#### 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.

20**14** 

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Foundation to Decrease World Suck	Employer identification number 45-3782756
Part VI, 2	
John Green and William Green are brothers who founded the community that supports the organization Micl	nael Green is their father
Part VI, 11b	······································
The organization did not use a process to review this 990	
Part VI, 12c	
The conflict of interest policy is reviewed with the governing body annually	
	***************************************
Part VI, 19	
Our organization made governing documents, conflict of interest policy, and financial statements available to	the public by posting them on our website,
ing inworks or by	·
	***************************************
·	

Schedule O (Form 990 or 990-EZ) (2014)		Page 2
Name of the organization	Employer identification number	
Foundation to Decrease World Suck	45-3782765	
Market 1997 - 19		
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