## 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

▶ 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2013 calend	ar year, or tax year beginning , 2013, and ending			, 20		
В	Check if a	applicable: C Name of organization D En			oyer iden	tification number		
	Address	change SEMPER FIT INC				1320064		
Н	Name cha	10000 <del>00</del> 1000	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite	E Telep	hone num			
H	Initial retu		762 NINTH STREET 581					
H	Terminate Amended		F Group Exemption					
П		on pending		ber ▶				
G	Accoun	ting Method:	heck I	► ☐ if ti	he organization is <b>no</b> t			
1.3	Website	e: ▶				h Schedule B		
JI	ax-exer	mpt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (F	orm 99	90, 990-E	EZ, or 990-PF).		
- 20			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets				
(Pa	ırt II, col	lumn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		<b>▶</b> \$	46,753		
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the in	nstruc	ctions fo			
			the organization used Schedule O to respond to any question in this Part I .					
	1		ons, gifts, grants, and similar amounts received		1	46,753		
	2		ervice revenue including government fees and contracts		2			
	3		ip dues and assessments		3			
	4	Investment			4			
	5a	Gross amo	ount from sale of assets other than inventory 5a					
	b		or other basis and sales expenses					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c			
	6	Gaming and fundraising events						
	а	Gross inc						
ne			6a					
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions					
Re		from fundr	aising events reported on line 1) (attach Schedule G if the					
Dista.		sum of suc	th gross income and contributions exceeds \$15,000)   6b					
	С	Less: direc	t expenses from gaming and fundraising events 6c					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract				
		line 6c) .			6d			
	7a	Gross sale	s of inventory, less returns and allowances					
	b	Less: cost	of goods sold					
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other rever	nue (describe in Schedule O)	[	8			
(1)	9	Total reve	<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶	9			
	10	Grants and	similar amounts paid (list in Schedule O)	[	10			
	11	Benefits pa	aid to or for members	[	11			
68	12	Salaries, of	ther compensation, and employee benefits	[	12			
S	13	Profession	al fees and other payments to independent contractors	[	13			
Expense	14	Occupancy	y, rent, utilities, and maintenance	[	14			
ũ	15	Printing, pu	ublications, postage, and shipping	[	15			
	16		enses (describe in Schedule O)		16	72,926		
	17	Total expe	nses. Add lines 10 through 16	▶	17	72,926		
S	18	Excess or (	(deficit) for the year (Subtract line 17 from line 9)		18	(26,173)		
se	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v					
As		end-of-yea	r figure reported on prior year's return)	. [	19	29,253		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20			
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶	21	3,080		

Pa	rt II Balance Sheets (see the instruction	ons for Part II)				
	Check if the organization used Sche	dule O to respond to a	ny question in this	Part II		🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			30,214		3,792
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O) .  Total assets				24	
26	Total assets				25 26	3792
27	Net assets or fund balances (line 27 of co	lumn (B) <b>must</b> agree wit	th line 21)		27	712 3,080
Total Control	t III Statement of Program Service Acc	. ,				
	Check if the organization used Sche				(Rec	Expenses quired for section
Wha	t is the organization's primary exempt purpose	? SEE SCHEDULE 0			501(	c)(3) and 501(c)(4)
Desc	cribe the organization's program service acco	mplishments for each of	of its three largest p	rogram services,		nizations and section 7(a)(1) trusts; optional
	neasured by expenses. In a clear and concisions benefited, and other relevant information f		e services provided	, the number of		thers.)
28	SEMPER FIT INC DBA AS SEMPER FIDELIS HEA					
	PROVIDING HEALTH AND WELLNESS TRAININ	G, EDUCATION AND SUF	PPORT TO OUR NATIO	ON'S WOUNDED,		
	ILL AND INJURED VETERANS, THEIR FAMILY N					
29	(Grants \$ ) If this amo	ount includes foreign gr	ants, check here .	▶ 🗆	28a	72,926
29						
	(Grants \$ ) If this amo	ount includes foreign gr	ants. check here .	▶ □	29a	
30		gg-	,			
200		ount includes foreign gra			30a	
31		<sup>7</sup> (U)				
	Other program services (describe in Schedule					
	(Grants \$ ) If this amo	ount includes foreign gr	ants, check here .	▶ □	31a	
32	(Grants \$ ) If this amo	ount includes foreign gra 28a through 31a)	ants, check here .		32	72,926
	(Grants \$ ) If this amount of the control of the co	ount includes foreign gr 28a through 31a) . d <b>Key Employees</b> (list eac	ants, check here h one even if not com	<b>&gt;</b>	32 struc	72,926
32	(Grants \$ ) If this amo	ount includes foreign gra 28a through 31a) d <b>Key Employees</b> (list each dule O to respond to a	ants, check here	oensated—see the in Part IV (d) Health benefits,	32 struc	72,926 ctions for Part IV)
32	(Grants \$ ) If this amount of the control of the co	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	32 struc 	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here	censated—see the in Part IV	32 struc 	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC)	Densated—see the in Part IV	32 struc 	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	bunt includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
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32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
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32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)
32 Par	(Grants \$ ) If this amount of the composition of th	ount includes foreign gra 28a through 31a)	ants, check here  th one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 estruc	72,926 ctions for Part IV)

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	162	NO.
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	1	V
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		1
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		
С	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		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	STOREST CO.		
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	00		,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a	BY TO ASS	1
39	Section 501(c)(7) organizations. Enter:	-		
а	Initiation fees and capital contributions included on line 9			
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: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 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		1
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		1
41	List the states with which a copy of this return is filed ▶ NORTH CAROLINA			
42a	The organization's books are in care of ► ELIJAH SACRA Telephone no. ►			
h	Located at ► 762 NINTH STREET DURHAM NC  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	277		NI-
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO V
	If "Yes," enter the name of the foreign country: ▶	720		V
	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 Form 1041—Check here 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		1
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45-	explanation in Schedule O	44d		,
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
400	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

ac

								Yes	No
		ne organization engage, directly or in							
	to car	ndidates for public office? If "Yes," o	omplete Schedule C	Parti			. 4	6	1
Part \		Section 501(c)(3) organizations All section 501(c)(3) organization: 50 and 51.		stions 47–49b ar	nd 52, and	d complete th	e tables	for lin	nes
		Check if the organization used Sch	nedule O to respond	I to any question i	n this Par	t VI			. 🗆
								Yes	No
	year?	ne organization engage in lobbying If "Yes," complete Schedule C, Parl	tll				. 4	_	1
		organization a school as described in					_		1
		ne organization make any transfers to	-						<b>V</b>
		s," was the related organization a se					. 49		1
		plete this table for the organization's byees) who each received more than			ganization	. If there is non			
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, ations to employee plans, and deferred empensation	(e) Estim other o	ated amo	
		NONE							
			And					<u></u>	
	-1104/2								
f	Total	number of other employees paid over	er \$100,000	. NO	NE				
51	Comp	olete this table for the organization'	s five highest compe	ensated independe	ent contra	 ctors who each	receive	ed more	e than
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c)	Compens	ation	
		NONE							
				<b>#100.000</b>			DAIE		
		number of other independent contra			. ▶		ONE		
		ne organization complete Schedule A kempt charitable trusts must attach a				AND SHEET STATES	► <b>∨</b> Y	es 🗌	No
Under pe	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	ying schedules and stat	ements, and	to the best of my kr	nowledge a	and belief	f, it is
40, 0011	rrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							-	
Sign Here	Signature of officer  Date  Date						7		
	Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN	1	
Prepa	rer					self-emplo			
Use C		Firm's name ▶			was are established	Firm's EIN ▶			
	- 1113	Firm's address ▶				Phone no.			
May th	e IRS	discuss this return with the preparer	shown above? See	nstructions			► □ Y	es 🗆	No

#### 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 ► 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

Name of the organization **Employer identification number** SEMPER FIT INC 27-1320064 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **d** Type III–Non-functionally integrated a Type I **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vi) Is the the organization in in col. (i) listed in your organization in col. support (described on lines 1-9 organization governing document? col. (i) of your (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes No No Yes Yes No (A) (B) (C) (D) (E)

**Total** 

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1,940	78,728	172,783	46,753	300,204
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.						300,204
	on B. Total Support	(),0000			1 0 0010	(-) 0010	(6) T-+-I
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4		1,940	78,728	172,783	46,753	300,204
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	. (see instruction	ons) n's first, second	d, third, fourth	 , or fifth tax ye	12 ear as a sectio	300,204 300,204 in 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor			200			
14	Public support percentage for 2013 (line 6			1, column (f))		14	%
15	Public support percentage from 2012 Sch	nedule A, Part	II, line 14 .			15	%
16a	331/3% support test-2013. If the organize	zation did not	check the box	on line 13, and	l line 14 is 33 <sup>1</sup> /	3% or more, cl	neck this
	box and stop here. The organization qual						
b	331/3% support test-2012. If the organ	nization did no	t check a box	on line 13 or	16a, and line		
	check this box and stop here. The organi						
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	tion meets the neets the "facts	e "facts-and-ci s-and-circumst	rcumstances" ances" test. T	test, check th he organization	nis box and <b>st</b> on n qualifies as a	op here. a publicly
18	Private foundation. If the organization di						
	instructions						. – 📙

#### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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

Employer identification number

SEMPER FIT INC	27-1320064
PART 1 - LINE 16 - OTHER EXPENSES - SEE ATTACHMENT 1	
PART III	
	ANCE - PROVIDING HEALTH AND
SEMPER FIT INC DBA AS SEMPER FIDELIS HEALTH & WELFARE FOCUSES ON VETERANS ASSIST.	
WELLNESS TRAINING, EDUCATION AND SUPPORT TO OUR NATION'S WOUNDED, ILL AND INJURE	D VETERANS, THEIR FAMILY MEMBERS
AND CAREGIVERS. DURING 2013, 1,652 VOLUNTEERS PROVIDED SERVICES VALUED AT \$333,704	·
	*
DART V OUTSTION 424	
PART V QUESTION #34	
DURING 2013 THE ORGANIZATION RELOCATED TO THE STATE OF NORTH CAROLINA	

### SEMPER FIT INC 27-1320064 FORM 990 EZ SCHEDULE O - OTHER EXPENSES 12/31/2013

GENERAL ADMINISTRATION	
OFFICE SUPPLIES	612
TRANSACTION FEES	454
	1,067
PROGRAM EXPENSES	
EVENTS	5,490
FAX AND POSTAGE	1,006
FITNESS EQUIPMENT	27,959
FOOD AND SUPPLEMENTS	5,024
SUPPLIES & MATERIALS	4,724
PROMOTION	223
TRAVEL AND MEETINGS	13,473
CONTINUING ED	7,309
PRINTING AND COPYING	909
PROFESSIONAL FEES	3,638
UNIFORM EXPENSE	2,105
	71,859
	72,926