

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

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

OMB No. 1545-0047

2014

Name of the organization

FINAL SALUTE INCORPORATED

Employer identification number

80-0660380

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

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. Do not 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 ▶ \$ _____

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

FINAL SALUTE INCORPORATED

80-0660380

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|---|
| 1 | KAREN RUTH KEELING TRUST C/O Kanman Law Office PC 2432 W. Peoria Ave. Suiter 1050 Phoenix AZ 85029 | \$ 205,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | WOUNDED WARRIOR PROJECT 4899 Belfort Road, Suite 300 JACKSONVILLE FL 32256 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | FLATLEY FOUNDATION 35 Braintree Hill Office Park, Ste. 400 Braintree MA 02184-8754 | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | RANCHO SANTA FE FOUNDATION 162 S Rancho Santa Fe Rd Encinitas CA 92024 | \$ 50,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | BITS 600 13th Street, NW Suite 400 WASHINGTON DC 20005 | \$ 26,125. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | REACH TOYOTA LLC 19001 S. Western Avenue G412 Torrance CA 90501 | \$ 25,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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80-0660380

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|---|
| 7 | STRATEGIC RESOLUTION EXPERTS INC 1006 Nash Court MARTINSBURG WV 25401 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | EXCELIS 600 Maryland Avenue SW, Suite 850 WASHINGTON DC 20024 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | GARY MCINTURFF 3701 PENDER DR, STE 150 FAIRFAX VA 22030 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | WASHINGTON REDSKINS 21300 Redskin Park Drive ASHBURN VA 20147 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | KEN ASBURY 1100 North Glebe Road ARLINGTON VA 22201 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | COMMUNITY FOUNDATION FOR NATIONAL CAPITAL REGION 1201 15th Street NW Suite 420 WASHINGTON DC 20005 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

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80-0660380

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

| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---------------|--|-------------------------------|---|
| 13 | ERNST & YOUNG ----- 621 E Pratt St ----- BALTIMORE MD 21202 ----- | \$ 5,000. ----- | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| --- | ----- ----- ----- ----- | \$ ----- ----- | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

FINAL SALUTE INCORPORATED

80-0660380

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No.

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report... b If the organization elected, as permitted under SFAS 116 (ASC 958), to report... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land | | | | |
| b Buildings | | 522,643. | 22,155. | 500,488. |
| c Leasehold improvements | | | | |
| d Equipment | | 7,139. | 2,389. | 4,750. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 505,238. |

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' to 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) ----- | | |
| (I) ----- | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . ▶ | | |

Part VIII Investments – Program Related.

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . ▶ | | |

Part IX Other Assets.

Complete if the organization answered 'Yes' to 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) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

| (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, column (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|---|---|------------|------------|----------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 780,749. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| | a Net unrealized gains (losses) on investments | 2 a | | |
| | b Donated services and use of facilities | 2 b | | |
| | c Recoveries of prior year grants | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2a through 2d | | 2 e | |
| 3 | Subtract line 2e from line 1 | | 3 | 780,749. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | |
| | c Add lines 4a and 4b | | 4 c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 780,749. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | |
|---|--|------------|------------|----------|
| 1 | Total expenses and losses per audited financial statements. | | 1 | 624,558. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| | a Donated services and use of facilities | 2 a | | |
| | b Prior year adjustments | 2 b | | |
| | c Other losses | 2 c | | |
| | d Other (Describe in Part XIII.) | 2 d | | |
| | e Add lines 2a through 2d | | 2 e | |
| 3 | Subtract line 2e from line 1 | | 3 | 624,558. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| | b Other (Describe in Part XIII.) | 4 b | | 74. |
| | c Add lines 4a and 4b | | 4 c | 74. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 624,632. |

Part 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.

Pt XII, Line 4b Book to Tax Depreciation Difference

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2014

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

FINAL SALUTE INCORPORATED

80-0660380

Pt VI, Line 11b Reviewed in Board Meeting
All Business agreements and actions are discussed at each board meeting
to ensure no unethical, immoral or illegal acts are being conducted. If
any actions are found to be questionable, they are immediately
investigated by our Board Legal Counsel. If misconduct is found, the
board member or officer would be remove and could face further legal
action.

Pt VI, Line 12c

Depreciation and Amortization
(Including Information on Listed Property)

2014

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment
Sequence No. **179**

Name(s) shown on return

FINAL SALUTE INCORPORATED

Identifying number

80-0660380

Business or activity to which this form relates

Form 990 / Form 990EZ

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 placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2013 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

| | | | |
|----|---|----|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | | |
|----|--|----|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2014. | 17 | 19,697. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B – Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | 2,450. | 7.0 yrs | HY | S/L | 175. |
| 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 | |
| i Nonresidential real property | 11/14 | 6,587. | 39 yrs | MM | S/L | 21. |

Section C – Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------|--|--|--------|----|-----|--|
| 20 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|---------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 19,893. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? Yes No 24b If 'Yes,' is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles). (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):
43 Amortization of costs that began before your 2014 tax year. 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990, Page 10, Line 24e All Other Expenses (continued)

| Description | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--------------------------|--------------|----------------------------|----------------------------------|--------------------|
| Meals & Entertainment | 8,552. | | 8,552. | |
| Gifts | 596. | 596. | | |
| Repairs/Maintenance | 16,679. | 16,679. | | |
| Training | 300. | 300. | 0. | |
| Auto | 19,505. | 19,505. | | |
| Moving | 223. | 223. | | |
| Food | 2,084. | 2,084. | | |
| Memberships and dues | 8. | 8. | | |
| Contractual Services | 10,250. | | 10,250. | |
| Appliances | 2,367. | 2,367. | | |
| Utilities | 12,273. | 12,273. | | |
| Security System | 3,901. | 3,901. | | |
| storage | 5,845. | 5,845. | | |
| logo design | 244. | 244. | 0. | 0. |
| S.A.F.E. EXPENSES | 1,985. | 1,985. | | |
| Clothing | 3,850. | 3,850. | | |
| SUPPLIES | 2,403. | 2,403. | | |
| PHOTOGRAPHY | 4,157. | 4,157. | | |
| Program Events | 152,110. | 152,110. | | |
| Payroll Expense | 545. | | 545. | |
| Charitable Contributions | 1,250. | | 1,250. | |
| VIDEO PROFESSIONAL | 4,900. | | 4,900. | |
| PUBLIC RELATIONS | 10,000. | | 10,000. | |
| APPRAISAL | 650. | | 650. | |
| BACKGROUND CHECKS | 80. | 80. | | |
| MAKE UP PROFESSIONAL | 75. | | 75. | |

Supporting Statement of:

Form 990 p 10/Line 5 col (B)

| Description | Amount |
|-------------------------|----------------|
| Director of Development | 49,112. |
| Total | <u>49,112.</u> |

Supporting Statement of:

Form 990 p 10/Line 7 col (B)

| Description | Amount |
|-----------------|----------------|
| EMPLOYEE SALARY | 13,200. |
| Total | <u>13,200.</u> |

Supporting Statement of:

Form 990 p 10/Line 10 col (B)

| Description | Amount |
|---------------|---------------|
| Payroll Taxes | 9,694. |
| Total | <u>9,694.</u> |

Supporting Statement of:

Form 990 p 10/Line 11b col (C)

| Description | Amount |
|-------------|-------------|
| LEGAL | 288. |
| Total | <u>288.</u> |

Supporting Statement of:

Form 990 p 10/Line 11c col (C)

| Description | Amount |
|-----------------------|--------|
| ACCOUNTING/AUDIT FEES | 7,800. |
| BOOKKEEPING | 475. |

Continued

Supporting Statement of:

Form 990 p 10/Line 11c col (C)

| Description | Amount |
|-------------|---------------|
| Total | <u>8,275.</u> |

Supporting Statement of:

Form 990 p 10/Line 11e col (D)

| Description | Amount |
|---------------------------------------|---------------|
| Management & General Exp Grant writer | 1,067. |
| Program Expense - CFC Fee | 293. |
| Total | <u>1,360.</u> |

Supporting Statement of:

Form 990 p 10/Line 12 col (B)

| Description | Amount |
|----------------------------|----------------|
| MARKETING/ADVERTISING | 7,592. |
| MARKETING | 15,024. |
| MARKETING/PRINTING COPYING | 4,389. |
| Total | <u>27,005.</u> |

Supporting Statement of:

Form 990 p 10/Line 14 col (B)

| Description | Amount |
|------------------------------------|-------------|
| Program Expense - Computer expense | 140. |
| Total | <u>140.</u> |

Supporting Statement of:

Form 990 p 10/Line 14 col (C)

| Description | Amount |
|-------------------|--------|
| COMPUTER HARDWARE | 1,032. |

Continued

Supporting Statement of:

Form 990 p 10/Line 14 col (C)

| Description | Amount |
|-----------------------|---------------|
| COMPUTER AND INTERNET | 1,496. |
| SOFTWARE | 208. |
| WEB HOSTING | 3,045. |
| Total | <u>5,781.</u> |

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

| Description | Amount |
|-------------------------------|----------------|
| Program Expenses - Emerge | 0. |
| TRANSITIONAL HOUSING FACILITY | 22,889. |
| HOUSING ASSISTANCE | 22,623. |
| Program Expenses - Proper | 3,908. |
| PROPERTY RENDERINGS | 10,500. |
| PERMITS | 1,000. |
| SAFE RENT | 15,194. |
| SAFE UTILITIES | 13,408. |
| Total | <u>89,522.</u> |

Supporting Statement of:

Form 990 p 10/Line 17 col (B)

| Description | Amount |
|---------------------------|----------------|
| AIRFARE | 30,349. |
| GAS | 2,476. |
| PARKING/TOLLS | 721. |
| CAR RENTALS | 1,051. |
| LODGING | 9,643. |
| MEALS AND ENTERTAINMENT | 37. |
| Management & General Exp | 267. |
| Management & General Exp | 0. |
| TRANSPORTATION | 6,395. |
| Management & General Expe | 0. |
| TRAIN | 1,656. |
| Program Expenses - Transp | 349. |
| Total | <u>52,944.</u> |

Supporting Statement of:

Form 990 p 10/Line 20 col (B)

| Description | Amount |
|-------------|----------------|
| INTEREST | 19,393. |
| Total | <u>19,393.</u> |

Supporting Statement of:

Form 990 p 10/Line 23 col (B)

| Description | Amount |
|------------------------------|---------------|
| Program Expenses - INSURANCE | 4,423. |
| Total | <u>4,423.</u> |

Supporting Statement of:

Form 990 p 10/Line 24 col (B)-2

| Description | Amount |
|-------------------------------------|---------------|
| Program Expense - Auto REGISTRATION | 114. |
| LICENSE REGISTRATIONS | 1,300. |
| Total | <u>1,414.</u> |

Supporting Statement of:

Form 990 p 10/Line 24 col (C)-3

| Description | Amount |
|-------------|---------------|
| BANK FEES | 1,710. |
| ATM FEES | 28. |
| Total | <u>1,738.</u> |

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

| Description | Amount |
|-------------------|----------|
| Cash - BB&T x9754 | 178,482. |

Continued

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

| Description | Amount |
|-------------------|-----------------|
| Cash - BB&T x3074 | 27,387. |
| Total | <u>205,869.</u> |

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

| Description | Amount |
|---------------------------|------------|
| Credit Card: BB&T 5318 Ma | 28. |
| Total | <u>28.</u> |

Supporting Statement of:

Sch. A, page 3/Gifts, Grants, Fees Amt.-3

| Description | Amount |
|-----------------------------|-----------------|
| Contributions, Grants, Etc. | 364,363. |
| Donated Assets | 59,100. |
| Total | <u>423,463.</u> |

Supporting Statement of:

Sch D, page 2/Buildings col (b)

| Description | Amount |
|-----------------------|-----------------|
| Residential Home Ohio | 55,000. |
| Home Arlington | 461,056. |
| Capital Repairs | 6,587. |
| Total | <u>522,643.</u> |

Supporting Statement of:

Sch D, page 2/Buildings col (c)

| Description | Amount |
|-----------------------|----------------|
| Residential Home Ohio | 4,667. |
| Home Arlington | 17,455. |
| Capital Repairs Ohio | 33. |
| | 0. |
| Total | 22,155. |

Supporting Statement of:

Sch D, page 2/Equipment col (b)

| Description | Amount |
|------------------------|---------------|
| Furniture and Fixtures | 589. |
| Water Heater | 2,450. |
| Mazda | 4,100. |
| Total | 7,139. |

Supporting Statement of:

Sch D, page 2/Equipment col (c)

| Description | Amount |
|------------------------|---------------|
| Furniture and Fixtures | 92. |
| Water Heater | 107. |
| Mazda | 2,190. |
| Total | 2,389. |

Supporting Statement of:

All Other Expenses/Line 24e col (C) -9

| Description | Amount |
|--------------|----------------|
| CONSULTANTS | 9,250. |
| ARCH | 1,000. |
| Total | 10,250. |