Form	887	'9-	EO
Form	001	<b>U</b>	

### IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service For calendar year 2019, or fiscal year beginning \_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_

Go to www.irs.gov/Form8879EO for the latest information.

2019

Name of exempt organization

Employer identification number

80-0660380

20

### FINAL SALUTE INCORPORATED

Name and title of officer ROBERT STEERE

EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b _	833,450.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X Lauthorize BAILEY, STUBE & GLASER, PC	to enter my PIN	98765
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within th is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 of indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature  Date  Date		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification         number (EFIN) followed by your five-digit self-selected PIN.         Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (Mef <i>e-file</i> Providers for Business Returns.	<b>v</b>	
ERO's signature Date 11	/15/20	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

LHA **For Paperwork Reduction Act Notice, see instructions.** 923051 10-03-19

Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

For the 0040 colordon week

## EXTENDED TO NOVEMBER 16, 2020

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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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Go to www.irs.gov/Form990 for instructions and the latest information.



АГ	or the	and and a sear, or tax year beginning and	enaing				
B C a	heck if	C Name of organization D Employer identification number					
	Addre	e FINAL SALUTE INCORPORATED					
	Name Chang	e Doing business as		80-066038	30		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	PO BOX 156		(703)224-8845			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	833,450.		
	Ameno	HAIMARKEI, VA 20100		H(a) Is this a group re			
	Applic tion	F Name and address of principal officer: KOBERI SIEERE		for subordinates	? Yes X No		
	pendir	SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: $X = 501(c)(3) = 501(c) ( ) < (insert no.) = 4947(a)(1) + (insert no.) = 501(c) + (inser$	or 527	If "No," attach a	list. (see instructions)		
_		te: LEADERSHIP@FINALSALUTEINC.ORG		H(c) Group exemption			
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2010 N	I State of legal domicile: VA		
Pa	rt I	Summary					
đ		Briefly describe the organization's mission or most significant activities: PROV		ANSITIONAL H	IOUSING FOR		
u c		HOMELESS FEMALE VETERANS AND THEIR CHILDE	RN.				
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass			
0V6					8		
ۍ م		Number of independent voting members of the governing body (Part VI, line 1b)			0		
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			2		
viti		Total number of volunteers (estimate if necessary)			0		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.		
				Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		589,306.	832,950.		
ent		Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	500.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		589,306.	833,450.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	105,491.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		2,210.	0.		
ď		Total fundraising expenses (Part IX, column (D), line 25)		440.005	E02 420		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		440,285.	503,432.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		442,495.	608,923.		
		Revenue less expenses. Subtract line 18 from line 12		146,811.	224,527.		
s or nces				ginning of Current Year	End of Year		
Assets I Balanc	20	Total assets (Part X, line 16)		691,692.	769,739.		
et A.		Total liabilities (Part X, line 26)		331,140.	228,747.		
Ž		Net assets or fund balances. Subtract line 21 from line 20		360,552.	540,992.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer         ROBERT STEERE, EXECUT         Type or print name and title	IVE DIRECTOR	Date				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN			
Paid	KENNETH D SIMON, CPA		11/15/20				
Preparer		GLASER, PC	Firm's	s EIN ▶ 54-1269231			
Use Only	Firm's address 10427 NORTH ST.,	SUITE 101					
	FAIRFAX, VA 2203	0	Phone	e no.703-691-2490			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

990 (2019) FINAL SALUTE INCORPORATED 80-0660380 Page
t III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III
Briefly describe the organization's mission: PROVIDE TRANSITIONAL HOUSING FOR HOMELESS FEMALE VETERANS AND THEIR
CHILDREN.
Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported. (Code:) (Expenses \$24,984including grants of \$) (Revenue \$)
MANAGEMENT, FOOD, CLOTHING, TRANSPORTATION, CHILD CARE SUBSIDY
ASSISTANCE, EMPLOYMENT SUPPORT AND OTHER ESSENTIAL SUPPOTIVE SERVICES
TO HOMELESS WOMEN VETERANS AND THEIR CHILDREN. DURING 2019 TWO FEMALE
VETERANS AND THEIR FIVE CHILDREN WERE ASSISTED THROUGH THE PROGRAM A
TOTAL OF 840 DAYS OF HOUSING WERE ALSO PROVIDED.
(Code:) (Expenses \$ 417,672. including grants of \$) (Revenue \$)
THE S.A.F.E. PROGRAM PROVIDES VALUABLE FINANCIAL EDUCATION RESOURCES ON
SAVING, BUDGETING; AND LIVING ON A FIXED INCOME. S.A.F.E. PROVIDES
EMERGENCY FINANCIAL SUPPORT BY ASSISTING WITH PAST DUE RENT, SECURITY
DEPOSITS, AND UTILITY ASSISTANCE. RESIDENTS OF OUR H.O.M.E. PROGRAM ARE
ALSO REQUIRED TO PARTICIPATE IN THE FINANCIAL EDUCATION COMPONENTS OF
OUR S.A.F.E. PROGRAM. THROUGHOUT 2019 THE S.A.F.E. PROGRAM ASSISTED 97
WOMEN VETERNS AND 250 CHILDREN. IN ADDITION, WE PROVIDEDFINANCIAL
EDUCATION DOCUMENTS AND RESOURCES TO 475 WOMEN VETS AND 620 CHILDREN.
(Code: ) (Expenses \$ 88,536. including grants of \$ ) (Revenue \$
THE NEXT UNIFORM PROGRAM FOR WOMEN VETS PROVIDES SUPPORT FOR WOMEN
VETERANS AND MILITARY WOMEN IN TRANSITION TO THE CIVILIAN WORKFORCE. WE
PROVIDE FREE OF CHARGE: PROFESSIONAL BUSINESS ATTIRE, DRESS SHOES,
ACCESSORIES, MAKE-OVERS, IMAGE CONSULTING; AND, PROFESSIONAL
HEAD-SHOTS. THREE HUNDRED FIFTY FOUR WOMEN VETERANS (354) WERE HELPED
THROUGH THIS PROGRAM IN 2019.
IIIIOOGII IIIIG FROGRAM IN 2013.
Other program services (Describe on Schedule O.)
Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses \$ 531,192.

Form	aan	(2019)	
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## Form 990 (2019) 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
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		X
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		X
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		X
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	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian 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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			1
	or in 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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	11b		X X
С	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	11c		<u> </u>
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u>-</u> -
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
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	17		<u> </u>
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes, "			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u></u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2019)

Form	990	(2019)	1
	000		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
b	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "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		
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		X
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		X
38	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	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2019) FINAL SALUTE INCORPORATED 80-0660	380	Р	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b				
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form 990 (2019)
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## FINAL SALUTE INCORPORATED

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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 on Schedule O. See instructions.

Section A. Governing Body and Management		Check if Schedule O contains a response or note to any line in this Part VI			X
the Enter the number of voting members of the governing body, at the end of the tax year     there are material differences in voting rights among members of the governing body, or if the governing body, or if the governing body decided from a submit or the exclusion committee, cipian on Scholde 0.     the inter the number of voting members included on the s. above, who are independent     to find, director, tustee, or key employees the a management company or other person?     To be the organization checkers are during the year of a significant diversion of the organization make any significant changes to its governing documents since the prior Form 990 was tiled?     To be the organization have members or stockholders?     To be any governance docisions of the organization is asset of a significant diversion of the organization is asset?     To be any governance docisions of the organization reserved to (or subject to approval by) members, stockholders, or     persons often than the governing body?     Beat committee with authority to act on behalf of the governing body?     Beat committee with authority to act on behalf of the governing bodies or any governance docisions of the organization about policies and procedures governing body?     Beat committee with authority to act on behalf of the governing bodies or any governing body?     Beat committee with authority to act on behalf of the governing bodies and audressee on Schode 0     Dif the organization have members or stockes dower and audressee on Schode 0     Dif the organization have written policies and procedures governing the diverse static stockes and brances to essente there operations and the anometics of tage operating body before filling the form?     Beat committee with authority to act on behalf of the governing body before filling the form?     Dif the organization have written policies and procedures governing body before fillin	Sec				
a Enter the number of voltage members of the governing body at the end of the tax year         a         a         B           b Enter the number of voltage members of the governing body of the year of a second to a strateging attraction of the tax strates of the governing body of the year of the governing body         Z         X           b Oft the organization head are body of the governing body of the governing body         The governing body         Z         X           b Oft the organization head are body of the governing body         The governing body         Z         X           b Oft the organization head are body of the governing body         The governing body         Z         X           b Oft the organization head are body of the governing body         The governing body         Z         X           b Oft the organization head members of stockholders?         F         X         X           b Oft the organization head members of stockholders?         F         X           b Oft the organization head members of stockholders?         F         X				Yes	No
there are material attreences in volting rights among members of the governing body, or if the governing body and the number of volting members included on line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	3		
be dividegated word authority to an exercise committee or similar commute, explain on Schedule 0.       Ib					
b       End any officer director, trustee, or key employee have a family relationship or a business relationship with any officer director, trustee, or key employee have a family relationship or a business relationship with any officer director, trustee, or key employee a management duties customainy performed by or under the direct supervision of officer, directors, trustees, or key employee of a significant diversion of the organization base may significant changes to its governing documents since the prior Form 990 was field?       2       X         c)       Did the organization make any significant changes to its governing documents since the prior Form 990 was field?       4       X         c)       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other han the governing body?       7       X         8       Did the organization changes of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8       A         8       Did the organization changes on bahaf of the governing body?       8       A       X         9       Is there are any officer, director, trustee, or key employee lasted in Part VII, Section A, who cannot be reached at the organization's maning address? /r -kes. 'provide the names and addresses on Schedule D.       Yes       No         9       Is there are any officer, director, trustee, or key employee lasted in Part VII, 'do' to to ine 13       X       No					
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 employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a gain/cant diversion of the organization's assets?       Image: Comparison of the organization have members as tockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       Image: Comparison Comp	h				
officer, director, trustee, or key employee?     2     X       3     Did the organization diegate control over management dulies customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management during the organization senset?     3     X       4     Did the organization make any significant charges to its governing documents since the prior Form 990 was filed?     4     X       5     Did the organization have members, stockholders?     6     X       7     Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, dockholders, or other persons who had the power to elect or appoint one or more members of the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the organization customatosis document the metings held or written actions undertaken during the year by the following:     8       8     Did the organization contemportaneously document the metings held or written actions undertaken during the year by the following:     8       9     Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization from diffice director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates?     10       10     Did the organization novide data complete copy of this Form 990.     11     X       11     Has the organization novide data complete copy of this Form 990.     12     12	-		4		
3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prof FOM 990 was filed?       4       X         5       Did the organization have members or stockholders?       6       X         7       Did the organization have members or stockholders?       6       X         8       Did the organization have members or stockholders?       7       X         9       Did the organization chave members or stockholders?       7       X         9       Did the organization chave members or stockholders?       7       X         9       Did the organization chave members of stockholders?       7       X         9       Did the organization chave memory of other person bear of the governing body?       8       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Saction A, who cannot be reached at the organization the organization have wither policies and addresses an Schedule O.       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Saction A, who cannot be reached at the organization have watter conflict of the some side and addresses on Schedule O.       9       X </th <th>2</th> <th>officer director trustee or level amplevee?</th> <th>2</th> <th></th> <th>x</th>	2	officer director trustee or level amplevee?	2		x
of offices, directors, trustees, or key employees to a management company or other person?       3       X         4       Did the organization become aware during the year of a significant diversion of the organization's assets?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, dotscholders, or other persons who had the power to elect or appoint one or more members, or stockholders, or other persons who had the power to elect or appoint one or more members, other than the governing body?       7       X         8       Did the organization contemporaneously document the meetings had or written actions indertaken during the year by the following.       8       X       8         9       Is the argonization contemporaneously document the meetings had or written actions indertaken during the year by the following.       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8       X       8	2		-		
4       Did the organization make any significant charges to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization have members, stockholders?       6       X         6       Did the organization have members, stockholders?       6       X         7a       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?       7a       X         8       Did the organization contemporaneously document the metrings held or written actions understaten during the year by the following.       7b       X         8       Did the organization contemporaneously document the metrings held or written actions understaten during the year by the following.       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is maling address? If "Yes," in did the organization set in particular diverses and Schedule O       9       X         Section B. Policies (This Section A requests information about pakies not magning by the Internal Revenue Code)         10a       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 have any and the organization have written conflict of interest policy? If "Yes," go to lin 13       10a         11a       His the organization have a written	5		2		x
5       Did the organization backmendex average during the year of a significant diversion of the organization's assets? <b>5 X</b> 6       Did the organization have members, stockholders, or of the persons who had the power to elect or appoint one or more members, diversion of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? <b>X</b> 8       Did the organization contemporaneously document the metings held or written actions undertaken during the year by the toilowing: <b>a a</b> the governing body? <b>a b c c</b>	4				
6       Did the organization have members or stockholders?       6       X         7a       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?       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7a       X         9       Is there any officer, director, trustee, or key employee listed in Part VI, Saction A, who cannot be reached at the organization resulting address? If 'Yes', rowide the names and addresses on Schedule O       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VI, Saction A, who cannot be reached at the organization have local chapters, branches, or affiliates?       10a       X         10       Did the organization have elocal chapters, branches, or affiliates?       10a       X         11       Has the organization organization nave written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization rowing body before filing the form?       10a       X         12       Did the organization provided a complete copy of this Form 990.       12a       X       12a       X         13       Did the organization provide a complete copy of this Form 990.       12a       X       X         14       Did the organization					
7a       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?       7a       X         8       Did the organization soft the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8a       X       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X       8b       X       10a       X       10a <td< th=""><th>_</th><th></th><th></th><th></th><th></th></td<>	_				
more members of the governing body?     7a     X       b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7b     X       8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tollowing:     8b     X       9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yse', 'rougide the names and addresses on Schedule O     9     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     10a     X       10a     Did the organization have local chapters, branches, or affiliates?     10a     X       11a     Has the organization have local chapters, branches, or affiliates?     10a     X       11a     Has 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?     10b     11a     X       12a     Did the organization have a written conflict of Interest policy?     11a     X       12a     Did the organization have a written conflict of Interest policy?     11a     X       12a     Did the organization have a written conflict or orbig and proceedures governing the activities of such chapters, affiliates, and branches, directors, or trustees, and key employees enquind to di		•	0		
b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       T         a       Did the organization contemporaeously document the meetings held or written actions undertaken during the year by the following:       T         a       Did the organization contemporaeously document the meetings held or written actions undertaken during the year by the following:       T         b       Each committee with authority to act on behalf of the governing body?       Ba       X         b       Each committee with authority to act on behalf of the governing body?       Ba       X         Section B. Policies (Trius Section B requires) information about policies not required by the Internal Revenue Code.       9       X         Section B. Policies (This Section D new written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operacism, any, used by the organization or avive writte more policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their opeross, if any, used by the organization to review this Form 990.       11a       X         12a       Did the organization provided a complete copy of this Form 990 to line f3       12a       12a       X         12b       Did the organization required to disclose annually interests that could give rise to conflicts?       12a       X         12a       Did the organization requinchabe writth montor and e	7a				v
persons other than the governing body?       7b       X         8       Did the organization contemporaeously document the meetings held or written actions undertaken during the year by the following:       8c       X         9       Is there any officer, director, trustee, or kay employee listed in Part VII, Section A, who cannot be reached at the organization is maling address? If 'Yes', 'provide the names and addresses on Schedule O       9       X         8cettion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of Its governing body before filing the form?       11a       X         12a       Did the organization provided a complete copy of this Form 990 to all members of Its governing body before filing the form?       11a       X         12b       Did the organization have a written consistent with the organization to review this Form 990.       12a       X         2       Did the organization adve a written consistent with the organization adve avritten doubler and discusse annually interests that could give rise to conflicts?       12b       X         2       Did the organization have a written consistent with the organization adve avritten doubler and discusse annually interests that could give rise to conflicts?       12b			<u>/a</u>		
B       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       B         a       The governing body?       Ba         b       Each committee with authority to act on behalf of the governing body?       Bb         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? if "Yes," provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X         9       b       Yes       No       10a       X         10a       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?       10a       10a       X         11a       Has the organization have a written conflict of interest policy? If "No," go to line 13       12a	D		<b></b> .		v
a The governing body?       Ba       X         b Each committee with authority to act on behalf of the governing body?       Ba       X         b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? // 'Yes,' provide the names and addresses on Schedule O       9       X         Section B. Policies <i>This Section B requests information about policies not required by the Internal Revenue Code</i> .       9       X         10a       Did the organization have local chapters, branches, or affiliates?       10a       10a       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?       10b       11a       X         12a       Did the organization have a written offici of interest policy?       10a       12a       X         13       Did the organization have a written offici of interest policy?       13a       X         14       Did the organization have a written oblicy?       13a       X         15       Did the organization have a written oblicy?       14a       X         14       Did the organization have a written oblicy?       14a       X         15       Did the organization have a written oblicy?       14a       X <td< th=""><th>~</th><th></th><th>d/</th><th></th><th></th></td<>	~		d/		
b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? If "Yes," arovide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No.         Ves No.         Organization have local chapters, branches, or affiliates?       Yes       No.         Internal Revenue Code.)         Ves       No.         Ves       No.         Internal Revenue Code.)         Ves       No.				v	
9       is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? (If 'Yes,' address' and bard policies not required by the Internal Revenue Code.)         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?       10a         11a       Has the organization nave 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?       10b         11a       Has the organization nave awritten collicit of interest policy? (If 'No," go to line 13       12a         12b       Did the organization nave a written collicit of interest policy?       13         12c       Did the organization have a written whisteblower policy?       13         12b       Did the organization have a written ocument retention and destruction policy?       13         13       Did the organization have a written document retention and destruction policy?       14         14       Did the organization have a written organization or the deliberation and decision?       14         2       Did the organization have a written organization to the deliberation and decision?       13         2       Did the organization have a written organization to the deliberation and decision?       15a	-				
organization's mailing address? // "Yes," provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       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?       10b       11a       X         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       Did the organization requirate complete copy of this Form 990 to all members of its governing body before filing the form??       12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         12       Did the organization have a written whistlebiower policy?       13       X         13       X4       Did the organization's exemption and destruction policy?       14       X         14       Did the organization have a written whistlebiower policy?       14       X         14       Did the organization have a written document retention and destruction policy?       14       X         15			80		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes         10a       Did the organization have local chapters, branches, or affiliates?       10a       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?       10a       X         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b       Describe in Schedule O the process; if any, used by the organization to review this Form 990.       12a       Did the organization negulary and consistently monitor and enforce compliance with the policy? If 'Ne,' go to line 13       12a       X         13       Did the organization have a written whistleblower policy?       14       X         14       Did the organization have a written document retention and destruction policy?       14       X         14       Did the organization have a written whistleblower policy?       14       X         15       Did the organization have a written on the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         16       Dit the organization invest in, contribute assets to, or participate	9				v
10a       Did the organization have local chapters, branches, or affiliates?       10a       X         10b       I' 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?       10b       11a         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         13       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       12a         14       Has the organization nave a written conflict of interest policy? If "No," go to line 13       12a       X         15       Did the organization have a written document retention and destruction policy?       13       X         14       Did the organization have a written document retention and destructions).       15a       X         16       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         15       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	800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Δ
10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b 11a X   11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X   12a Did the organization have a written conflict of interest policy? /f "No," go to line 13 12a 12b 12b 12b 12c <th>Sec</th> <th>TOTI D. POICIES (This Section B requests information about policies not required by the Internal Revenue Code.)</th> <th></th> <th>N I</th> <th></th>	Sec	TOTI D. POICIES (This Section B requests information about policies not required by the Internal Revenue Code.)		N I	
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?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12a       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       X         12b       Did the organization regulary and consistent with moley the organization to review this Form 990.       12a       X         12b       Did the organization nave a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       X         12c       Did the organization nave a written whisteblower policy?       13       X         12c       Did the organization have a written whisteblower policy?       13       X         14       Did the organization have a written deflowing persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       14       X         15       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the segnet such arangements?       15b       X         16       Di the organization flow a written policy or procedure requiring the organization is exempt suture arrangements under	10-	Did the second static have been been been been static of fills to 0	40	res	
and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       X         2a       Did the organization have a written conflict of interest policy? <i>It "No," go to line 13</i> 12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       12c         c       Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>It "Yes," describe in Schedule O how this was done</i> 12c       12c       12c         13       Did the organization have a written whistleblower policy?       14       X       14       X         14       Did the organization SCEO, Executive Director, or top management official       14       X         14       Did the organization scEO, Executive Director, or top management official       15a       X         15       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         16       If "Yes," did the organization follow a written policy o		-	10a		л
11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         b       Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.       12a       Did the organization have a written conflict of interest policy? If *No, *go to ine 13       12a       X         b       Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?       12b       12c       X         c       Did the organization nave a written whistleblower policy?       13       X       14       X         11b       Did the organization have a written document retention and destruction policy?       14       X         11c       X       14       X         11b       Did the organization have a written document retention and destruction policy?       14       X         11c       Did the organization is cEO, Executive Director, or top management official       15a       X         11c       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         11f "Yes," did the organization follow a written policy or procedure requiring the organization is exempt status with respect to such arrangements?       16b       16a       X         11f "Yes," did the	D		104		
b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       12a       X         12b       Did the organization have a written conflict of interest policy? <i>If *No,* go to line 13</i> 12a       X         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12a       X         12b       Did the organization have a written consistently monitor and enforce compliance with the policy? <i>If *Yes,* describe</i> 12c       12a         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization have a written document retention and destruction policy?       15a       X         15       Did the organization is CEO. Executive Director, or top management official       15b       X         16       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         16       Did the organization follow a written policy or procedure requiring the organization is explicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       16a       X         17 <th>11-</th> <th>• • • • • • • • • • • • • • • • • • • •</th> <th></th> <th>v</th> <th></th>	11-	• • • • • • • • • • • • • • • • • • • •		v	
12a       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       12b         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       13       X         13       Did the organization have a written document retention and destruction policy?       14       X         14       Did the organization have a written document retention and destruction policy?       14       X         15       Did the organization is comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         16       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         17       List the states with which a copy of this Form 990 is required to be filed ▶       NONE       16b       16b         18       Section C. Disclosure       Indicate the own wante the organization nade these available. Check all that apply.       Other (explain on Schedule O)       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶       NONE       16b       1				~	
b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe       12c         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       13       X         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?       15a       X         16       Dther officers or key employees of the organization life 'Yes," 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         17       List the states with respect to such arrangements?       16b          Section C. Disclosure       Its form 900 is required to be filed > NONE       16b          17       List the states with which a copy of this Form 900 is required to be filed > NONE       0       0       0       100 request       0       0       16b          16       Section C. Disclosure       Its the states with which a copy of this Form 900 is required to be filed > NONE			10-		v
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   in Schedule O how this was done 12c   13 Did the organization have a written whistleblower policy? 13   14 Did the organization have a written document retention and destruction policy? 14   15 Did the organization have a written document retention and destruction policy? 14   14 X   15 Did the organization have a written document retention and destruction policy? 14   16 Did the organization is CEO, Executive Director, or top management official 15a   16 Other officers or key employees of the organization 15b   17 If "Yes," did the organization follow a written policy or procedure requiring the organization is policy arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?   Section C. Disclosure   17   18   19   11   12   13   14   14   15   16   16   16   17   18   19   19   10   10   11   12   13   14   15   15   16   16   17   18   19   19   19   10   10   11 <t< th=""><th></th><th></th><th></th><th></th><th>- 23</th></t<>					- 23
in Schedule O how this was done       12c         13       Did the organization have a written whistleblower policy?       13       X         14       Did the organization have a written document retention and destruction policy?       14       X         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?       14       X         15       D Other officers or key employees of the organization for the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       X         16       Did the organization follow a written policy or procedure requiring the organization is exempt status with respect to such arrangements?       16a       X         16a       X       16b       16a       X         16b       If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         16b       Other organization follow a written policy or procedure requiring the organization's event status with respect to such arrangements?       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed			120		
13 Did the organization have a written whistleblower policy? 13 X   14 Did the organization have a written document retention and destruction policy? 14 X   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? 14 X   a The organization's CEO, Executive Director, or top management official 15 X   b Other officers or key employees of the organization 15b X   ff "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a X   16a 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   b If "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 take steps to safeguard the organization's exempt status with respect to such arrangements? 16b   Section C. Disclosure   17 List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.   0 Own website Another's website II Upon request   0 Own website Another's weas   19 Describe on Schedule	C		120		
14       Did the organization have a written document retention and destruction policy?       14       X         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?       15a       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       X         b       If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?       16b       X         Section C. Disclosure       If "Yes," did the a copy of this Form 990 is required to be filed ▶ NONE       16b       16b       16b         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       0       0       16a       X         16       Own website       Another's website       X       1024 or 1024 A, if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indica	10				v
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?       15a       X         a       The organization's CEO, Executive Director, or top management official       15a       X         b       Other officers or key employees of the organization       15b       X         if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       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         b       If "Yes," did the organization follow a written policy or procedure requiring the organization is exempt status with respect to such arrangements?       16b       16a       X         Section C. Disclosure       Its the states with which a copy of this Form 990 is required to be filed ▶       NONE       16b       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)       19         19       Describe on Schedule to the public during the tax year.       Muther's website       Muther's website       Muther's website       Muther's website       Muther's website       Muther's website					
<ul> <li>persons, comparability data, and contemporaneous substantiation of the deliberation and decision?</li> <li>a The organization's CEO, Executive Director, or top management official</li> <li>b Other officers or key employees of the organization</li> <li>if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).</li> <li>16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</li> <li>b If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed NONE</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>19 Describe on Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records A second records A seco</li></ul>			14		Λ
a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       16b       X         16a       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         b       If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       16b       16b       16b       16b       16b         17       List the states with which a copy of this Form 990 is required to be filed ▶ NONE       16a (x) upon taxilable. Check all that apply.       0ther (explain on Schedule O)       19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       10       16a       16a<	15				
b       Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       15b       X         16a       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         b       If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?       16a       X         Section C. Disclosure       10b       10b       10b       10c         17       List the states with which a copy of this Form 990 is required to be filed ▶       NONE       16b       16b         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Other (explain on Schedule O)       19         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       10       10         20       State the name, address, and telephone number of the person who possesses the organization's books and records BARTEL & ASSOCIATES IVENTURE ACCOUNTING GROUP - 703 - 548 - 4250	-		15-		x
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taxable entity during the year?       16a       X         b       If "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 take steps to safeguard the organization's       16a       X         cexempt status with respect to such arrangements?       16b       16b<	160				
<ul> <li>b If "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 take steps to safeguard the organization's exempt status with respect to such arrangements?</li> <li>16b</li> <li>Section C. Disclosure</li> <li>17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE</li> <li>18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.</li> <li>○ Own website ○ Another's website X Upon request ○ Other (explain on Schedule O)</li> <li>19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶</li></ul>	10a		160		x
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	h	, , , , , , , , , , , , , , , , , , , ,	10a		- 23
exempt status with respect to such arrangements?       16b         Section C. Disclosure       NONE         17       List the states with which a copy of this Form 990 is required to be filed ▶       NONE         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       Own website       Another's website       X       Upon request       Other (explain on Schedule O)       Image: Section of interest policy, and financial statements available to the public during the tax year.         20       State the name, address, and telephone number of the person who possesses the organization's books and records       ▶         BARTEL & ASSOCIATES IVENTURE ACCOUNTING GROUP - 703-548-4250	b				
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<ul> <li>Own website Another's website X Upon request Other (explain on Schedule O)</li> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records </li> <li><u>BARTEL &amp; ASSOCIATES IVENTURE ACCOUNTING GROUP - 703-548-4250</u></li> </ul>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
<ol> <li>Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>BARTEL &amp; ASSOCIATES IVENTURE ACCOUNTING GROUP - 703-548-4250</li> </ol>					
<ul> <li>statements available to the public during the tax year.</li> <li>State the name, address, and telephone number of the person who possesses the organization's books and records ►</li> <li>BARTEL &amp; ASSOCIATES IVENTURE ACCOUNTING GROUP - 703-548-4250</li> </ul>	19		d finano	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records ►					
BARTEL & ASSOCIATES IVENTURE ACCOUNTING GROUP - 703-548-4250	20				
	-				

FINAL SALUTE INCORPORATED	
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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

1a 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.

Form 990 (2019)

• 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.

See instructions for the order in which to list the persons above.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	) than (		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DAVID ALBRITTON	5.00				×	1 - 0	<u> </u>			
DIRECTOR	0.00	x						0.	0.	0.
(2) JOYCE COLVIN-DONALD	10.00									
DIRECTOR	0.00	Х						0.	0.	0.
(3) BRIAN DRUMMOND	10.00									
CHAIR	0.00	Х						0.	0.	0.
(4) GARY MCINTURFF	5.00									
DIRECTOR	0.00	Х						0.	0.	0.
(5) MICHELE S. JONES	5.00									
DIRECTOR	0.00	X						0.	0.	0.
(6) ROBERT STEERE	40.00			37				F4 001	0	c 1 c 2
EXECUTIVE DIRECTOR	0.00	Х		X				54,891.	0.	6,163.
(7) JASPEN BOOTHE PRESIDENT	40.00							40 625	0.	0
PRESIDENT	0.00			X				40,625.	0.	0.
		1								
		1								
			-				-			
		1								
		1								
	1	I	L		L		I	1	I	000

Form 990 (2019) FINAL SAI	JUTE INC	OR	PO	RA	TE	D			80-0	6603	380	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C		, ,	—			
(A) Name and title	<b>(B)</b> Average hours per week	box,	not cl unles	ss per	ition more rson is	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related		rtable Est		
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MK	izations compensation			
1b Subtotal								95,516.		0.		6,1	63.
c Total from continuation sheets to Part VI								0.95,516.		0.		6 1	<u>0.</u> 63.
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but not provided in the second s</li></ul>							o re	,	000 of reportable			<u>, , </u>	0.5.
compensation from the organization				-		,							0
										,		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-		-	•	•		Ŭ				-		v
line 1a? If "Yes," complete Schedule J for si											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-						-		4		X
5 Did any person listed on line 1a receive or a	,		•										
rendered to the organization? If "Yes." com											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con the organization. Report compensation for t										oensat			
(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) Compensation			
2 Total number of independent contractors (ir \$100.000 of compensation from the organized strength of the organized streng	•	ot lin	nitec	to	thos C		ted	above) who received mo	ore than				

						Е	INCORPOR	ATED		80-0660	380 Page 9
Pa	rt	VII									_
			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII (A)	(B)	(C)	
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
					1a						360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns								
je na se			Membership dues								
fts,			Fundraising events								
ia i			Related organizations Government grants (contr								
Sir			All other contributions, gifts,		· ·						
utic Jet			similar amounts not included	-			832,950.				
ēë		~	Noncash contributions included in				052,550.				
ind.		-	Total. Add lines 1a-1f				<b></b>	832,950.			
0 0			Total, Add lines tati		<u></u>		Business Code	052,550.			
							Dusiness Code				
vice	<b>_</b>	2a b									
Ser											
e e		c d									
Program Service Revenue		u o				_					
Pro		f	All other program service	rovo	nue	_					
			Total. Add lines 2a-2f								
	3		Investment income (includ								
			other similar amounts)								
	4	ı	Income from investment of								
	5		Royalties		=						
		-	,		(i) Real		(ii) Personal				
	6	ба	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss	.) 	•		►				
	7		Gross amount from sales of	í 🗌	(i) Securiti		(ii) Other				
			assets other than inventory	7a	50	0.					
		b	Less: cost or other basis								
ne			and sales expenses	7b		0.					
evenue		с	Gain or (loss)	7c	50	0.					
Rev		d	Net gain or (loss)			. <u></u>	►	500.	500.		
Other	ε	3 a	Gross income from fundraisi	ng ev	rents (not						
₹			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from				<u></u>				
	9	) a	Gross income from gamin								
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
			Net income or (loss) from	•	0	°	<b>&gt;</b>				
	10	) a	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold			10b					
	-	С	Net income or (loss) from	sale	s of inventor	у					
SL							Business Code				
Miscellaneous Revenue	11										
scellaneo Revenue		b									
Sce		c c									
ž			All other revenue								
	12		Total revenue. See instruction					833,450.	500.	0.	0.
		-		~							

FINAL SALUTE INCORPORATED Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons of include amounts reported on lines 6b,	e or note to any line in t <b>(A)</b> Total expenses	his Part IX (B) Program service	(C) Management and	( <b>D)</b> Fundraising
7b, 8l	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 (	Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	54,891.	46,657.	5,489.	2 745
	trustees, and key employees	54,091.	40,057.	5,409.	2,745
	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	35,734.	35,734.		
	Other salaries and wages	55,754.	55,754.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) Other employee benefits	6,163.	6,163.		
		8,703.	8,703.		
	Payroll taxes Fees for services (nonemployees):	0,703.	0,703.		
	Management Legal	759.		721.	38
		4,809.		4,569.	240
	Lobbying	270031			
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch O.)	64,467.	44,025.	19,420.	1,022
	Advertising and promotion		,	- ,	· · · ·
	Office expenses	17,322.	8,631.	8,256.	435
	Information technology	•			
	Royalties				
	Occupancy				
	Travel	108,849.	108,813.	36.	
	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials				
9 (	Conferences, conventions, and meetings				
<b>0</b>	Interest	17,746.	17,746.		
1	Payments to affiliates				
	Depreciation, depletion, and amortization	20,463.	20,463.		
3 I	Insurance	4,557.		4,329.	228
á	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	PROGRAM COSTS	211,910.	211,872.	38.	
-	TAXES & LICENSES	14,841.	4,866.	9,476.	499
-	BANK FEES	8,064.	2,506.	5,558.	
-	STORAGE	7,543.	7,543.		
-	All other expenses	22,102.	7,470.	14,615.	17
	Total functional expenses. Add lines 1 through 24e	608,923.	531,192.	72,507.	5,224
	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 Check here filler in the following SOP 98-2 (ASC 958-720)				

FINAL SALUTE INCORPORATEI	)
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		Check if Schedule O contains a response or r	note to an	v line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			198,806.	1	271,820.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
	_	under section 4958(f)(1)), and persons describ				6	
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	15,962.
		Land, buildings, and equipment: cost or other					
	100	basis. Complete Part VI of Schedule D		590.376			
	h	Less: accumulated depreciation		590,376. 108,419.	492,886.	10c	481,957.
	11	Investments - publicly traded securities			192,0000	11	101/00/1
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, III				13	
	14			14			
	14	Intangible assets				14	
		Other assets. See Part IV, line 11			691,692.	16	769 739
	16 17	Total assets. Add lines 1 through 15 (must e			20,354.	17	<u>769,739.</u> 5,569.
		Accounts payable and accrued expenses			20,334.		5,505.
	18 19	Grants payable				18 19	
		Deferred revenue					
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete la company our publication of for				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Liat		controlled entity or family member of any of th	-	· · · · · · · · · · · · · · · · · · ·	310,786.	22	223,178.
_	23	Secured mortgages and notes payable to unr			510,700.	23	223,170.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	ies 17-24)	. Complete Part X			
		of Schedule D		·····	221 140	25	220 747
	26				331,140.	26	228,747.
s		Organizations that follow FASB ASC 958, c	heck her	e ▶ 🗋 🔰			
Ce		and complete lines 27, 28, 32, and 33.					
alar	27			····· -		27	
Ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC	; 958, che	eck here 🕨 🔼			
Ĕ		and complete lines 29 through 33.			0		0
ts c	29	Capital stock or trust principal, or current fund			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or			0.	30	0.
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			360,552.	31	540,992.
Ne	32	Total net assets or fund balances			360,552.	32	540,992.
	33	Total liabilities and net assets/fund balances			691,692.	33	769,739.

Form **990** (2019)

Form 990 (2019) FINAL Part X Balance Sheet

Form	990 (2019) FINAL SALUTE INCORPORATED	80-066	0380	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				·
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	833	, 4!	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2	608	, 92	23.
3	Revenue less expenses. Subtract line 2 from line 1	3	224	, 52	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	360	, 5!	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-44	, 08	<u>87.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	540	, 99	<u>92.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCI	HED	UL	Ε.	Α
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Total

(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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the or	ganization
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Department of the Treasury Internal Revenue Service				Attach to Form 990 or F			former ations		Open to Public Inspection	
		the organizati		Go to www.irs.go	<pre>//Form990 for instruction</pre>	ons and th	ie latest ir	itormation.	Employor	identification number
Inan		the organizati			NCORPORATED					0-0660380
Pa	rt I	Reason			All organizations must co	molete thi	is part ) Se	e instructions		0 0000300
					For lines 1 through 12, cl					
1					n of churches described			VAVi)		
2	$\square$				Attach Schedule E (Form			·//~////		
3	$\square$				anization described in se			i)		
4	$\square$	•	•		njunction with a hospital				)(iii) Enter	the hospital's name
-		city, and stat	-		ijanotori mara noopitar	accombed				the neopital e hame,
5		•		or the benefit of a co	llege or university owned	or operate	ed bv a go	vernmental u	nit describe	ed in
-				Complete Part II.)	5		, ,			
6	$\square$				nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X		-	-	ntial part of its support fr				ne general r	public described in
				omplete Part II.)		<b>J</b>			- <b>3</b>	
8					(1)(A)(vi). (Complete Parl	: 11.)				
9		-			in section 170(b)(1)(A)(i	-	ed in conju	nction with a	land-grant	college
					ulture (see instructions).					
		university:			. , , ,				C C	
10		An organizati	ion that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	ts support f	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	ion organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).		
12		An organizati	ion organized a	and operated exclusi	vely for the benefit of, to	perform th	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See <b>section</b> !	509(a)(3). 🤇	Check the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	l 12g.	
а		🗌 Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	pically by	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
		control or r	nanagement o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		_ its support	ed organizatio	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		_ Type III no	n-functionally	integrated. A supp	porting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
			•		ation generally must sati	-		-	l an attentiv	reness
		_			nplete Part IV, Sections					
е			•		written determination from			Туре I, Туре	II, Type III	
_					nally integrated supportir	ng organiza	ation.			
			of supported c	•						
g		vide the follow (i) Name of supp		about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	,	organizatior		(1) 2.13	(described on lines 1-10	in your governi		support (see ir	-	support (see instructions)
		-			above (see instructions))	Yes	No	··· ·	,	, . , , , , , , , , , , , , , , , , , ,

### Schedule A (Form 990 or 990-EZ) 2019 FINAL SALUTE INCORPORATED Part II | Support Schedule for Organizations Described in Sections

80-0660380 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	317,453.	583,279.	474,917.	589,306.	832,950.	2797905.
2	Tax revenues levied for the organ-						
	ization'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	317,453.	583,279.	474,917.	589,306.	832,950.	2797905.
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.						2797905.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	317,453.	583,279.	474,917.	589,306.	832,950.	2797905.
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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						2797905.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	501(c)(3)	
	organization, check this box and <b>stop</b>	-			•		
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	100.00 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2019. If the c					ore, check this bo>	and
	stop here. The organization qualifies as a publicly supported organization						
b	<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	7a 10% -facts-and-circumstances test - 2019. 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 VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2018. 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 VI how the						
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990 or 990-EZ) 2019

	(Form 990 or 990-EZ) 2019				
Part III	Support Schedule fo	r Organiz	ations Des	cribed in Section 50	9(a)(2)

(Complete only if you checked the box on line 10 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.)

Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) *         1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) *         2 Gross receipts from admissions, merchandes sold or services performed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose       are not an unrelated trade or business under section 513       are not an unrelated trade or panization is benefit and either pad to or expended on its behalf       c	Image: otal
membership fees received. (Do not include any "unusual grants.")	
include any "unusual grants.")	
2       Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-event 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 backets or soluties         5       The value of services or facilities         6       Total tites furned         7       Tax revenues levied for the organization without charge         6       Total. Add lines 1 through 5         7       Ta Amounts included on lines 1, 2, and 3 received from disqualified persons         b       Amounts included on lines 1, 2, and 3 received from disqualified persons         c       Add lines 7 a and 7b         8       Public support. (submatiles from line 6)         9       Amounts from line 6)         9       Amounts from line 6)         10       Gross income from interest, dividends, payments received on securities blans, encode on similar sources and income from similar sources         b       Unrelated business taxable income (less section 511 taxes) from businesses acquired atter June 30, 1975         c< Add lines 70 and 10b	
merchandise sold or services performed or facilities furnished in any activity that is related to the organization's tax-exempt purpose       Image: constraint of the organization's tax-exempt purpose         3 Gross receipts from activities that are not an unrelated trade or business under section 513       Image: constraint of the organization's benefit and either paid to or expended on its behalf       Image: constraint of 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       Image: constraint of the organization without charge         6 Total. Add lines 1 through 5       Image: constraint of the organization without charge       Image: constraint of the organization without charge         b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5.000 r Wo the amount on line 13 through 5       Image: constraint of the organization without charge         b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5.000 r Wo the amount on line 13 through 5       Image: constraint of the organization without charge         9 Add lines 7a and 7b       Image: constraint of the organization without charge       Image: constraint of the organization without charge         9 Amounts from line 6       Image: constraint of the performed or the organization without charge       Image: constraint of the organization without charge         9 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5.000 r Wo the amoun	
3       Gross receipts from activities that are not an unelated trade or business under section 513	
iness under section 513       Image: Section 513         4       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       Image: Section 513         5       The value of services or facilities furnished by a governmental unit to the organization without charge       Image: Section 513         6       Total. Add lines 1 through 5       Image: Section 513         7a Amounts included on lines 1, 2, and 3 received from disqualified persons       Image: Section 513         5       Amounts included on lines 2 and 3 received from ther than disqualified persons that exceed the greater of SLOO or 1% of the amount on line 13 for the year       Image: Section 513         6       Add lines 7a and 7b       Image: Section 51       Image: Section 51         8       Public support. (Subtract line 7c from line 6)       Image: Section 51       Image: Section 51         Section B. Total Support       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f)         9       Amounts from line 6       Image: Section 511	
4       Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       Image: constraint of the paid to or expended on its behalf         5       The value of services or facilities furnished by a governmental unit to the organization without charge       Image: constraint of the paid to organization without charge         6       Total. Add lines 1 through 5       Image: constraint of the paid to organization without charge         6       Total. Add lines 1 through 5       Image: constraint of the paid to organization without charge         6       Total. Add lines 1 through 5       Image: constraint of the paid to organization without charge         6       Total. Add lines 1 through 5       Image: constraint of the paid to organization without charge         6       Total. Add lines 2 and 3 received from otise 2 and 3 received from other than disqualified persons that exceed the greater of \$\$,000 or 1% of the amount on line 13 for the year       Image: constraint of the greater of \$\$,000 or 1% of the amount on line 13 for the year         8       Public support. (Bubtatine 7c from line 6.)       Image: constraint of the greater of \$\$,000 or 1% of the amount from line 6.         10e       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and lincome from similar sources.       Image: constraint of the paid or the paid of the paid	
or expended on its behalf	
5       The value of services or facilities furnished by a governmental unit to the organization without charge       Image: Constraint of the organization without charge         6       Total. Add lines 1 through 5       Image: Constraint of the organization without charge       Image: Constraint of the organization without charge         6       Total. Add lines 1, 2, and 3 received from disqualified persons       Image: Constraint of the organization without sincluded on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year       Image: Constraint of the organization of the organization of the organization of \$5,000 or 1% of the amount on line 13 for the year       Image: Constraint of the organization	
furnished by a governmental unit to the organization without charge	
the organization without charge 6 Total. Add lines 1 through 5	
6 Total. Add lines 1 through 5	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	
3 received from disqualified persons	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b <u>8 Public support. (subtract line 7c fom line 6.)</u> Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) <sup>-</sup> 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated businesst axable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesss	
from other than disqualified persons that         exceed the greater of \$5,000 or 1% of the         amount on line 13 for the year         c Add lines 7a and 7b         8 Public support. (Subtrat line 7c from line 6.)         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶         (a) 2015       (b) 2016         (c) 2017       (d) 2018         (e) 2019       (f)         9 Amounts from line 6          10a Gross income from interest,          dividends, payments received on securities loans, rents, royalties, and income from similar sources          b Unrelated business taxable income          (less section 511 taxes) from businesses          acquired after June 30, 1975          c Add lines 10a and 10b	
amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support. (Subtract line 7c from line 6.)         Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) T         9 Amounts from line 6	
Section B. Total Support         Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) T         9 Amounts from line 6	
Calendar year (or fiscal year beginning in) ▶       (a) 2015       (b) 2016       (c) 2017       (d) 2018       (e) 2019       (f) T         9 Amounts from line 6	
9 Amounts from line 6       Image: Construction of the section of the s	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       Image: Comparison of the security of the secure security of the security of the security of	Otai
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       Image: Comparison of the section o	
acquired after June 30, 1975	
c Add lines 10a and 10b 11 Net income from unrelated business	
11 Net income from unrelated business	
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 VI.)	
13 Total support. (Add lines 9, 10c, 11, and 12.)	
<b>14</b> 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	
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))    15	%
16   Public support percentage from 2018 Schedule A, Part III, line 15	%
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))       17	%
18    Investment income percentage from 2018 Schedule A, Part III, line 17	%
19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not	. —
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

### Schedule A (Form 990 or 990-EZ) 2019 FINAL SALUTE INCORPORATED

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

1

Yes

No

# Schedule A (Form 990 or 990-EZ) 2019 FINAL SALUTE INCORPORATED Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	)	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

I	Part V	Type III Non-Function	onally Inte	egrated 509	9(a)(3) Supporting	Organizations
;	Schedule A	(Form 990 or 990-EZ) 2019	FINAL	SALUTE	INCORPORATE	D

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 🗌 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

1

### Schedule A (Form 990 or 990-EZ) 2019 FINAL SALUTE INCORPORATED

Fa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 FINAL SALUTE INCORPORATED	80-0660380 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	ines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V,

## 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.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

## 2019

Employer identification number

F	INAL SALUTE INCORPORATED	80-0660380				
Drganization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule.						

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

FINAL SALUTE INCORPORATED

Name of organization

Employer identification number

80-0660380

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 THE AMERICAN LEGION X Person Payroll 700 N. PENNSYLVANIA ST 129,225. Noncash 700 N. PENNSYLVANIA ST., INDIANAPOLIS, (Complete Part II for IN 46206, IN 46206 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE FLATLEY FOUNDATION X Person Payroll **45 BRAINTREE HILL PARK STE 3** 100,000. Noncash \$ 45 BRAINTREE HILL PARK STE 3, (Complete Part II for BRAINTREE, MA 02184, MA 02184 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 AMERICAN LEGION AUXILIARY Person X Payroll 64,893. 3450 FOUNDERS ROAD Noncash \$ 3450 FOUNDERS ROAD, INDIANAPOLIS, IN (Complete Part II for 46268, IN 46268 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. PRINCETON AREA COMMUNITY FOUNDATION 4 INC. Person X Payroll 15 PRINCESS RD 50,000. Noncash \$ 15 PRINCESS RD, LAWRENCEVILLE, NJ (Complete Part II for 08648, NJ 08648 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NATIONAL SOCIETY OF THE DAUGHTERS OF 5 THE AMERICAN REVOLUTION X Person Payroll 1776 D STREET NW 40,000. Noncash 1776 D STREET NW, WASHINGTON, DC (Complete Part II for 20006, DC 20006 noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 THE ARTHUR AND LEE GLATFELTER 6 X FOUNDATION Person Payroll 40,000. Noncash 183 LEADERS HEIGHTS RD \$ 183 LEADERS HEIGHTS RD, YORK, PA (Complete Part II for 17402, PA 17402 noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

80-0660380

## FINAL SALUTE INCORPORATED

Part I	Contributors	(see instructions). Use duplicate copies of Part I if additional	space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	LARRY E. EDWARDS P. O. BOX 3918 P. O. BOX 3918, OAKTON, VA 22124, VA 22124	\$ <u>25,000.</u>	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occurrent Payroll Occurrent Payroll Occurrent Payroll Occurrent Part II for noncash contributions.)

Name of organization

Employer identification number

80-0660380

FINAL SALUTE INCORPORATED

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	NONCASH Property (see instructions). Use duplicate copies of Pai	rt 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
		\$	
(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
_			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		<u> </u>	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **4** 

Name of o	rganization		Employer identification number			
FINAL	SALUTE INCORPORATED		80-0660380			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	) through (e) and the following line en charitable, etc., contributions of <b>\$1,000 or</b>	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

SCHEDULE D	)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	e of the organization FINAL SALUTE INCORE	PORATED	Em	nployer identification number 80-0660380
Par			or Accou	
	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	I writing that the assets held in donor advis	od funds	
5	are the organization's property, subject to the organization's e	-		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
0	for charitable purposes and not for the benefit of the donor or			
			•	Yes No
Par	Impermissible private benefit?           t II         Conservation Easements.         Complete if the org	anization answered "Yes" on Form 990 J	Part IV line 7	
1	Purpose(s) of conservation easements held by the organizatio		art iv, into i	
	Preservation of land for public use (for example, recreat	· · · · ·	a historically	y important land area
	Protection of natural habitat			istoric structure
	$\square$		a certineu n	
0	Preservation of open space	ad concernation contribution in the form	of a concerv	ation accoment on the last
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form		
_	day of the tax year.		00	Held at the End of the Tax Year
a L	<b>-</b> · · · · · · · · · · ·			
b				
C L	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
2	listed in the National Register			duving the tax
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization	i during the tax
4	year	amont in located		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing cons	servation eas	ements during the year
-	An and the second in the second			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and emorcing conserva-	lion easemer	its during the year
•	\$ Does each conservation easement reported on line 2(d) above	a action the requirements of a setion 170		
8		, , ,		
~	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that des	scribes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Simila	ar Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under FASB ASC 958		nd balance s	sheet works
Ia	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			public
h				t works of
b	If the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public			
	· · · · · · · · · · · · · · · · · · ·	eximation, equeation, or research in luft	iciance oi pl	10110 301 VIUC,
	provide the following amounts relating to these items:		•	¢
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
~		en una ar athar aimiler acasta far financia		
2	If the organization received or held works of art, historical trea		i gain, provid	le
	the following amounts required to be reported under FASB AS	-	•	¢
a ,	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X		🕨	Φ

Sche	Schedule D (Form 990) 2019 FINAL SALUTE INCORPORATED 80-0660380 Page 2									
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	ical Trea	asures, o	r Other	Simila	r Assets	continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	ny of the fo	ollowing that	t make si	gnificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	(	l 🗌 Loa	an or exch	nange progra	am				
b	Scholarly research	e	e 🗌 Otl	her						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	further the	e organizatio	on's exem	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, histo	rical treas	ures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the or	ganizatior	n answered	"Yes" on	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for cor	ntributions	or other as	sets not i	ncluded		_	
	on Form 990, Part X?							🗆	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:						
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for esc	row or cu	stodial acco	unt liabili	ty?	L	Yes	
	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar								
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three y	/ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1g, c	olumn (a))	held as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
с		_%								
-	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ession of the organiza	ation that ai	re held an	d administer	red for the	e organiza	ation		
	by:									<u>'es No</u>
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza								3b	
4 Par	t VI Land, Buildings, and Equipm		wment tune	us.						
1 41			Dort IV li	no 110 Sr	o Form 000	Dort V	lino 10			
	Complete if the organization answere									
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (			ccumulate preciation		(d) Book	value
4-	Land		nong	04313 (		ue	Colation			
	Land			569	8,826.	1	.02,0	14	466	,812.
	Buildings			500	0,020.		.02,0	<u></u>	700	,014.
	Leasehold improvements         14,533.         1,938.         12,595.									
	Equipment				<del>1</del> ,333. 7,017.		4,4		2	<u>,550.</u>
	Other		V and se					<u> </u>	4.81	<u>,957.</u>
TOTA	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>л. column (</u>	ы), iine 10	<u>/C.)</u>				701	, , , , , , ,

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 FINAL SALUTE INCORPORATE
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### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tatal		

Total. (Column (b) must equal Form 990, Part X, col. (B) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	hedule D (Form 990) 2019 FINAL SALUTE INCORPORATED		80-0660380 Page 4
Par	ue per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



Employer identification number 80 - 0660380

FINAL SALUTE INCORPORATED

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM IS CIRCULATED AMONG THE BOARD MEMBERS

FORM 990, PART VI, SECTION C, LINE 18:

ALL DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO THE BOARD

FORM 990, PART VI, SECTION C, LINE 19:

ALL DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO THE BOARD

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 64,467.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT

-44,087.

44,025.

19,420.

1,022.

64,467.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19

### 2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o L n v v	.ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	HOUSING	09/11/14	SL	33.00	1	.6	568,826.				568,826.	84,777.		17,237.	102,014.
	* 990 PAGE 10 TOTAL BUILDINGS						568,826.				568,826.	84,777.		17,237.	102,014.
	FURNITURE & FIXTURES														
1	FURNITURE & FIXTURES	09/11/17	200DB	5.00	HY1	.7	7,017.				7,017.	3,179.		1,288.	4,467.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,017.				7,017.	3,179.		1,288.	4,467.
	TRANSPORTATION EQUIPMENT														
3	(D)VEHICLE	09/11/14	200DB	5.00	HY1	.7	4,100.				4,100.	4,100.		0.	4,100.
4	VEHICLE	07/15/19	200DB	3.00	HY1	.9A	14,533.				14,533.			1,938.	1,938.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						18,633.				18,633.	4,100.		1,938.	6,038.
	* GRAND TOTAL 990 PAGE 10 DEPR						594,476.				594,476.	92,056.		20,463.	112,519.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						579,943.			0.	579,943.	92,056.			110,581.
	ACQUISITIONS						14,533.			0.	14,533.	٥.			1,938.
	DISPOSITIONS/RETIRED						4,100.			0.	4,100.	4,100.			4,100.
	ENDING BALANCE						590,376.			0.	590,376.	87,956.			108,419.
	ENDING ACCUM DEPR LESS DISPOSITIONS											108,419.			

928111 04-01-19

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	0 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING BOOK VALUE											481,957.			

928111 04-01-19

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>									
Department of the Treasury Internal Revenue Service									
Name(s) shown on return									

# **Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172 20

19

Attachment Sequence No. **179** 

Identifying number

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

			Duome				ndonarying nambor				
FINAL SALUTE INCORPORA	TED		FOR	м 990 р	AGE 10		80-0660380				
Part I         Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.											
1 Maximum amount (see instructions)						1					
2 Total cost of section 179 property place											
3 Threshold cost of section 179 property b	3	2,550,000.									
4 Reduction in limitation. Subtract line 3 fr											
5 Dollar limitation for tax year. Subtract line 4 from line 1	5										
6 (a) Description of prop											
7 Listed property. Enter the amount from I											
8 Total elected cost of section 179 proper											
9 Tentative deduction. Enter the <b>smaller</b> of											
<b>10</b> Carryover of disallowed deduction from											
<b>11</b> Business income limitation. Enter the sm											
12 Section 179 expense deduction. Add lin						12					
13 Carryover of disallowed deduction to 20. Note: Don't use Part II or Part III below for list				▶   13							
Part II Special Depreciation Allowan	,	,		e listed proper	tv)						
14 Special depreciation allowance for qualit											
the tax year	1 1 2 (				Ũ	14					
<b>15</b> Property subject to section 168(f)(1) elec											
							17,237.				
Part III MACRS Depreciation (Don't i							<b>i</b> -				
· · · ·	-	Se	ction A								
17 MACRS deductions for assets placed in	service in tax ye	ars beginning	g before 2019			17	1,288.				
18 If you are electing to group any assets placed in servic					►						
Section B - Assets I	Placed in Servic	e During 201	19 Tax Year L	Jsing the Gen	eral Deprecia	tion Syste	m				
(a) Classification of property	(b) Month and year placed in service	(business/in	r depreciation westment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction				
<b>19a</b> 3-year property		-	14,533.	3 YRS.	HY	200DB	1,938.				
<b>b</b> 5-year property											
c 7-year property											
d 10-year property											
e 15-year property											
f 20-year property											
g 25-year property				25 yrs.		S/L					
h Residential rental property	/			27.5 yrs.	MM	S/L					
	/			27.5 yrs.	MM	S/L					
i Nonresidential real property	/			39 yrs.	MM	S/L					
	/				MM	S/L					
Section C - Assets PI	aced in Service	During 2019	Tax Year Us	ing the Alterr	ative Deprec		em				
20a Class life						S/L					
b 12-year				12 yrs.		S/L					
c 30-year	/			30 yrs.	MM	S/L					
d 40-year Part IV Summary (See instructions.)	/			40 yrs.	MM	S/L					
21 Listed property. Enter amount from line :		10 100		and Brit Of		21					
22 Total. Add amounts from line 12, lines 1							20,463.				
	Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr										
portion of the basis attributable to section				23							

Fo	rm 4562 (2019)	FIN	AL SALU	TE I	NCOR	POI	RAT	ΓED					80-	0660	380	Page 2
Ρ	art V Listed Proper				her vehic	les,	certa	ain aircra	aft, an	d propert	/ used fo	or				0
	entertainment, <b>Note:</b> For any				standar	d mi	محما	e rate or	dedu	ctina leas			olete or	ly 24a		
	24b, columns (										с схрен.			<b>Πy</b> 2+α,		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	utio	n: S	see the ii	nstruc	tions for li	mits for	passeng	jer auton	nobiles.)		
24	a Do you have evidence to s	support the bu	siness/investme	nt use cl	aimed?		] Ye	es 🗌	No	24b If "\	′es," is tl	ne evide	nce writt	ten?	] Yes [	No
	(a)	(b)	(c)		(d)			(e)		(f)		(g)		(h)		(i)
	Type of property	Date placed in	Business/ investment		Cost or			is for depre siness/inve		Recovery		thod/		eciation		cted on 179
	(list vehicles first)	service	use percenta		ther basis		Ì	use only	r)	period	Con	/ention	ueu	uction		ost
25	Special depreciation allo	owance for q	ualified listed	property	/ placed	in se	ervice	e during	the ta	x year an	d					
	used more than 50% in	a qualified bu	usiness use									25				
<u>26</u>	Property used more that										_					
		: :	ç	%												
		: :	ç	%												
		: :	ç	%												
27	Property used 50% or le	ess in a qualif	ied business ι	use:												
		: :	q	%							S/L -					
		: :	g	%							S/L -					
		: :	q	%							S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line	21,	page 1				28				
	Add amounts in column													29		
			5	Section	B - Infor	mat	ion (	on Use	of Veh	nicles						
Со	mplete this section for ve	hicles used l	oy a sole prop	rietor, p	artner, o	r oth	er "r	nore tha	an 5%	owner," o	r related	person.	If you p	rovided \	ehicles	
to	your employees, first ans	wer the ques	tions in Section	on C to s	see if you	ı me	et ar	n except	tion to	completi	ng this s	ection fo	or those v	vehicles.		
					,					·	0					
					(a)		(k	<b>b)</b>		(c)	(	d)	(	e)	(1	f)
30	Total business/investment	miles driven d	uring the		hicle		Veh	-	Ιv	/ehicle		hicle	-	nicle	Veh	
	year ( <b>don't</b> include commu		•													
31	Total commuting miles of															
	Total other personal (no															
	driven	-	-													
33	Total miles driven during															
	Add lines 30 through 32															
34	Was the vehicle available			Yes	No	Y	es	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•														
35	Was the vehicle used pr															
	than 5% owner or relate															
36	Is another vehicle availa															
00		•														
		Section C	- Questions f	or Emp	lovers M	/ho l	Drov	ide Veb	iclos f	for Lise b	V Thoir F	mplove				
۸n	swer these questions to a			•	-						•	• •		ron't		
	ore than 5% owners or rela			Coption		JICTI	ig O					ployees	a who a			
_	Do you maintain a writte	· · · · · · · · · · · · · · · · · · ·		ohihits a	all nersor	nal u	se of	f vehicle	s incl	udina con	mutina	by your			Yes	No
07															103	
28	employees? Do you maintain a writte															
00	employees? See the ins	. ,	•						•		0					
20	Do you treat all use of v															
		•								mployoog						
ΨU	Do you provide more that															
4	the use of the vehicles,															
41	Do you meet the require															
P	Note: If your answer to answer to an answer to an answer to an answer to an answer to a second secon	31, 38, 39, 4	U, OF 4 I IS "YE	s, aon	i comple	ete S	ectio	UI R IOL	the co	overea ver	IICIES.					
	art VI   Amortization (a)		1	(b)	1		(c)			(d)	T	(e)			(f)	
	(a) Description of	f costs	Date	amortization		Amo	rtizab	le		Code		Amortiza	ation		nortization	
	Amortization of costs the	ot booine du		begins		an	nount			section		period or pe	rcentage	fc	r this year	
<u>42</u>	Amortization of costs th	at begins du	ning your 2019		ar:				<u> </u>		<u> </u>					
				: :					_							
	A 11 11 A 11 1	- <b>1</b> h		<u>: :</u>												

43 Amortization of costs that began before your 2019 tax year	43	
44 Total. Add amounts in column (f). See the instructions for where to report		

(Rev. January 2020)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	r Name of exempt organization or other filer, see instru	Taxpayer identification number (TIN)								
print	FINAL SALUTE INCORPORATED 80-066038									
File by the due date f filing your return. Se	Number, street, and room or suite no. If a P.O. box, s		00 00							
instruction		oreign addi	ress, see instructions.							
Enter th	ne Return Code for the return that this application is for (file	e a separa	e application for each return)							
Applica	ation	Return	Application			Return				
ls For		Code	Is For			Code				
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 9	90-BL	02	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form 9	90-PF	04	Form 5227			10				
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11						
Form 9	90-T (trust other than above)	06	Form 8870 IVENTURE ACCOUNTIN			12				
<ul> <li>If the</li> <li>If this</li> <li>box </li> <li>1</li> <li>the</li> <li>the</li></ul>	the organization named above. The extension is for the organization's return for:									
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.				
b lf	this application is for Forms 990-PF, 990-T, 4720, or 6069	), enter any	refundable credits and							
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.				
c E	alance due. Subtract line 3b from line 3a. Include your pa	ayment witl	n this form, if required, by							
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.				
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)