Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For th	he 2012 calend	dar year, or tax	year begi	nning		, 2012, and	ending						
В		if applicable:	C Name of organ	nization FI	NAL SALU	TE INCORP	ORATED	enung		D Employ	er Identi	fication Nur	nber	
	A	ddress change	Doing Busines								0660			
	Na	ame change	Number and s	treet (or P.O.	box if mail is not d	lelivered to street a	ddr)	Room/sui	ite	E Telepho				
	In	nitial return	P. O. BOX	156				A-2-1000					-	
	Te	erminated	City, town or o				State ZIP	code + 4	-	. (70	3) 2.	24-884	5	
	Ar	mended return	HAYMARKET	,			VA 20	1160		G 0		400		
	HA	pplication pending	_		pal officer:		VA 20		(a) Is this	a group retur	n for affil	423,		
	ш.		Cpt Jaspen Boot			+ Warmark	o+ 373 20						Yes	X No
ī	Tax-	exempt status	X 501(c)(3)	501(c) (947(a)(1) or	527	If 'No,'	affiliates incl attach a list.	(see inst	ructions)	les	Пио
J		bsite: ► N/		301(0) () (11	iser(iio.) 4	347(a)(1) 01							
K		/	X Corporation	Trust	Association	Other •	T			exemption nu				
-	art I	Summar		Trust	Association	Other	L Year o	of Formation	1: 201	0 Ms	tate of le	gal domicile	: VA	
1		Briefly describ	he the organiza	tion's mice	ion or most si	anificant activi	tion: -							
	١.	To provi	be the organiza	# d = = = 3	barrain of	gnincant activi	ties: To p	rovid	e_tra	nsitio	nal	housi	ng:	
ce		their ch	de transi	Lional	nousing	for nome.	Less tema	le ve	tera	as and				
nar		cherr Cu	ridren.											
Ver	2	Check this ho	x F if the	organizati	on discontinue	d its operation	or disposed		thon OF	0/ -6:4				
Activities & Governance	3	Number of vot	ting members	of the gove	ernina body (Pa	art VI. line 1a)	s or disposed	oi more	man 25	% OF ITS DE	3	IS.		1.0
90	4	Number of inc	dependent votir	g member	s of the govern	ning body (Par	t VI, line 1b)				4			13
tie	5	Total number	of individuals e	employed in	n calendar yea	ar 2012 (Part V	, line 2a)				5			13
it.	6	Total number	of volunteers (estimate if	necessary) .						6			112
A	7a	Total unrelate	d business rev	enue from	Part VIII, colu	mn (C), line 12					7a			0.
_	b	Net unrelated	business taxat	ole income	from Form 99	0-T, line 34					7b			
		_							P	rior Year		Curre	ent Yea	ar
e	8	Contributions	and grants (Pa	rt VIII, line	: 1h)					65,0	21.		364,	363.
Revenue	9	Program servi	ice revenue (Pa							100.				
3ev	10	Investment inc	come (Part VIII											
-	11 12	Total revenue	e (Part VIII, col	umn (A), li	nes 5, 6d, 8c,	9c, 10c, and 1	1e)							
_			- add lines 8							65,0			123,	463.
			milar amounts							38,9	53.			
			to or for memb											
Se			r compensation											
Expenses			undraising fees											
xbe	b	Total fundraisi	ing expenses (Part IX, co	lumn (D), line	25) >		0.						
ш	17	Other expense	es (Part IX, col	umn (A), li	nes 11a-11d,	11f-24e)				14,6	80.		293.	902.
			s. Add lines 13							53,6				902.
	19		expenses. Sub							11,3				561.
900									Beginnin	g of Current			of Yea	
Net Assets Fund Balanc	20	Total assets (f	Part X, line 16)						Dogillini	11,4				340.
Pt A	21	Total liabilities	(Part X, line 2	26)				[,	510.
ž.	22	Net assets or	fund balances.	Subtract li	ine 21 from lin	e 20				11,4	40		138	340.
Pa	rt II	Signature	e Block							/-	20.	-	.50,	310.
_		ties of perjury, I dec	clare that I have ex-	amined this re	turn, including acc	ompanying schedule	es and statements.	and to the	best of m	v knowledge	and helie	f it is true	correct :	and
com	olete. De	eclaration of prepar	clare that I have exa er (other than office	er) is based on	all information of	which preparer has	any knowledge.			,euge	and bone	, , , , , , , , , , , , , , , , , , , ,	Jonest, e	and
		1	DW	100						18/14	NEIT	3		
Sig	ın	Signature	e of officer						Da	te				
He	re		Jasnen V	V. Buol	the - Pr	esident / F	ounder							
		Type or p	print name and title											
		Print/Type pri	reparer's name	27 10-11-1	Preparer's sin	ature	Date	•		Check	if P	TIN		
Pai	id	James	G. Moran,	CPA	W2/N	1 Mun	CAAL	118/2	413	self-employe	d	01376	130	
	pare		-	& COMP	ANY, PC			-	-17	, , , , ,	14	32370		-
	e Onl					SUITE 106				Firm's EIN	54	144433	4	
			MANAS	NAME OF TAXABLE PARTY.		VA				Phone no.	(703			0
May	the IF	RS discuss this	s return with the	-	shown above?					1 Hone Ho.	(103	X Yes	0188	No
		The service of the		p. openor		(300 motructio)					I les		140

Forn	m 990 (2012) FINAL SALUTE INCORPORATED	80-066038	0 Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	To provide transitional housing:		
	To provide transitional housing for homeless female veterans an	<u>d</u>	
	their children.		
2	Did the organization undertake any significant program services during the year which were not listed on	0	
_	Form 990 or 990-EZ?		
	If 'Yes,' describe these new services on Schedule O.		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	uicos2	Yes X No
	If 'Yes,' describe these changes on Schedule O.	ices:	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services	es as measured l	OV AVDADEAS
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amothers, the total expenses, and revenue, if any, for each program service reported.	ount of grants and	allocations to
	others, the total expenses, and revenue, if any, for each program service reported.		
4 a	a (Code:) (Expenses \$ 251.463, including grants of \$ 35.000.)		
	(Code:) (Expenses \$251,463. including grants of \$35,000.) (Figure 251,463. including grants of \$35,000.)	Revenue \$	59,100.
	and eight children.		
4 b	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (F	Povonuo É	
	(Code)	leveriue \$)
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 251.463.)
4 e	Total program service expenses ► 251.463.		

Form 990 (2012) FINAL SALUTE INCORPORATED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		x
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b	-	х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20 :	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		х
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) FINAL SALUTE INCORPORATED

Part IV | Checklist of Required Schedules (continued)

		1	T	T
21	Did the organization report more than \$5,000 of seconds and all		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	x	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		x
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		x
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	30	х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	7	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2012)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			age
_	Check if Schedule O contains a response to any question in this Part V			[
1	a Enter the number resolution Do. 2 of 5 - 1005 Fig. 1005		Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Secretary and the second	or (Concepts)
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	7	B 4 9 1	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
	b If 'Yes,' enter the name of the foreign country: ►			THE REAL PROPERTY.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		x
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	O D		172.0
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	, ,		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		x
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
	as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	160		
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1999		
â	Did the organization make any taxable distributions under section 4966?	9 a		
ı	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:		733	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	1	1	
	Section 501(c)(12) organizations. Enter:		3 04	
	a Gross income from members or shareholders	1839		
	against amounts due or received from them.)			
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of f'Yes,' enter the amount of tax-exempt interest received or accrued during the year	7		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		
110	Note. See the instructions for additional information the organization must report on Schedule O.	7.11	BAR	
t	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
,	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x

14b

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI......

Se	ction A. Governing Body and Management			
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	h Enter the number of voting members included in line to share who are independent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		x
3	of officers, directors or trustees, or key employees to a management company or other person?	3		x
4		4		
5		5		X
6	Did the organization have members or stockholders?	6		X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	x	
	b Each committee with authority to act on behalf of the governing body?	8 b	X ·	
9	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Cod	e.)
10			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			151/00
12:	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14		14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers of key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	100	4755	NAME OF
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
ŀ	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►			
18		lable	for pul	olic
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:		
ВАА	Carolyn Does Quickbooks 3900 Jermantown Rd, Ste 300 Fairfax VA 22030 (70	3)_9	3 <u>4</u> - 4	

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization	Thor arry r	Clated	lorg	((III COII	iperis	ated any current offic	er, director, or trustee	
(A) Name and Title	(B) Average hours per	one bo offic	x, uni er an	not o	check	more to is both r/trustee	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	thé organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CPT Jaspen Boothe	10.00									
President				x				0.	0.	0.
(2) Gale Pale	15.00									
Executive Director		x		х				0.	0.	0.
(3) Eric Bonetti	10.00	x		х				0.	0.	0.
(4) John Zorich	15.00									
Treasurer				x				0.	0.	0.
(5) Wendy Dorsey Secretary	5.00	х		х				0.		
(6) BG (ret) Julia Cleckley	5.00			Α.				0.	0.	0.
Member-Board of Directors		X						0.	0.	0.
(7) Matt Curry Member-Board of Directors	5.00	x						0.	0.	0.
	5.00	х						0.	0.	0.
(9) Joe Campa Member-Board of Directors	5.00	х						0.	0.	0.
(10) SMsgt Lisa Arnold Member-Board of Directors	5.00	х								
(11) Brian Drummond	10.00						1	0.	0.	0.
Member-Board of Directors		X		_	_			0.	0.	0.
(12) Councilman Dan Drummon Member-Board of Directors	_5.00	x						0.	0.	0.
(13) Jeannette King Member-Board of Directors	5.00	х						0.	0.	0.
(14) Gary McInturff Member-Board of Directors	5.00	x						0.	0.	0.

on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

5 Ecction B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)

Name and business address

Compensation

1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.

Form 990 (2012)

		Check if Schedule O contains	a resp	onse to any question	n in this Part VIII			
\$					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ANT	1 a	Federated campaigns						312, 313, 313
GR	b	Membership dues			S. C. T. Walle			
FTS,	c	Fundraising events						
5 A	d	Related organizations						
SNO	e	Government grants (contributions)	1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMII AR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above		364,363.				
SA	g	Noncash contributions included in Ins 1a-	-					
_ш	h	Total. Add lines 1a-1f			364,363.			
呂				Business Code				
PROGRAM SERVICE REVENUE	2 a	Donated Assets		62422	59,100.	59,100.	0.	0.
S	С							
S	d							
3RA	е							
80	. f	All other program service revenu						
4	g	Total. Add lines 2a-2f			59,100.			
	3	Investment income (including div	idends	, interest and			- American Color	
	1	other similar amounts)						
	5							
	5	Royalties	lool	(ii) Personal				
	6.2	Gross rents	cai	(II) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)			DECEMBER OF STREET	MORES SPACE OF		
		(i) Sec.		(ii) Other				
	/a	Gross amount from sales of assets other than inventory .		(ii) Olioi				
	b	Less: cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ENUE	8 a	Gross income from fundraising e (not including . \$						
Æ		of contributions reported on line						
OTHER REVE		See Part IV, line 18						
6		Less: direct expenses			THE CORPORATION AND PARTY OF THE PARTY OF TH			
		Net income or (loss) from fundrai		vents				
		Gross income from gaming activities See Part IV, line 19						
		Less: direct expenses						
	С	Net income or (loss) from gaming	g activi	ties				
		Gross sales of inventory, less ret and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of	of inver					
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С	T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.T.						
		All other revenue			Canala Charles			
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions .			423,463.	59,100.	0.	0.

	rt IX Statement of Functional Expens	RATED		80-066	0380 Page 10
Sec	ction 501(c)(3) and 501(c)(4) organizations must c	complete all columns. A	All other organizations m	ust complete column (A).
	Check if Schedule O contains a re	(A)	(B)	(C)	
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
5	Benefits paid to or for members				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		4		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal	1,053.	0.	1,053.	0.
	Accounting	3,765.	0.	3,765.	0.
	Lobbying				1 7
	Investment management fees				
	Other, (If line 11g amt exceeds 10% of line 25, col-				
	umn (A) amt, list line 11g expenses on Sch 0)	17,777.	720.		0.
13	Office expenses	21,472.	19,325.	2,147.	0.
14	Information technology	6,564.	5,560.	1,004.	0.
15	Royalties				
16	Occupancy	15,897.	7,107.	9 700	
17	Travel	18,910.	17,019.	8,790. 1,891.	0.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,720.	117013.	1,091.	0.
19	Conferences, conventions, and meetings	114,850.	114,332.	518.	0.
20	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	1 400	4 444		
23		1,403.	1,403.	0.	0.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Books, Subscriptions	459.	0.	459.	0.
b	License	499.	0.	499.	0.
	Bank Service Charges	112.	0.	112.	0.
d	Credit Reports	390.	0.	390.	0.
	All other expenses	90,751.	85,997.	4,754.	0.
25	Total functional expenses. Add lines 1 through 24e	293,902.	251,463.	42,439.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	-			

		Check if Schedule O contains a response to any qu	estion in the	his Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			11,440.	1	80,384.
	2	Savings and temporary cash investments				2	00/301.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, di nployees.	rectors, Complete			
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	ersons (as	defined under		6	
A	7	Notes and loans receivable, net		ouriodaio E			
ASSETS	8	Inventories for sale or use				7	
Ţ	9	Prepaid expenses and deferred charges				8	
5	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				9	
		Less: accumulated depreciation	104	59,100.		100000	
	11	Investments — publicly traded securities	100	1,144.		10 c	57,956.
	12	Investments – other securities. See Part IV, line 11				11	
	13	Investments – program-related. See Part IV, line 11				12	11. 1
	14	Intendible assets			13		
	15	Intangible assets Other assets. See Part IV, line 11			14		
		Total assets. See Fait IV, IIIIe II			15		
_	16	Total assets. Add lines 1 through 15 (must equal line 3 Accounts payable and accrued expenses		11,440.	16	138,340.	
	18	Grants payable			17		
	19	Deferred revenue				18	
	20	Tax-exempt bond liabilities				19	
i.	21	Escrow or custodial account liability. Complete Part IV				20	
AB						21	
1 1 1	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	dicqualific	nd noreone		22	
	23	Secured mortgages and notes payable to unrelated thi				23	
E	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0
NET		Organizations that follow SFAS 117 (ASC 958), check lines 27 through 29, and lines 33 and 34.	here ► K	and complete	Ů.	20	0.
A	27	Unrestricted net assets			11,440.	27	120 240
ANNETS	28	Temporarily restricted net assets			11,440.	28	138,340.
T S	29	Permanently restricted net assets			29	-	
O R		Organizations that do not follow SFAS 117 (ASC 958).			White the second	25	
DZC4		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30		
BA	31	Paid-in or capital surplus, or land, building, or equipme				31	
BALAZOES	32	Retained earnings, endowment, accumulated income,				32	
CE	33	Total net assets or fund balances			11,440.	33	138,340.
Š	34	Total liabilities and net assets/fund balances			11,440.	34	138,340.
BA	A						Form 990 (2012)

For	n 990 (2012) FINAL SALUTE INCORPORATED					
_	n 990 (2012) FINAL SALUTE INCORPORATED rt XI Reconciliation of Net Assets	80-066	0380		Pa	age '
I a						-
1	Check if Schedule O contains a response to any question in this Part XI					2
2	Total expenses (must equal Part VIII, column (A), line 12)	1		4	23,4	163
3	Total expenses (must equal Part IX, column (A), line 25)		_	2	93,9	902
	Revenue less expenses. Subtract line 2 from line 1			1	29,5	561
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				11,4	140
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-2,6	561
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				27	, , ,
D.	column (B))	10		1	38,3	340
ra	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					. Г
					Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[300		200
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	and the same of	х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie separate basis, consolidated basis, or both:	wed on a		1/2/		
	Separate basis Consolidated basis Both consolidated and separate basis			DISCRETE		-
	Were the organization's financial statements audited by an independent accountant?			2 b		x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both:	arate				
	Separate basis Consolidated basis Both consolidated and separate basis					
	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the aud	it,	2 c		

If the organization changed either its oversight process or selection process during the tax year, explain

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

3 b

Form 990 (2012)

in Schedule O.

BAA

TEEA0112 08/09/11

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

	_			EIN												80-0	66038	30		
Parl	_	Re	aso	n for	Pub	lic (Chari	ty Sta	atus	(All o	rganization	s must	compl	ete thi	s part.) See	instruc	ctions.		
	rga	inizat	ion is	s not a	priva	te fo	undati	ion bec	ause	e it is: (F	or lines 1 thro	ough 11, (check or	nly one b	oox.)					
1	L	A c	nurch	, conv	entior	of c	hurch	es or a	SSOC	iation of	churches des	cribed in	section	170(b)(1)(A)(i).					
2											ach Schedule									
3											zation describ									
4		A m	edica	al rese	arch	organ	izatio	n oper	ated	in conju	nction with a h	nospital d	describe	d in sec	tion 170	(b)(1)(A)(iii). Ent	ter the hosp	oital's	
	_	nan	ie, ci	ty, and	d state	e:														
5	L	1/0	(I)(I)	(A)(IV)	. (00	mpie	te Pai	rt II.)			e or university					mental	unit desc	cribed in se	ction	
6		A fe	dera	, state	e, or lo	ocal o	govern	nment o	or go	vernmer	ntal unit descri	ibed in se	ection 1	70(b)(1)	(A)(v).					
7	F	11115	ectio	11/0(D)(I)(d	A)(VI	. (00	mplete	Pari	t II.)	al part of its si			vernmer	ntal unit	or from	the gene	eral public o	describ	ped
8	F										(Comple									
9	x	unre (Co	lated nplet	busine busine e Part	empt tess tax	able	ons — incom	subjec e (less	t to co	ertain ex on 511 ta	3-1/3% of its su ceptions, and x) from busines	(2) no mo sses acqu	ore than : iired by t	33-1/3% ne organ	of its su ization a	pport fro fter June	and gros m gross 30, 1975	is receipts from the second se	om act incom on 509	ivities e and (a)(2).
10		An	organ	ization	n orga	nized	and	operate	ed ex	clusivel	y to test for pu	ublic safe	ty. See	section	509(a)(4	4).				
11		Supp	orte	a organ	nzatic	INS OF	escribe	ea in se	ection	1509(2)	r the benefit of, (1) or section 5 ough 11h.	to perfor 509(a)(2).	m the fur . See se	nctions o ction 50	f, or carr 9(a)(3). (y out the Check th	purposes e box tha	s of one or n at describes	ore pu	ublicly ope of
		a	Тур	e I	b		Туре	II	c	Тур	e III - Functio	nally inte	egrated		d 🗍	Type III	- Non-fi	unctionally	integr	ated
е		othe	runa	ing thin foun (09(a)(datior	l ce mar	rtify th	nat the s and o	orga ther	nization than one	is not controlle or more pub	led direct licly supp	tly or incorred or	lirectly b ganizati	W one o	r moro r	licaualifi.	ad narcana		
f		If th	e org	anizat	ion re	ceive	daw	ritten o	leterr	mination	from the IRS	that is a	Type I.	Type II	or Type	III suppo	orting or	nanization		
		CHE	K tin	2 DOY																Ц
g		Sinc	e Au	gust 1	7, 200)6, ha	as the	organi	izatio	n accep	ted any gift o	r contribu	ution fro	m any o	f the fol	lowing p	ersons?			
		(i)	A p	erson	who c	lirect	ly or i	ndirect	ly co	ntrols, e	ither alone or rganization?	together	with per	rsons de	scribed	in (ii) aı	nd (iii)	11 - (1)	Yes	No
		/II)																	-	-
		(ii)									above?							3 4.7		
		(iii)	A 3	5% co	ntrolle	ed en	tity of	a pers	son d	escribed	l in (i) or (ii) a	bove?						11 g (iii)		
h		Prov	ide t	ne foll	owing	infor	matio	n abou	it the	support	ed organizatio	n(s).								
		(i) Na	me of organi	supporte zation	ed		(ii)	EIN		(descrit	e of organization bed on lines 1-9 or IRC section instructions))	column (your go	Is the ration in i) listed in overning ment?	(v) Did yo the organ column (i sup	ou notify ization in) of your port?	organiz colur organize	s the ration in mn (i) ed in the S.?	(vii) Amour su	nt of mo	netary
	_											Yes	No	Yes	No	Yes	No			
(A)																				
200																				
(B)	_															100				
(C)																				
(D)									_			-								
(E)																				
Total						38			1			10/67	14 18	133	1					

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

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	ction A. Public Support					B B		
Cale beg	endar year (or fiscal year inning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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	S						
4	Total. Add lines 1 through 3			1				
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							
Sec	tion B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.)					2	*	
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activity	ties, etc (see inst	ructions)			12		
13	First five years. If the Form 990 is organization, check this box and s	s for the organiza	ation's first, second	d, third, fourth, or	fifth tax year as a	section 501(c)(3)		
	tion C. Computation of Pub		- M					
	Public support percentage for 201						%	
	Public support percentage from 20						%	
16 a	a 33-1/3% support test — 2012. If the and stop here. The organization of	he organization of qualifies as a pub	lid not check the b licly supported or	oox on line 13, and ganization	d the line 14 is 33-	1/3% or more, chec	k this box	
b	33-1/3% support test — 2011. If the and stop here. The organization of	e organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	, and line 15 is 33	-1/3% or more, che	ck this box	
17 a	10%-facts-and-circumstances test or more, and if the organization meets the 'facts-in the 'facts-in the organization meets the 'facts-in the organization meets the 'facts-in the organization meets the 'facts-in the 'facts-in the organization meets the 'facts-in t	neets the 'facts-ai	nd-circumstances	test, check this b	ox and stop here.	Explain in Part IV I	now	
	b 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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▶							
18	Private foundation. If the organiza	ation did not ched	ck a box on line 13	3, 16a, 16b, 17a, d	or 17b, check this	box and see instruc	tions ►	
BAA					Sob	adula A /Form 900	000 E7\ 0010	

| 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.)

	tion A. Public Support								
Calen 1	dar year (or fiscal yr beginning in) ► Gifts, grants, contributions	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total	
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')								
2	Gross receipts from admis-			749.	65,021.	423,46	3.	489,233.	
	sions, merchandise sold or services performed, or facilities furnished in any activity that is								
	related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge.		72.9						
	Total. Add lines 1 through 5			749.	65,021.	423,46	3.	489,233.	
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons					220/2		103,233.	
Ŀ	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								
	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6.)			The Samuel of th				489,233.	
Sec	tion B. Total Support								
Calen	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total	
9	Amounts from line 6			749.	65,021.	423,46	3.	489,233.	
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							200	
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			0.	0.		0.	0.	
	Add lines 10a and 10b			0.	0.		0.	0.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						1		
13	Total support. (Add Ins 9, 10c, 11, and 12.)			749.	65,021.	423 46	3	489,233.	
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.								
Sec	tion C. Computation of Pub	lic Support F	Percentage						
15							15	%	
16	Public support percentage from 20°	11 Schedule A, Pr	art III, line 15				16	8	
Sec	tion D. Computation of Inve	estment Incom	me Percentage	е					
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))								
18	Investment income percentage from	n 2011 Schedule	A, Part III, line 17			[18	%	
	33-1/3% support tests — 2012. If t is not more than 33-1/3%, check th	is box and stop h	ere. The organizat	tion qualifies as a pu	ublicly supported o	rganization .		▶	
	33-1/3% support tests — 2011. If the line 18 is not more than 33-1/3%, c	heck this box and	stop here. The or	ganization qualifies	as a publicly supp	orted organi	zation	▶	
20	Private foundation. If the organiza	tion did not check	a box on line 14,	19a, or 19b, check t	his box and see in	structions.		▶ 🔲	

Scriedule A	(101111 990 01	990-EZ) 2012	FINAL	SALUTE	INCORE	PORATED		80-0660380	Page 4
Part IV	Suppleme Part II, line (See instru	ntal Inform e 17a or 17 uctions).	ation. Cor b; and Par	mplete thi t III, line	s part to 12. Also	provide to complete	he explanations this part for any	required by Part II, line additional information.	10;