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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

F	INAL SALUTE INCORPORATED	80-0660380
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
85	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle See instructions
rector of the discontinuous for	y(1), (0), or (10) organization can oncor boxed for both the denoral male and a openial ne	110. 000 11101101101
General Rule		
18-A-2-3	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a,	
any one contribut	or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1. Complete Parts I and II.	
24 19-4 19-4 19-4 19-4 19-4 19-4 19-4 19-	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ	
the prevention of	cruelty to children or animals. Complete Parts I, II, and III.	
<u> </u>	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	7.
350	s <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled m here the total contributions that were received during the year for an <i>exclusively</i> religious	
and substance of the su	mplete any of the parts unless the General Rule applies to this organization because it i	See Access to the Section of the Sec
religious, charitab	le, etc., contributions totaling \$5,000 or more during the year	\$
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	500 Marian
	n Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	orm 990-PF, Part I, line 2, to
John y and it dooding moot		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

FINAL SALUTE INCORPORATED

80-0660380

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 252000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 17500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 10000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
23452 10-18	-16	Schedule B (Form	990, 990-EZ, or 990-PF) (2016)

Employer identification number

FINAL SALUTE INCORPORATED

80-0660380

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10000.	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 10000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5000.	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 10000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12			Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-18-	16	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)

Employer identification number

FINAL SALUTE INCORPORATED

80-0660380

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	, (d) Date received
			4
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
			31
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-16	\$	90, 990-EZ, or 990-PF) (2016

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization FINAL SALUTE INCORPORATED **Employer identification number** 80-0660380

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4:	Total number at end of year	(-,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4			
5	Aggregate value at end of year Did the organization inform all donors and donor advisors in value.	writing that the assets held in donor advi	sed funds
J	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
J	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by th	e organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	물론 전경에 자동소리를 하고 있는데 보고 있다. 그리고 있다는데 보고 있는데 보고 있는데 보고 있는데 보고 있다. 그리고 있는데 보고 있는데 보고 있는데 보고 있는데 보고 있는데 되었다. 그리고 있는데 보고 있는데 보고 되었다면 보고 있는데 보고 있는데 되었다면 보고 있는데 보	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	VIA. 24 47 45-24 2100-24
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
TB	conservation easements.	f A.d. Iliahawia al Tuanasuwan au C	Mhay Circilay Assats
Pai	t III Organizations Maintaining Collections of		Jiner Similar Assets.
) **********	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		Landhalana abaatuu uka afaut biatariaal
b	If the organization elected, as permitted under SFAS 116 (AS		
ş	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pl	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
33. 	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gain, provide
petite	the following amounts required to be reported under SFAS 1		C
b	Assets included in Form 990, Part X		Φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2016

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4100

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the c	- Otner Securities. organization answered "Yes"	on Form 990 Part IV	line 11h See Form 99	0 Part X line 12	
(a) Description of security or ca		(b) Book value			nd-of-year market value
(1) Financial derivatives					
(2) Closely-held equity interes	sts				
(3) Other			*		F1
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 9	tions, a state to the property of the artists of the artists of the state of the st				•
Part VIII Investments					
Complete if the o	of investment	on Form 990, Part IV, (b) Book value			d-of-year market value
	Ormvestment	(b) Book value	(C) Method of	valuation. Cost of el	id-oi-year market value
(1)					
(2)					<u> </u>
(3)					
(4) (5)					
(6)					
(7)			5,3		
(8)					
(9)					
Total. (Col. (b) must equal Form 9	990, Part X, col. (B) line 13.)				
Part IX Other Assets					
Complete if the o	rganization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990	0, Part X, line 15.	
	(a) [Description			(b) Book value
(1)					
(2)					To the second se
(3)	·				
(4)					
(5)					
(6)		4			
(7)					
(8)					
(9) Total. (Column (b) must equal	Form 900 Part Y cal (R) line	2 15)			
Part X Other Liabilit		<i>5 10.)</i>			
	rganization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Fo	rm 990. Part X. line 2	5
	Description of liability	<u> </u>	(b) Book value		
(1) Federal income taxes					
(2)					
(3)		25			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal	Form 990 Part X col (R) line	25)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

THE STATE OF THE PARTY OF THE STATE OF THE S	orm 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited finan-	cial statements	1	583279
2 Amounts included on line 1 but not on Form 990, Part VIII	I, line 12:		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		¥6
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		9.502 2240
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1		3	583279
4 Amounts included on Form 990, Part VIII, line 12, but not	on line 1:		
a Investment expenses not included on Form 990, Part VIII,	, line 7b 4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	F02270
5 Total revenue. Add lines 3 and 4c. (This must equal Form			583279
Part XII Reconciliation of Expenses per Audite Complete if the organization answered "Yes" on Fo		es per neturn.	
1 Total expenses and losses per audited financial statemen		1 4	514958
2 Amounts included on line 1 but not on Form 990, Part IX,			
La Duiana and a altitudada a sala	2h		
c Other losses	2c		
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0
3 Subtract line 2e from line 1		3	514958
4 Amounts included on Form 990, Part IX, line 25, but not o	n line 1:		
a Investment expenses not included on Form 990, Part VIII,			
b Other (Describe in Part XIII.)	4b		590
c Add lines 4a and 4b		4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form Part XIII Supplemental Information.	n 990, Part I, line 18.)	5	514958
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete thi	o panero promoto any ara-ara-ara-ara-ara-ara-ara-ara-ara-ara		
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete thi			
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nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete thi			
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete thi			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 80-0660380 FINAL SALUTE INCORPORATED Form 990, Part III, Line 1, Description of Organization Mission: veterans and their children. Form 990, Part VI, Section B, line 11b: Reviewed in Board Meeting Form 990, Part VI, Section B, Line 12c: Reviewed in Board Meeting. All Business agreements and actions are discussed at each board meeting to ensure no unethical, immoral or illegal acts are being conducted. If any actions are found to be bequestionable, they are immediately investigated by our Board Legal Counsel. If misconduct is found, the board member or officer would be removed and could face legal action. Form 990, Part VI, Section B, Line 15: (Box 55) The board votes on and approves all salaries, (Box 56) The board votes on and approves all salaries Form 990, Part VI, Section C, Line 19: Website Form 990, Part IX, Line 24e, All Other Functional Expenses: Storage and Moving: 9906. Program service expenses 0. Management and general expenses Fundraising expenses Schedule O (Form 990 or 990-EZ) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

632211 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization FINAL SALUTE INCORPORATED	Employer identification number $80-0660380$
Total expenses	9906.
Resident Manager Stipend:	
Program service expenses	7200.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	7200.
Auto:	
Program service expenses	5499.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	5499.
	्री गा
Tax and License:	
Program service expenses	5133.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	5133.
Clothing:	
Program service expenses	3933.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	3933.
Head Shot Photographer:	
Program service expenses	3858.
632212 08-25-16	Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization FINAL SALUTE INCORPORATED	Employer identification number $80-0660380$
Management and general expenses	0.
Fundraising expenses	. 0 .
Total expenses	3858.
Gifts:	
Program service expenses	2820.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	2820.
Grant Writer:	
Program service expenses	0.
Management and general expenses	0.
Fundraising expenses	2670.
Total expenses	2670.
Coaching:	
Program service expenses	2518.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	2518.
Charitable Contributions:	
Program service expenses	2366.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	2366.

632212 08-25-16

FINA0381