Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the 2	2016 cale	ndar year, or tax year	beginning	OCTOBER	, 2016, a	nd ending	SEPT	EMBER	, 20 ₁₇	
В	Check if a	pplicable:	C Name of organization 7	HE SALVATIO	N ARMY, HOT SPI	RINGS, AR			D Employ	yer identification n	umber
	Address c	hange	Doing business as							58-0660607	
	Name cha	inge	Number and street (or F	O. box if mail is r	not delivered to street	address)	Room/suite		E Telepho	one number	
	Initial retur	rn	P.O. BOX 729							501-623-1628	
	Final return/		City or town, state or pr	ovince, country, a	nd ZIP or foreign post	al code					-
$\overline{\Box}$	Amended		HOT SPRINGS, AR 7	1902					G Gross r	receipts \$	77,505.20
一	Application	- 7	F Name and address of p					H(a) le this a n		r subordinates? Yes	
	принин	II ponding	· · · · · · · · · · · · · · · · · · ·			'				es included? [Yes	
	Tax-exem	nt atatus:	501(c)(3)	501(c) () ◀ (insert no.) ☐ 4	1047(0)(1) 04 [527	- ' '		a list. (see instruction	
<u>:</u>	Website:	,		<u> </u>	/ (insert ito.) L	1947 (a)(1) UI L	327	•••		number 🕨	,
K	***********		Corporation Trust	Association	Other ▶	I Van	r of formation				
	art I	Summ		Association [Other >	Liteal	ronomanoi	· · · · · · · · · · · · · · · · · · ·	WI State	of legal domicile:	AR
				anta mianiam a		+ 1: : : : : :				***************************************	-
as.	1		scribe the organizati		_						
& Governance	<u>ï</u>	The Salva	tion Army's mission i	s to preach the	gospel of Jesus C	hrist and m	eet human	needs in l	nis name	without discrim	ination
E											
Ve			is box ▶ ☐ if the org							its net assets.	
ŏ			of voting members of								
ග	1		of independent voting	_					***************************************		
Activities	i		nber of individuals er		-				5		
<u>ફ</u>			nber of volunteers (e:						6		
ď	7a ⊺	Fotal unre	elated business reve	nue from Part	VIII, column (C), I	ine 12 .			7a		
	b N	Net unrela	ated business taxabl	e income from	Form 990-T, line	34			7b		
Revenue								Prior Ye	ar	Current Ye	ear
	8 0	Contribut	ions and grants (Par								
	9 P	rogram :	service revenue (Par	t VIII, line 2g)							
ě	10 Ir	nvestmei	nt income (Part VIII, o	column (A), line							
α			enue (Part VIII, colun								
	12 T	Total reve	nue-add lines 8 thro	ough 11 (must	equal Part VIII, co	lumn (A), line	e 12)	******		···	
			nd similar amounts p			***************************************		***************************************			********
			oaid to or for membe				🗁				
Ø			other compensation, e				;–10)	•			
Expenses	1		nal fundraising fees		•		· · —				
bei	1		draising expenses (P	-			7				
ŭ	1		penses (Part IX, colur							*** *** * * * * * * * * * * * * * * *	
	1		enses. Add lines 13-					***************************************			
	1		less expenses. Subt							<u> </u>	
<u> </u>		10 7 0 1 100	1000 07,000.1000.1000.1000.1				Bec	jinning of Cu	rrent Year	End of Ye	ar
Net Assets or Fund Balances	20 T	Fotal asse	ets (Part X, line 16)				<u> </u>			·	
Ass	21 T		ilities (Part X, line 26)				' ·				
훈	22 1		s or fund balances.		1 from line 20		· ·				
	art II		ure Block	Subtract fille E	1 110111 11110 20	• • • •	<u> </u>			<u> </u>	
			y, I declare that I have exa	mined this return	including accompany	ing schedules	and statemen	nto and to th	na haat of v	my knowledge and	haliaf it is
			ete. Declaration of prepare							ny knowledge and	Dellel, It is
		1		·			 -		·······		
Sig	ın l	Signa	ature of officer					Da	ta		
He) Olgina	ataro or ornibor					Da	i.e		
116		Tupo	or print name and title		_ 			***************************************			
		,	pe preparer's name	Dran	arer'e eignature		Data			DTIN	
Pa	id	Finitiya	o preparer a fiame	Frepa	arer's signature		Date		Check [
Pro	eparer								self-emp	ployed	
Us	e Only	Firm's na	ame 🕨					Firm	's EIN ▶		
			ddress ►				······································	Pho	ne no.		
Ma	y the IRS	discuss	this return with the	preparer show	n above? (see ins	structions)				🗌 Yes	☐ No

b	(Code:)	(Expenses \$	including g	rants of \$) (Revenue \$)

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4c	(Code:)	(Exbeuses a	including g	rants of \$	) (Revenue a	)
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-	Other program serv	rices (Describe in Sche				
1	(Expenses \$	including gra	ants of \$	) (Revenue \$	)	
,	Total program servi					

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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		
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	***************************************	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	5		
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		
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
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		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
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		
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		,
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
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		

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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Form 99	90 (2016)			Page
Part	Checklist of Required Schedules (continued)			
00	D' laboration and the second of the second o		Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b		
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		
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		
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		
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		
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		
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		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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, 

19? Note. All Form 990 filers are required to complete Schedule O.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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- ar ı	Check if Schedule O contains a response or note to any line in this Part V		_	
	Chook it Concounce Contains a response of note to any line in this care virtue	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	in the	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	50,500	4775	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		
b	If "Yes," enter the name of the foreign country: ▶	X.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	A 2. 3		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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		-
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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			1000 1000 1000
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:		3.34	
a	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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b		3.4,5		
10-	against amounts due or received from them.)	120		
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		1400.0
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	198		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
C 140	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
D	ii res, has it lieu a roith 720 to report these payments? If No, provide an explanation in Schedule O	140		

Page	É

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.			
Secti	on A. Governing Body and Management			<u>'</u>			
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2					
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6					
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					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a b 9	The governing body?	8a 8b 9					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		,			
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a 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					
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b					
С	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 14 15	Did the organization have a written whistleblower policy?	13 14					
a b	The organization's CEO, Executive Director, or top management official	15a 15b					
16a	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					
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					
	on C. Disclosure						
17 18	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)			
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	/, an <b>d</b>			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>				

Form 990 (201	6) Page <b>7</b>
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
•	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the n's tax year.
<ul> <li>List al</li> </ul>	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

   List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization n	or any relate	d org	aniz	atio	on c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
<b>(A)</b> Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOSHUA ROBINETT, CORPS OFFICER THE SALVATION ARMY, HOT SPRINGS, AR				1					58,086	37, 326
(2)	0 07 No. 1 07 -0 04 00 100 100 100 100 100 100 100 100									
(3)										
(4)										
(5)		-								
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(10)										
(11)										· · · · · · · · · · · · · · · · · · ·
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (co	ntinued)		
	<b>(A)</b> Name and title	(B) Average hours per	box,	unles	eck s pe	ition more rson	than of the thick the thic	an	(D)  Reportable compensation	(E) Reportable compensation from	I	(F) stimated	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	C) 1 org ar	other opensation om the panization d related anization	n i
(15)													
(16)				•									
(17)													
(18)			<u></u>							1,,,,,,,,,			
(19)													
(20)													
(21)													
(22)											**		
(23)					<u></u>								
(24)									1				
(25)													
1b c	Sub-total	VII, Sectio	n A					<b>&gt;</b>		58,0			37, 326
<u>d</u> 2	Total (add lines 1b and 1c)	t not limited						e) w	ho received m	58,0 ore than \$100			37,326
3	Did the organization list any <b>former</b> or employee on line 1a? If "Yes," complete	fficer, direc Schedule J	for s	uch	ind	ivid	ual				. 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$	150,	,000	)? I	f "Ye	s, "	complete Sch	nedule J for	such 4		1
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co ? If "Yes," o	ompe comp	nsa lete	tion Scl	fro hedi	m any ule J	un for s	related organi: such person	zation or indiv		1	<b>V</b>
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Re year.	compensat port compe	ed in ensati	dep on f	end or tl	lent he c	conti	act lar y	ors that receive	ed more than th or within th	\$100,000 e organiza	of tion's f	tax
	(A) Name and business ad	dress							(B) Description of s	ervices		C) ensation	
				-				<del> </del>					
2	Total number of independent contract received more than \$100,000 of compens	ors (includi sation from	ng bi	ut r	not nizat	limi tion	ted to	 o th	nose listed ab	ove) who			

Part VIII		Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule O contains	a resp	oonse or note t	o any line in this  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
इ इ	1a	Federated campaigns	1a	4,466									
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	-									
S E	С	Fundraising events	1c	843									
ar iff	d	Related organizations	1d	188,584									
%.E	е	Government grants (contributions)	1e										
ë ë	f	All other contributions, gifts, grants,											
를 를		and similar amounts not included above	1f	681,296									
2 2	g	Noncash contributions included in lines 1a		215,942	N Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
2 2	h	Total. Add lines 1a–1f	-		875,189	la de la companya de La companya de la co		na 11 augustus (Spieles Spieles Spiele					
				Business Code									
Program Service Revenue	2a	PROGRAMSERVICE FEES			1,115	Max							
<u>\$</u>	b				-1								
8	C		•		<del></del>			1 1117-1117					
Ξ	ď												
SE	e							,					
Ja	f	All other program service reven											
ğ	g			<b>&gt;</b>	1,115								
	3	Investment income (including		<u> </u>	1,110	In the Control of the	<u> </u>						
		and other similar amounts) .											
	4	Income from investment of tax-exe											
	5		inpt bo	ina proocedo P									
	3	Royalties	<del></del> .	(ii) Personal									
	6	<del></del>											
	6a	Gross rents											
	b	Less: rental expenses											
	C	Rental income or (loss)				[시간 12일 : 1시간 등 등입니다.] 		Alin i Halvida o histi satua 14					
	d	Net rental income or (loss)  Gross amount from sales of (i) Securi	tioe	(ii) Other	Mina amusi ay 428 isi k	a figuration your astropia	granda jari 18 ay dang						
	7a	arood arribant from calce of		(ii) Odici									
		assets other than inventory											
	b	Less: cost or other basis											
		and sales expenses											
	С	Gain or (loss)											
	d	Net gain or (loss)	٠.,				N SAT LESS TO A LINE PROCES	to the transport of the control of t					
a)	,												
Ž	8a	Gross income from fundraising											
Š		events (not including \$											
æ		of contributions reported on line			E British British B								
Other Revenue		See Part IV, line 18	· a										
₹	b	Less: direct expenses	. b										
•	С	Net income or (loss) from fundra		events . ►									
	9a	Gross income from gaming activ	ities.										
		See Part IV, line 19	· a	`									
	b	Less: direct expenses	. <b>b</b>				per a siliri diser						
	С	Net income or (loss) from gamin	ng acti	vities 🕨									
	10a	Gross sales of inventory,	less										
		returns and allowances	· a										
	b	Less: cost of goods sold	. b										
	С	Net income or (loss) from sales		entory 🕨									
		Miscellaneous Revenue		Business Code									
	11a	OTHER INCOME			1,201		l						
	b												
	C												
	d	All other revenue											
	e	Total. Add lines 11a-11d		, , <b>.</b>	1,201	lan in the							
	12	Total revenue. See instructions			877,505	1							

### Part IX Statement of Functional Expenses

Section 50	)1(c)(3) a	and 501(c)(4)	organizations must co	omplete all columns.	All other organizations m	ust complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	i					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	256,185	256,185				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages	310,857	237,679	38,402	34,776		
9 10 11 a b c d e f g	Other employee benefits						
12	Advertising and promotion						
	- ·		24.070	0.4.40	0.447		
13	Office expenses	78,657	64,070	6,140	8,447		
14	Information technology						
15	Royalties						
16	Occupancy	76,887	71,575	4,173	1,139		
17	Travel	23,875	20,334	2,836	706		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .	8,303	7,864	439	C		
20	Interest						
21	Payments to affiliates	53,648	53,648	0	C		
22	Depreciation, depletion, and amortization	13,549	12,877	672	· <u>C</u>		
23	Insurance						
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а	PRINTING & PUBLICATIONS	35,640	2,196	155	33,289		
b	PROFESSIONAL FEES	29,169	24,195	620	4,354		
c							
d							
е	All other expenses	15,168	15,168	0	С		
25	Total functional expenses. Add lines 1 through 24e	901,939	765,791	53,437	82,711		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				777.		

P	art X	Balance Sheet			
	ar t 7 t	Check if Schedule O contains a response or note to any line in this Pa	rt X		
			<b>(A)</b> Beginning of year		(B) End of year
ts	1 2 3	Cash—non-interest-bearing		1 2 3 4	
	4 5	Accounts receivable, net		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	de Mariena
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
·	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	-
	19	Deferred revenue	***************************************	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	,	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
seo		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	
Net Assets or Fund Balances	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32 33	
ž	33	Total net assets or fund balances		34	***************************************
	34	rotar liabilities and fiet assets/fund balances		<b>04</b>	

Par	XI Reconciliation of Net Assets		<del></del>		-9
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
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 in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			
Part	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 Accrual Other	1-1	_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	rain	in		
20			2a		1000
20	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				<b>✓</b>
	reviewed on a separate basis, consolidated basis, or both:	iieu v	"		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	led Al	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on		74.76	्र इत्हरू
	separate basis, consolidated basis, or both:	<b>.</b> 0,,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		7.57		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersial	nt	11.5 4 1 3	grow gatien a
	of the audit, review, or compilation of its financial statements and selection of an independent accour				
	If the organization changed either its oversight process or selection process during the tax year, exp	lain i		147,34	garage (
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth i	n		
	the Single Audit Act and OMB Circular A-133?		. За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		e		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	3b		
			For	m <b>990</b>	(2016)

# THE SALVATION ARMY ARKANSAS/OKLAHOMA DIVISIONAL HEADQUARTERS

6601 N. BROADWAY EXTENSION, SUITE 300 OKLAHOMA CITY, OKLAHOMA 73157

Form 990 - Return of Organization Exempt From Income Tax

#### **DISCLAIMER**

The Salvation Army is not required to file IRS Form 990; therefore, this form is submitted, under protest, in compliance with the ruling of CFC opinion 88-1 which states, "Organizations that are not required to file IRS Form 990 with the IRS must nonetheless submit a completed copy of that form with their application for national or local eligibility."