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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

▶ 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.

Internal Revenue Service and ending For the 2013 calendar year, or tax year beginning Check if D Employer identification number C Name of organization Address change 46-2100400 THE LIFE YOU CAN SAVE Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number X Initial return 818-606-5752 10540 NE MORNING LN Terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return BAINBRIDGE ISLAND, WA 98110-4144 Number > Accounting Method: Cash X Accrual Other (specify) H Check If the organization is not Website: ▶ WWW.THELIFEYOUCANSAVE.COM required to attach Schedule B 501(c) (4947(a)(1) or Tax-exempt status (check only one) _ X 501(c)(3) _) **◄**(insert no.) (Form 990, 990-EZ, or 990-PF). ____ Association K Form of organization: ____ Corporation ____ Trust Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 117,306. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule 0) 117,306. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Grants and similar amounts paid (list in Schedule 0) 10 10 11 11 Benefits paid to or for members MAY 16 2014 22,552. 12 Salaries, other compensation, and employee benefits 12 13 382. 13 Professional fees and other payments to independent SEE SCHEDULE O 471. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 67,591. SEE SCHEDULE O Other expenses (describe in Schedule O) 16 90,996. Total expenses, Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 26,310. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule 0) 20 26,310. Net assets or fund balances at end of year. Combine lines 18 through 20

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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<u>ا مع</u>	art II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to res	ond to any questic	n in this Part II			X
				(A) Beginning of year		(B) E	nd of year
22	Cash.	savings, and investments		0 .	. 22		4,372.
23		and buildings			23		
24		assets (describe in Schedule O) SEE SCHEDULE C		0 .	. 24	<u> </u>	30,630.
25		assets		0	25		35,002.
26		liabilities (describe in Schedule 0) SEE SCHEDULE C	, –	0	26		8,692.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		0	27	<u> </u>	26,310.
	ret III	Statement of Program Service Accomplishme	nts (see the instruct	ions for Part III)	1	Fx	penses
1 6	*** ****	Check if the organization used Schedule O to res			X	(Required	for section
Mha	t ic the c	organization's primary exempt purpose? SEE SCHEDULE C	ona to any questic	THI CHIST CITCH			and 501(c)(4)
							ons and section trusts; optional
		rganization's program service accomplishments for each of its three largest program the the services provided, the number of persons benefited, and other relevant inform		ses in a clear and concise		for others	
		SCHEDULE O				t-r	
20	355	SCHEDOLE O			—		
		A Million and the formation and				28a	81,531.
	(Grants	s\$) If this amount includes foreign (rants, cneck nere		<u></u>	204	01,551.
29							
						1	
	(Grants	s \$) If this amount includes foreign of	rants, check here	<u> </u>	<u> </u>	29a	
30						1 [
					- 1		
	(Grants		grants, check here	<u> </u>	Щ	30a	
31	Other p	program services (describe in Schedule O)	•		$\overline{}$]	
	(Grants		grants, check here		<u> </u>	31a	01 531
32	Total p	program service expenses (add lines 28a through 31a)	·12'2		<u> </u>	32	81,531.
Pa	art IV	List of Officers, Directors, Trustees, and Key E			see the	nstructions f	or Part IV)
		Check if the organization used Schedule O to res		- F	7.4		<u> </u>
			(b) Average hours per week devoted to	(C) Reportable compensation (Forms		ealth benefits, ributions to	(e) Estimated
							I amount of other
		(a) Name and title	1 '	W-2/1099-MISC)	empl plans,	oyee benefit and deferred	amount of other compensation
			position		empl plans,	oyee benefit	amount of other compensation
		E KNOWLTON	position	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation
PR	ESII	E KNOWLTON DENT	1 '	W-2/1099-MISC)	empl plans,	oyee benefit and deferred	
PR CH	ESII [ARL]	E KNOWLTON DENT IE BRESLER	position 8 • 0 0	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation 0 .
PR CH SE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER FARY AND EXECUTIVE DIRECTOR	position	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	position 8 • 0 0	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation	compensation 0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	0.
PR CH SE PE	ESII ARLI CRET	E KNOWLTON DENT IE BRESLER TARY AND EXECUTIVE DIRECTOR SINGER	8.00 32.00	W-2/1099-MISC) (if not paid, enter -0-)	empl plans,	oyee benefit and deferred npensation 0.	compensation 0.

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Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V \mathbf{X} Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each Х 33 activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X 34 documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported X on lines 2, 6a, and 7a, among others)? 35a \overline{N} b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax Х 35c requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Schedule N 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made Х 38a in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 39b N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0 • ; section 4955 ▶ 0. 0 • ; section 4912 ► 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? 40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. 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 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ NONE Telephone no. $\triangleright 818-606-5752$ 42a The organization's books are in care of ► THE ORGANIZATION Located at ▶ 10540 NE MORNING LN, BAINBRIDGE ISLAND, ZIP+4 > 98110-4144b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? 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. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c Х If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A 43 and enter the amount of tax-exempt interest received or accrued during the tax year 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 X 44b of Form 990-EZ X c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d ın Schedule O X 45a 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)

Form 990-EZ (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Implementation number

OMB No 1545-0047

Open to Public

Schedule A (Form 990 or 990-EZ) 2013

Name of t	the organizati	on		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	E	mployer	identification number	
		THE LIF	E YOU CAN SA	VE						6-2100400	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions			
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one t	ox.)				
1 🔲	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🔲			tal service organization			170(b)(1)	(A)(iii).				
4 🗔	· ·	•	-					(b)(1)(A)(ii	i). Enter	the hospital's name,	
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.										
5 🗀	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 🗀	A federal, sta	ite, or local governm	ent or governmental un	t describe	d ın sectio	n 170(b)(1)(A)(v).				
7 X		•	eives a substantial part					or from the	general	public described in	
		b)(1)(A)(vi). (Comple		• • •		Ü			J	•	
8 🗌			ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	-		eives: (1) more than 33		-	rom contr	butions, n	nembershi	p fees, a	and gross receipts from	
	activities rela	ted to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33	1/3% of its	support	t from gross investment	
	income and i	unrelated business to	axable income (less sec	tion 511 ta	x) from bu	sinesses i	acquired b	y the orga	ınızatıon	after June 30, 1975.	
	See section	509(a)(2). (Complete	Part III.)								
10 🗔	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectic	n 509(a)(4	4).			
11 🔲	An organizat	on organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	, or to carr	y out the	purposes of one or	
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509(a)(3). Ch	eck the box that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.					
	a Type	ı b □ Tչ	/pe∥ c⊡T	ype III - Fu	nctionally	integrated	c	а 🗀 тур	e III - No	n-functionally integrated	
e 📖	By checking	this box, I certify tha	it the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons other than	
	foundation m	anagers and other t	han one or more publicl	y supporte	ed organiza	ations des	cnbed in s	ection 509	9(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	nis box							<u></u>	
9	Since Augus	t 17, 2006, has the c	organization accepted a	ny gift or c	ontribution	from any	of the foll-	owing per	sons?		
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons of	described	ın (ıı) and (ııi) below	, Yes No	
	the gov	eming body of the si	upported organization?							11g(i)	
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)	
	(iii) A 35% (controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
				T .		1 -		I (N)	.1		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the ion in col.	Torganizatio	on in col.	(vii) Amount of monetary	
orga	anization		(described on lines 1-9 above or IRC section	1 ,,	,, , ,		r support?	(i) organiz U.S	ed in the	support	
			(see instructions))	Yes		Yes		Yes			
				res	NO	162	NO	res	No		
				1							
				 		 	 	1			
]			ł				
			<u> </u>	 							
				1				1			
											
Total				1				1	l		

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 THE LIFE YOU CAN SAVE 46-21004 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")					117,306.	117,306.			
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to					1				
	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					117,306.	117,306.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly				ł					
	supported organization) included	′ %								
	on line 1 that exceeds 2% of the									
	amount shown on line 11,				ŀ					
	column (f)						110,258.			
6	Public support. Subtract line 5 from line 4						7,048.			
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4					117,306.	117,306.			
8	Gross income from interest,									
	dividends, payments received on					[
	secunties loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business					1				
	activities, whether or not the									
	business is regularly carned on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10		e tar s	,	*		117,306.			
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth t	tax year as a section	n 501(c)(3)				
<u> </u>	organization, check this box and stor						▶X			
	tion C. Computation of Publ									
	Public support percentage for 2013 (column (f))		14	%			
	Public support percentage from 2012	•	•			15	<u>%</u>			
16a	33 1/3% support test - 2013. If the c	-			: 14 is 33 1/3% or r	nore, check this bo	x and			
	stop here. The organization qualifies		-	=						
Þ	33 1/3% support test - 2012. If the c				d line 15 is 33 1/3%	6 or more, check th	is box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances tes	-								
	and if the organization meets the "fac			-	- '	π iv now the organ	ization			
	meets the "facts-and-circumstances"		•			47	1004			
b	10% -facts-and-circumstances tes	-								
	more, and if the organization meets the						·			
40	organization meets the "facts-and-circ		•	•						
ΙÖ	Private foundation. If the organization	n did not check a	DOX ON IME 13, 16	a, 100, 1/a, 01/1/	D, CHECK THIS DOX 8	anu see instruction	<u>s</u>			

Schedule A (Form 990 or 990-EZ) 2013 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.)

Se	ction A. Public Support		<u> </u>						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants ")								
2	Gross receipts from admissions,								
	merchandise sold or services per-								
	formed, or facilities furnished in any activity that is related to the	İ							
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ızatıon's benefit and either paid to					1			
	or expended on its behalf	1							
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	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								
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)	1 1 Wills				* % **			
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties								
	and income from similar sources								
t	Unrelated business taxable income	1							
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b.								
	whether or not the business is								
	regularly carned on								
12	Other income Do not include gain or loss from the sale of capital								
	assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thır	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,		
	check this box and stop here								
	ction C. Computation of Publ								
	Public support percentage for 2013 (•	•	olumn (f))		15	%		
	Public support percentage from 2012					_16_	%		
	ction D. Computation of Inve	·-······················							
	Investment income percentage for 20	•	•	ne 13, column (f))		17	<u>%</u>		
	•	rcentage from 2012 Schedule A, Part III, line 17							
19a	33 1/3% support tests - 2013. If the						7 is not		
	more than 33 1/3%, check this box a		-	•	• • •				
t	33 1/3% support tests - 2012. If the	-					and		
	line 18 is not more than 33 1/3%, che			•		-	▶∐		
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>		

Schedule A	(Form 990 or 990-E	7) 2013 THE	LIFE Y	OU CAN	SAVE		46-2100400 Page 4
Part IV	Supplemental	Information	Provide the	e explanations	s required by	Part II, line 10; Part II, line 17a o	
	Also complete this	part for any add	ditional inform	nation. (See in	nstructions).		,
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2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

990-EZ

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Current Year Deduction		· ·		4	4		E		t r	:				1	t	,		
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Asset		ř.	7						t	•	1				•	1		-

12.1 (D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

332211 09-04-13

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. ▶ 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

OMB No 1545-0047

Name of the organization

THE LIFE YOU CAN SAVE

Employer identification number 46-2100400

THE LIFE YOU CAN SAVE		46-2	100400
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, U	JTILITIES,	AND M	AINTENANCE:
DESCRIPTION OF EXPENSES:			AMOUNT:
DEPRECIATION			471.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:			
DESCRIPTION OF OTHER EXPENSES:			AMOUNT:
WEBSITE AND HOSTING		· -	48,767.
TRAVEL			4,100.
OUTREACH			12,193.
OFFICE SUPPLIES			184.
CORPORATE FILINGS AND BANK FEES			2,347.
TOTAL TO FORM 990-EZ, LINE 16			67,591.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:			_
DESCRIPTION	BEG. OF Y	EAR	END OF YEAR
GRANT RECEIVABLE		0.	27,692.
OTHER DEPRECIABLE ASSETS		0.	2,938.
TOTAL TO FORM 990-EZ, LINE 24		0.	30,630.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	5:		
DESCRIPTION	BEG. OF Y	EAR	END OF YEAR
PAYROLL LIABILITIES PAYABLE		0.	8,692.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	THE LIFE Y	OU CAI	N SAVE IS A
MOVEMENT OF PEOPLE FIGHTING EXTREME POVERTY. WE	HOLD THAT	AN ET	HICAL
LIFE INVOLVES USING SOME OF OUR WEALTH AND RESOU	JRCES TO SA	VE AN	0
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedu	le O (Form	990 or 990-EZ) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

➤ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

THE LIFE YOU CAN SAVE	46-2100400
IMPROVE THE LIVES OF THOSE LESS FORTUNATE THAN US.	
FOR THIS REASON, WE SPREAD KNOWLEDGE OF WHAT ALL OF US CAL	N DO TO REDUCE
POVERTY AND WE ENCOURAGE PEOPLE TO PUBLICLY PLEDGE A PERC	ENTAGE OF
THEIR INCOME TO HIGHLY EFFECTIVE AID ORGANIZATIONS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
WE SPREAD KNOWLEDGE OF EFFECTIVE WAYS INDIVIDUALS CAN ACT	
TO REDUCE EXTREME GLOBAL POVERTY THROUGH OUR WEBSITE,	
GIVING GAMES, SOCIAL NETWORKING, AND MEDIA OUTREACH. IN	
2013, OUR EFFORTS MOVED NEARLY \$600,000 TO OUR RECOMMENDED	D, HIGHLY
EFFECTIVE CHARITIES.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	.,,,,