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

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

OMB No. 1545-1150

Form **990-EZ** (2013)

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A F	or the	2013 calenda	ar year, or tax year beginning JANUARY 1 , 20	13, and ending	DEC	CEMBER	, 20	13
В	heck if ap	pplicable:	C Name of organization	<u> </u>	D Emplo	oyer identificati	on number	
	Address c	change	SAVE A VET			26-22333	89	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepl	hone number		
=	Initial retu		387 NORTHGATE RD			815-349-9	647	
=	Terminate		City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Grou	p Exemption		
=	Amended Applicatio		LINDENHURST, ILLINOIS 60046			ıber ▶		
		ting Method:	Cash	н	Check •	if the org	anization i	s not
	Vebsite	Ü	/.SAVE-A-VET.ORG			to attach Sch	-	
JΤ	ax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(	) or 527	•	90, 990-EZ, or		
			✓ Corporation ☐ Trust ☐ Association ☐ Other	,				
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000	or more, or if tot	al assets			
(Pai	t II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$	138	3,462
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see the	instruc	tions for Pa	art I)	
		Check if	the organization used Schedule O to respond to any question	on in this Part I				~
	1	Contributio	ns, gifts, grants, and similar amounts received			1	138	3,462
	2	Program se	ervice revenue including government fees and contracts		[	2		0
	3	Membersh	ip dues and assessments		[	3		0
	4	Investment	income		[	4		0
	5a	Gross amo	unt from sale of assets other than inventory	a	0			
	b	Less: cost	or other basis and sales expenses	b	0			
	С		ss) from sale of assets other than inventory (Subtract line 5b from	m line 5a)	[	5c		0
	6	_	d fundraising events					
4)	а		ome from gaming (attach Schedule G if greater than	1				
Revenue		-		a	0			
š	b		me from fundraising events (not including \$	_of contribution	าร			
æ			aising events reported on line 1) (attach Schedule G if the	. 1				
			<u> </u>	b	0			
	4			ond 6h and au	btroot			
	d	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a	and ob and su	Diract	64		
	70	,	s of inventory, less returns and allowances	 a		6d		
	7a b			b				
	C		it or (loss) from sales of inventory (Subtract line 7b from line 7a)		-	7c		0
	8		nue (describe in Schedule O)			8		0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	138	3,462
	10		I similar amounts paid (list in Schedule O)			10		0
	11		aid to or for members			11		0
Ś	12		ther compensation, and employee benefits			12		0
Expenses	13		al fees and other payments to independent contractors			13		0
þei	14		/, rent, utilities, and maintenance		-	14	7	7,200
Ж	15		ublications, postage, and shipping		-	15	43	3,151
	16		enses (describe in Schedule O)			16	85	5,827
	17		enses. Add lines 10 through 16			17	136	5,178
S	18		(deficit) for the year (Subtract line 17 from line 9)			18	2	2,284
set	19		or fund balances at beginning of year (from line 27, column					
Net Assets		end-of-yea	r figure reported on prior year's return)		[	19	88	3,697
et	20	Other char	iges in net assets or fund balances (explain in Schedule O)		[	20	2	2, <b>28</b> 4
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20		. ▶	21	86	6.413

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Pa	Balance Sheets (see the instructions	,				
	Check if the organization used Schedule	e O to respond to a	ny question in this			•
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			4,897	+	2,466
23	Land and buildings			15,000	-	15,000
24	Other assets (describe in Schedule O)			68,000	+	68,000
25	Total line litting (describe in Calcadula C)			88,697	-	85.466
26	,		-		26	0 410
27 Par	Net assets or fund balances (line 27 of column  Statement of Program Service Accom	· / •		88,697	21	86,413
rai	Check if the organization used Schedule	• `		,		Expenses
Wha	t is the organization's primary exempt purpose?	SUPPORTING DISA	<u> </u>	Tarrii		quired for section (c)(3) and 501(c)(4)
					org	anizations and section
	cribe the organization's program service accomplineasured by expenses. In a clear and concise n					17(a)(1) trusts; optional
	ons benefited, and other relevant information for ea		e services provide	u, the number of	Tor	others.)
•	RESCUES & SUPPORTS MILITARY & LAW ENFORC		OGS SURING SERVI	CE AND UPON		
	RETIREMENT					
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here .	▶ 🗆	288	a 66,430
29	PROVIDES HOUSING AND EMPLOYMENT FOR DISA					
	INJURED IN THE LINE OF DUTY					
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here .	🕨 🗌	298	a 8,090
30	PROVIDES EDUCATION & AWARENESS OF MILITAI	RY & LAW ENFORCE	MENT WORKING DO	GS AND		
	DISABLED MILITARY & LAW ENFORCEMENT VETE	RANS INJURED IN TH	IE LINE OF DUTY			
		t includes foreign gra	ants, check here .	🕨 🗌	30a	a 39,970
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	t includes foreign gra	ants, check here .	<u> ▶ ∐</u>	318	
	Total program service expenses (add lines 28a				32	,
Par	List of Officers, Directors, Trustees, and Ke			•		Ć
	Check if the organization used Schedule	e O to respond to a	ny question in this (c) Reportable	Part IV (d) Health benefits,	+	<u> U</u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ	/ee <b>(e</b>	) Estimated amount of
	(a) Name and the	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-			other compensation
DAN	IEL SCHEURER	112	(ii not paid, onto: o	deletted demperiodate		
	F EXECUTIVE OFFICER			0	0	0
	E HAMOUZ	30			+	
	ELOPMENT DIRECTOR			0	0	0
	SCHEURER	30			+	
	ERNMENT LIASON/PR DIRECTOR	-		0	0	0
	DEUS HUPP	30				
DIRE	CTOR OF COLLEGE AFFAIRS			0	0	0
DAV	ID CRAWFORD	60				
DIRE	CTOR OF VETERAN AFFAIRS			0	0	0
		-				
		_				
		_				
					$\perp$	
		1	I	I		

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Part '	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
22	Did the appropriation appears in any circuit and activity and appropriately to the IDCO If "Vee " apprished a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots \ldots \ldots$	36		_
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee $\mathbf{or}$ were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	_		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
	section 4911 $\blacktriangleright$ 0; section 4912 $\blacktriangleright$ 0; section 4955 $\blacktriangleright$ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ▶ ILLINOIS			
42a	The organization's books are in care of ▶ DANIEL SCHEURER Telephone no. ▶	815-34	9-964	7
	Located at   387 NORTHGATE RD. LINDENHURST  At any time during the colondar year did the expenientian baye an interest in an expensive or other outberists over	60	046	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No 🗸
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

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Form 99	90-EZ (20	013)								F	Page 4
										Yes	No
46		ne organization engage, directly or in									
		ndidates for public office? If "Yes," o		, Part I	•				46		
Part		Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47–49b ar	nd 52	2, and co	mplete th	e tab	les f	or lin	ies
		50 and 51.	·			•	•				
		Check if the organization used Scl	hedule O to respond	I to any question i	in this	s Part VI					. $\square$
										Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Par		section 501(h) elec			during the	tax	47		
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Sc	hedule E			48		
49a	Did th	ne organization make any transfers t	o an exempt non-cha	ritable related orga	anizat	tion?		. [	49a		
b		s," was the related organization a se						. [	49b		
50		olete this table for the organization's									
	emple	oyees) who each received more than	1 \$100,000 of comper	nsation from the or	ganiz			e, ent	er "N	lone.	,
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	lh	(d) Health contributions tenefit plans, a compen	to employee and deferred		stimate er com		
NONE											
	<b>-</b>		<b>A</b> 400.000								
		number of other employees paid ov			ONE .						
51	\$100.	olete this table for the organization' ,000 of compensation from the orga	s five nignest compe inization. If there is no	ensated independe one, enter "None."	ent c	ontractors	wno eacr	ı rece	eivea	more	e tna
	(a)	Name and business address of each independ	dent contractor	(b) Type of	service	9	(C)	Comp	ensati	on	
				1							
				-							
				†							
				1							
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	. ▶		NO	ONE			
52	Did th	ne organization complete Schedule A	A? <b>Note</b> . All section 5	01(c)(3) organization	ons a	nd 4947(a)	(1)				
	none	xempt charitable trusts must attach	a completed Schedul	le A				<b>V</b>	Yes		No
		of perjury, I declare that I have examined this i						nowled	ge and	belief	, it is
	rrect, an	d complete. Declaration of preparer (other than	1 officer) is based on all inic	ormation of which prepa	rer nas	any knowied	ige.				
Sign		Signature of officer				Date	•				
Here		DANIEL SCHEURER				Date	•				
		Type or print name and title									
D-:-!		Print/Type preparer's name	Preparer's signature		Date		Oka	: <sub>E</sub> F	PTIN		
Paid	oro	The property of the state of th					Check L self-emplo	if . yed			
Prep		Firm's name ►	1			Firm	's EIN ▶				
Use	Utily	Firm's address ▶					ne no.				-
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions				<b>▶</b> □	Yes	П	Nο

#### **SCHEDULE 0** (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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
SAVE-A-VET	26-2233389
BALANCE SHEET	
OTHER ASSETS	
1989 INTERNATIONAL STRAIGHT TRUCK - \$13,500	
1996 FORD ECONOLINE - \$9,000	
1998 CHEVY BLAZER - \$4,000	
1998 LAYTON TRAVEL TRAILER - \$6,500	
1998 FORD EXPLORER - \$5,000	
CUSTOM TRAILER #1 - \$2,800	
CUSTOM TRAILER #2 - \$13,613	
PROMOTIONAL INVENTORY - \$32,000	
TOTAL - \$86,413	
	·

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	
·		

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## **Specific Instructions**

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.* 

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee.
  - c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
  - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
  - 4. Part V, Other Information.
  - a. "Yes" response to line 33.
  - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available

#### **SCHEDULE 0** (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.

OMB No. 1545-0047

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

Name of the organization	Employer identification number
SAVE-A-VET	26-2233389
EXPENSES	
OTHER EXPENSES	
FUEL COSTS - \$21,801	
KO HOHEINO (\$20,000)	
K9 HOUSING - \$30,898	
K9 MEDICAL - \$8,775	
K9 FOOD - \$9,440	
K9 TRANSPORTATION - \$10,521	
K9 AQUISITION -	
VEHICLE PURCHASE - \$1,512	
VEHICLE I OHOHAGE - WIJGIE	
IPASS - 0	
MISC - 0	
INSURANCE - \$2,880	
70741 407 007	
TOTAL - \$85,827	

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	
·		

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

#### **Purpose of Schedule**

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Do not use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

#### Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization is not required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## **Specific Instructions**

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Do not use this schedule to provide the latefiling statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

**Group return.** If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the group return. **Do not use** this schedule. See the Instructions for Form 990, *I. Group Return.* 

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

- 1. Part III, Statement of Program Service Accomplishments.
  - a. "Yes" response to line 2.
  - b. "Yes" response to line 3.
  - c. Other program services on line 4d.
- 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.
  - a. "No" response to line 3b.
  - b. "Yes" or "No" response to line 13a.
  - c. "No" response to line 14b.
- 3. Part VI, Governance, Management, and Disclosure.
- a. Material differences in voting rights among members of the governing body in line 1a.
- b. Delegation of governing board's authority to executive committee.
  - c. "Yes" responses to lines 2 through 7b.
- d. "No" responses to lines 8a, 8b, and 10b.
  - e. "Yes" response to line 9.
- f. Description of process for review of Form 990, if any, in response to line 11b.
  - g. "Yes" response to line 12c.
- h. Description of process for determining **compensation** in response to lines 15a and 15b.
- i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or did not make any of Forms 1023, 1024, 990, or 990-T publicly available.
- j. Description of public disclosure of documents in response to line 19.
- 4. Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors.
- a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.
- b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).
- 5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

- 6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).
- 7. Part XI, Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.
- 8. Part XII, Financial Statements and Reporting.
- a. Change in accounting method or description of other accounting method used on line 1.
- b. Change in committee oversight review from prior year on line 2c.
  - c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions:

- 1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.
- a. Description of other revenue, in response to line 8.
- b. List of grants and similar amounts paid, in response to line 10.
- c. Description of other expenses, in response to line 16.
- d. Explanation of other changes in net assets or fund balances, in response to line 20.
  - 2. Part II, Balance Sheets.
- a. Description of other assets, in response to line 24.
- b. Description of total liabilities, in response to line 26.
- 3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.
  - 4. Part V, Other Information.
  - a. "Yes" response to line 33.
  - b. "Yes" response to line 34.
- c. Explanation of why organization did not report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Do not include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available

#### 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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Open to Public Inspection

**Employer identification number** 

SAV	E-A-VET									26-22	33389		
Pa	rti R	eason f	or Public Cha	rity Status (All orga	ınization	s must c	omplete	this pa	rt.) See i	nstructio	ns.		
The	organizati	on is not	a private founda	ation because it is: (Fo	or lines 1 t	through 1	1, check	only one	e box.)				
1	A chu	ırch, con	vention of churc	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2	☐ A sch	ool desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3				spital service organiza		-	section 1	170(b)(1)	(A)(iii).				
4	☐ A me	dical res		on operated in conjun						0(b)(1)(A)(	(iii). Ent	er the	
5	☐ An or	ganizatio	=	the benefit of a colle	ge or uni	versity o	wned or	operated	I by a go	vernment	al unit	descrik	ped in
6 7	☐ An or	ganizatio	on that normally	nment or government receives a substantia	al part of					nit or from	n the ge	eneral	public
•				(A)(vi). (Complete Par	-	lata Da							
8	_			n <b>section 170(b)(1)(A</b>					.,				
9	recei; supp	ots from ort from	activities related	receives: (1) more that to its exempt functent income and unreafter June 30, 1975. See	ions-sul	bject to d siness ta	certain ex xable ind	come (les	s, and (2) ss sectio	no more	than 3	31/3%	of its
10	☐ An or	ganizatio	on organized and	d operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(	(4).			
11				nd operated exclusive							or to c	arry o	ut the
	purpo	oses of o	one or more pub	olicly supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or se	ection 509	9(a)(2).		
	•	Type I		_ * .						Non-funct		ntegra	ted
е	e ☑ By ch other	necking t than fou	his box, I certify undation manage	that the organization ers and other than on	is not co	ntrolled d	irectly or	indirectl	ly by one	or more	disquali	fied pe	rsons
		ction 509		a unittan datamainati	on from	the IDC t	hat it ia	a Tuma	I Tuno	ll or Tun	. III au	nnout:	
f	orgar	nization,	check this box	a written determination									. 🗌
g	follow	ving pers	ons?	he organization acce									
				ndirectly controls, eit							nd	Yes	No
				ody of the supported							11g(	i)	~
		-	-	on described in (i) abo							11g(	ii)	~
				a person described in							11g(i	ii)	~
h	<b>Provi</b>	de the fo	llowing informat	ion about the support	ed organi	zation(s).							
(i)	Name of su organizat		(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your oort?	organiza (i) organi	Is the tion in col. zed in the S.?	(vii) Amo	unt of mo support	onetary
				, ,	Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													

Part II

	(Complete only if you checked the Part III. If the organization fails to				-	•	alify under
Secti	on A. Public Support	1 7				,	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 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	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	( ) 0000	# > 0040		( 1) 00 ( 0	( ) 0040	(A T
_	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	•	,			12	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2013 (line 6			1, column (f))		14	%
15	Public support percentage from 2012 Sch					15	%
16a	331/3% support test—2013. If the organization qual						heck this . ► □
b	331/3% support test—2012. If the organic check this box and stop here. The organi					15 is 33 <sup>1</sup> / <sub>3</sub> %	or more, . ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd <b>stop here.</b> E	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the eets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and <b>st</b>	op here.
18	Private foundation. If the organization did	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

## 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.)

Secti	on A. Public Support			, ,	- <b>I</b>	/	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				122,215	138,462	260,677
2	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				0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf				0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				0	0	0
6	<b>Total.</b> Add lines 1 through 5				122,215	138,462	260,677
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				0	0	0
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
С	Add lines 7a and 7b				0	0	0
8	Public support (Subtract line 7c from						
<u>C1:</u>	line 6.)						260,677
	on B. Total Support	(-) 0000	(I-) 0010	(-) 0044	(-I) 0040	(-) 0040	(6) T-1-1
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				122,215	138,462	260,677
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .				0	0	0
h	Unrelated business taxable income (less				0	U	
b	section 511 taxes) from businesses						
	acquired after June 30, 1975				0	0	0
С	Add lines 10a and 10b				0	0	0
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on				0	0	0
12	Other income. Do not include gain or					-	
	loss from the sale of capital assets						
	(Explain in Part IV.)				0	0	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				122,215	138,462	260,677
14	First five years. If the Form 990 is for the	ne organizatior	n's first, secon	d, third, fourth	n, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop he						<b>&gt;</b> 🗸
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2013 (line 8					15	100 %
16	Public support percentage from 2012 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (		. ,	•		17	0 %
18	Investment income percentage from 2012					18	%
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	331/3% support tests—2012. If the organiz						
	line 18 is not more than 33½%, check this l	_	_		· · · · · · ·		_
20	Private foundation. If the organization di	a not check a	box on line 14	, 19a, or 19b, (	cneck this box a	ana see instrud	ctions 🕨 🔝

Schedule A (I	Form 990 or 990-EZ) 2013	Page 4
Part IV	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions).	and